

NATIONAL Assessment Centre Services. (011) 1-12-000

Date In: 19/01/2018 15:15	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 18001206/14	SAS e-Milling		
Veh No: SJL 915D	E-mill (within 3hrs, A/C 2hrs)		
D.O.A: 29/12/2017 23:30	E-Motor Claim Form	MT/0977826	22/1/18 14:25
OD / TP / Reporting Only	E-Motor W/O (within 100 hrs, 50 hrs)		
	Photo Uploaded		
	Assessment/Summary Report		
TP Insured:	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW's (		Tel: (		Fax: (	
TP Policy# (	Yeh No: SJB5603Z	INC ( ) / Non-INC ( )			
Owner / Drivers: (		Tel: (		)	
Policy No: (	)	Period: (	)	Cover Type: (	)
Confirmed by: (		Date: (		Thru: (	
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 (			

General Rem: ( ) Walk-In Customer | Customer's Information strictly Confidential & Strictly NO refer of repeller,  
( ) Total Loss Case | to e-mail Insurer URGENTLY.  
Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Comments	LINE	Boilerplate: 6788 00167	Date/Time Completed	Done by
) Apply for Transit Allowance ( ) / Courtesy Car ( )				
) QC Check / Post Repair Inspection ( )				
) Upload Resurvey Photo (Repair Cost > \$3000) ( )				

Injury:
Action:

Invoice Preparation Checklist		Invoice No.	Invoice Date
1) AR: Accident Reporting (\$20)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$150		
5) XT: Follow-Through Survey (Resurvey)	\$70		
Excludes against INC Only (w/ 10 Jan 200)			
6) TR: Re-inspection	\$15		
7) NI: NI/DA + SMRT Survey	\$160		
8) NTUC Additional Services			
9) NI:			
NI: Courtesy Call / Tpl Allowance	\$5		
NI: Repair Coordination	\$10		
NI: Post Repair Inspection	\$15		
NI: DY / Collision Update Coordination	\$5		
TP (NI): TP (w/ INC) against INC	\$20		
9) NI: NI/DA Mobile	\$0		
Invoice dated		File Charged	
Invoice total		File 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 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	19/01/2018 15:15
Date Of Accident	29/12/2017 23:30
Exact Location Of Accident	CHUA CHU KANG WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL915D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DOSH CAR RENTAL PTE LTD
Co Reg No	201618369M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88682121
Alternative Phone No	OFFICE-88682121

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091100574
Cover Note Number	

### Driver

Name of Driver	CHEW MUN CHUAN DENNIS
NRIC No	S1464558F
Date Of Birth	20/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88682121
Fax Number	
Contact Number	OTHERS-88682121
Email Address	NOEMAIL

Address	BLK 282 CHOA CHU KANG AVE 3 #12-422
Postcode	680282
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL 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

PLS REFER TO THE ATTACHED 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	SJB5603Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NURAZLI BIN JUMA 'EN
NRIC/Passport Number	S8942321Z
Contact Number	92770298
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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.



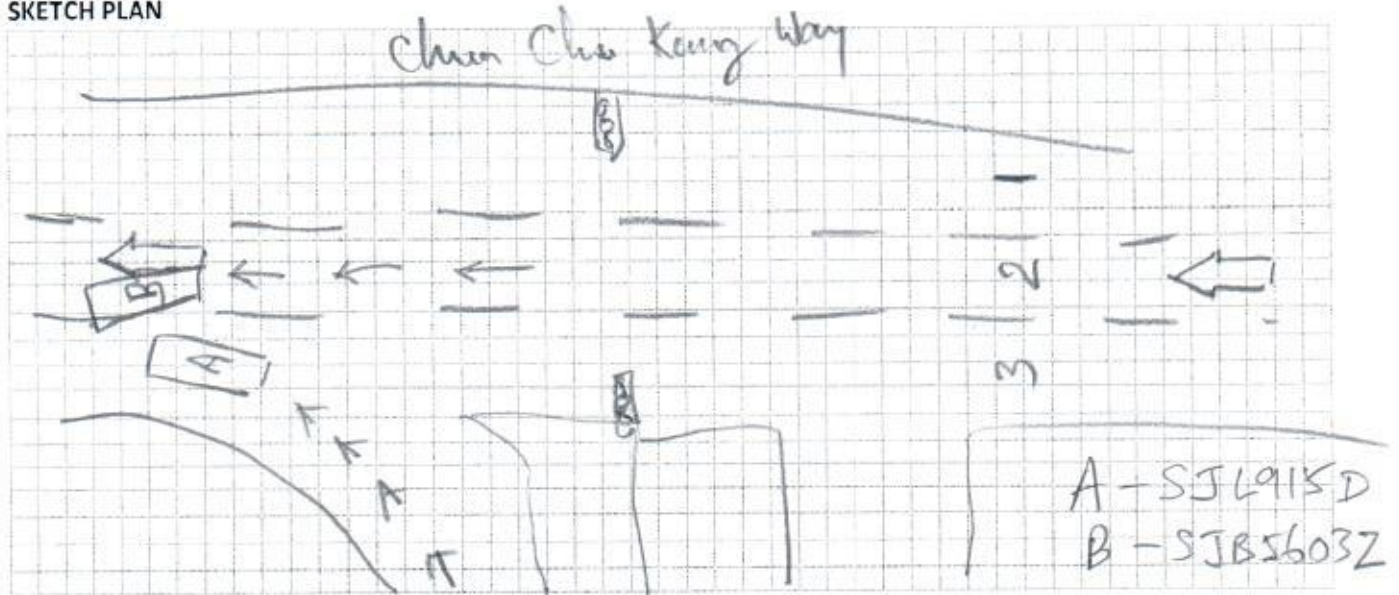
Policyholder's Signature  
Date & Time:

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

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

19/11/2018

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Chua Chu Kang Way. Vehicle A was at Lane 3 and suddenly Vehicle B change and cross lane and hit on my Vehicle A right side 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.:

CONFIDENTIAL

ANNEX E

## NOTICE OF REPORTING

This is to confirm that CHEW MUN CHUAN DENNIS, NRIC/FIN: S1464558F has

reported to the Police a non-injury traffic accident which occurred at CHOA CHU KANG WAY on 29/12/2017 at 23:15 AM/PM involving the following vehicles:

- a) SJL915D
- b) SJB5603Z

2. If this accident was reported to the Police within 24 hours of its Occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap276

Rank / Name of Issuing Officer: SGT T150295 RAHMAN

Date : 30/12/2017 Time: 0107HRS

S/D Ref: eSD 06

Police Post /Unit: Tampines NPC

Original - to be issued to complainant  
Duplicate-to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Sep 2000

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1464558F



Name

CHEW MUN CHUAN DENNIS

趙文俊

Race

CHINESE

Date of birth

20-09-1961

Sex

M

Country of birth

SINGAPORE

S1464558F

3971575



NRIC No. S1464558F



Date of issue

21-11-2006

APT BLK 282 CHOA CHU KANG AVENUE 3 #12-422  
SINGAPORE 680282

NRIC No: S1464558F

Date: 10/04/2013

No: 7338728

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1464558F

Name:

DENNIS CHEW MUN CHUAN

Birth Date: 20 Sep 1961

Issue Date: 21 Nov 2006

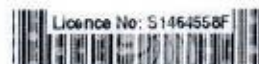


0014558467D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Mar 1997



Licence No: S1464558F

NP 428A

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/12/2017 23:30"/>						
Vehicle No.(For Motor)	<input type="text" value="SJL915D"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091100574	DOSH CAR RENTAL PTE LTD	201618369M	GFT	Third Party	SJL915D	SJL915D	17/07/2017	
<input type="button" value="Continue"/>									

 Policy Information

Policy No.	5091100574	Policyholder Name	DOSH CAR RENTAL PTE LTD	Policyholder NRIC	201618369M
Address	31 #01-31 WEST COAST HIGHWAY SINGAPORE 117864				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/05/2017	Effective Date	15/05/2017 00:00	Expiry Date	14/05/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	919.32		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	HOBBS INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	31 #01-31 WEST COAST HIGHV	Address 2	SINGAPORE 117864	Address 3	
Address 4		Address Type	Singapore address	Post Code	117864
Unit No.	01-31	Related Policy Number	5092751815		

 Insured Object: SJL915D

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/05/2017 00:00	Basic Information Endorsement	000001286559634	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 16 May 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLN7231M</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ1102L 17-07-2017 \$947.29 2. SJL915D 17-07-2017 \$947.29 In view of this amendment, an additional premium of \$1,894.58 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy:</p>
2	17/07/2017 00:00	Basic Information Endorsement	000001286601067	Endorsement Take Effective	

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0977826

Policy No.	5091100574	Vehicle No.	SJL915D	GST Registration No.	
Policyholder Name	DOSH CAR RENTAL PTE LTD			Policyholder NRIC	2011
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	15/01/2018 13:48	Accident Report Within 24 hrs	No	Accident Type	Side
Date of Accident	29/12/2017	Time of Accident hh:mm	23:15	Country of Accident	Sing
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	CHOA CHU KANG WAY TOWARDS KJE				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	31 #01-31 WEST COAST HIGHW	Address 2	SINGAPORE 117864	Address 3	
Address 4		Address Type	Singapore address	Post Code	1171
Unit No.	01-31	Related Policy Number	5092751815		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEW MUN CHUAN DENNIS	Driver NRIC	S1464558F	Driver DOB	20/1
Register Date of Driver License	21/03/1997	Driver Age	56	Driving Experience	20
Contact No.(Mobile)	88682121	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 282 #12-422	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	680
Unit No.	12-422				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	DOSH CAR RENTAL PTE LTD	Insured NRIC	2011
Contact No.(Mobile)	84588855	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJL915D	TP Vehicle Number	SJB1
Claim Description	SJL915D / SJB5603Z ON 29 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	22/01/2018 14:28	Claim Close Date		Date Received	22/1
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No. MT/0977826  
 Last Doc. Received ☒ Yes ☐ No

Claim No. 002  
 Upload Date 22/01/2018 14:25

Path \*

Category \*





















Confidential

Urgency \*

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
 Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 14:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 14:27	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 14:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 14:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 14:27	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 14:25	Photos	Normal	Photos 2018

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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