

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118006126

| | | | |
|----------------------------|--|-----------------------|---------------|
| Date In: 12/1/18-15:09 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 18000771/24 | SAS e-filing | | |
| Veh No: 5GT66145 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 12/1/18-12:35 | i-Motor Claim Form | MT/0977366 | 12/1/18 16:11 |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 6B08869M | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: () |
| Insured/Driver Liability: () % | [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

NA1800320

| Claimant's Particulars:- | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP : Towing Fee \$40/\$45 | | |
| | 4) FT : Follow-Through Survey \$120 | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | OD: | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | TP (N11) : TP (Non INC) against INC \$20 | | |
| Dat. 1: | 9) N12: Idac Mobile 30 | | |
| Dat. 2 / 3: | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------|
| Date Of Report | 12/01/2018 15:09 |
| Date Of Accident | 12/01/2018 12:35 |
| Exact Location Of Accident | 10 NORTH BRIDGE RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLT6614S |
| Insured/Policyholder | |
| Name Of Registered Owner | RELIABLE RIDES PTE LTD |
| Co Reg No | 201611527N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-899999999 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5095584236 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | EDDIE TAN SIANG LOONG |
| NRIC No | S7638427D |
| Date Of Birth | 02/12/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/10/1995 |
| Driving Experience | 22 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86601945 |
| Fax Number | |
| Contact Number | OFFICE-86601945 |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 540 BEDOK NORTH STREET 3 #08-1208 |
| Postcode | 460540 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-----------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------|
| Vehicle Registration Number | GBD8869M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MOHAMMAD RIZAL BIN SENIN |
| NRIC/Passport Number | S78077061 |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 3 |

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------|
| Name | EDDIE TAN SIANG LOONG |
| Approximate Age | |
| Injuries Sustain | LEG & SHOULDER |
| Injured person in which vehicle? | SLT6614S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

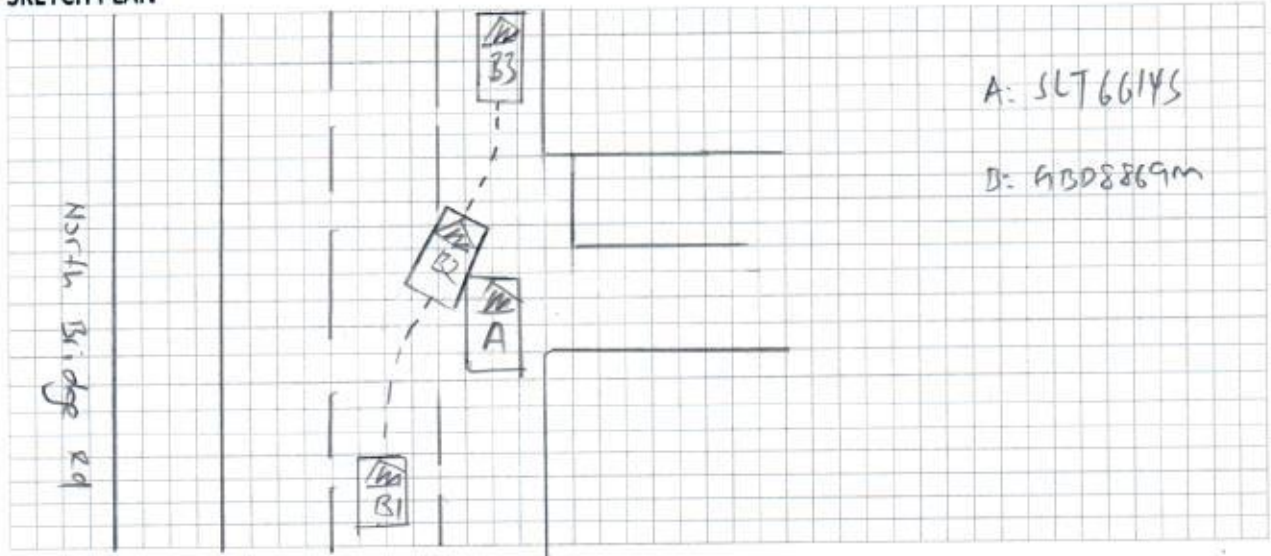


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/1/18 12:35 I was slowing down along 12 North Bridge Rd wanted to give way for a vehicle merged onto main Rd. suddenly vehicle B travelling along lane 2 and cut onto my lane and collided onto my vehicle front left portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7638427D



Name
EDDIE TAN SIANG LOONG

陈 祥 龙

Race
CHINESE

Date of Birth
02-12-1976

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7638427D

Name
EDDIE TAN SIANG LOONG

Birth Date 02 Dec 1976

Issue Date 16 Oct 2003



A0038079



S7638427D



Valid Until
25-06-2001


Address
APT BLK 540 BEDOK NORTH STREET 3
#08-1208
SINGAPORE 460540

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

| Class | Description | Valid Until |
|---------|--|-------------|
| Class 3 | Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg | 17 Oct 1995 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 21 Aug 2007 |

S7638427D

S / No. 9000076216



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No. (For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5095584236 | RELIABLE RIDES PTE LTD | 201611527N | GPC | drivo CLASSIC | SLT6614S | SLT6614S | 06/11/2017 | 05/11/2018 |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------------|-------------------|------------------|
| Policy No. | 5095584236 | Policyholder Name | RELIABLE RIDES PTE LTD | Policyholder NRIC | 201611527N |
| Address | 8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 03/11/2017 | Effective Date | 06/11/2017 00:00 | Expiry Date | 05/11/2018 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 1000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 1400.00 | | |
| Outside Singapore OD Excess | 3000 | Outside Singapore TP Excess | 3000 | | |
| Agent | TAN INSURANCE BROKERS PTE | Agent Tel. | NIL | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 | | Address Type | Singapore address | Post Code | 415875 |
| Unit No. | 05-50 | Related Policy Number | 5097115453 | | |

► Insured Object: SLT6614S

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1 | 06/11/2017 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 06 Nov 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLT6614S |

Continue

Cancel

Exit

Claim Handling

The premium on this policy has not been collected.

Accident MT/0977566

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No. | 5095584236 | Vehicle No. | SLT66145 | GST Registration No. | 201611527N |
| Policyholder Name | RELIABLE RIDES PTE LTD | Cover Type | drive CLASSIC | Policyholder NRIC | 0 |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | 0 | Loading | 0 |
| Contact No.(Mobile) | 0 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | aCode | 1 |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | aCode Reason | |
| NCD Protection | No | | | Private Hire | Yes |

▼ Accident Details

| | | | | | |
|-------------------|--------------------|-------------------------------|-------|---------------------|---------------------------------|
| Report Date | 12/01/2018 16:09 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 12/01/2018 | Time of Accident hh:mm | 12:35 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 10 NORTH BRIDGE RD | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 1,000.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 3,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 3,000.00 | | |

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | No |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 | | Address Type | Singapore address | Post Code | 415875 |
| Unit No. | 05-50 | Related Policy Number | 5097115453 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|----------------------|------------------------|-------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 02/12/1976 |
| Unnamed driver Name | EDDIE TAN SEANG LOONG | Driver NRIC | 57638427D | Driving Experience | 22 |
| Register Date of Driver License | 17/10/1995 | Driver Age | 41 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 86601945 | Contact No.(Office) | 0 | Address 3 | BEDOK NORTH GREEN |
| Address 1 | BLK 540 | Address 2 | BEDOK NORTH STREET 3 | Post Code | 460540 |
| Address 4 | SINGAPORE 460540 | Address Type | Singapore address | | |
| Unit No. | 08-1208 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 Next

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | RELIABLE RIDES PTE LTD | Insured NRIC | 201611527N |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 66351820 |
| Email Address | | OI Vehicle Number | SLT66145 | TP Vehicle Number | 0508869M |
| Claim Description | SLT66145 / GBD8869M ON 12 Jan 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 12/01/2018 16:11 | Claim Close Date | | Date Received | 12/01/2018 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/0977566 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/01/2018 16:13 |

| Path * | Category * | Confidential | Urgency * | Description * |
|-----------------|---------------|--------------|-----------|---------------|
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |

☐ Send Message Upload

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? Action (CO) |
|------------|---|-----------------------|---------|---------------------------------|-----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ja n 2018 16:12 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-1-12 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ja n 2018 16:12 | SAS | Normal | SAS 2018-1-12 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ja n 2018 16:12 | Photos | Normal | Photos 2018-1-12 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ja n 2018 16:12 | Photos | Normal | Photos 2018-1-12 | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ja n 2018 16:11 | Photos | Normal | Photos 2018-1-12 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ja n 2018 16:11 | Photos | Normal | Photos 2018-1-12 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ja n 2018 16:11 | Photos | Normal | Photos 2018-1-12 | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|---------------------------------------|------------------------------------|--------|
| | | Display in New Window | Scan and uploading | |