

NATIONAL Assessment Centre Services

Mr AY18011492

Date In: 23/01/2018 15:58	Job description	Date & Time Completed	Done by
Ref No: NBAR1800013891X	SAS e-illing		
Veh No: SDR 3933X	E-mail (with photo, AIC form)		
D.O.A: 23/01/2018 09:28	Motor Claim Form	ml0979134-002	23/01/2018 16:51
TP / TP / Reporting Only	Motor W/O (Witnessed photo, TP form)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: XNYA Au70	Tel: 62703481	Fax:
TP Particulars:	Yeh No: SJV 1105 R	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: BSL Status (W/O): 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 repeller.

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

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

Remarks:	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	Action

NA1800557	Invoice/Proposed/Check/Dis	Amount	Amount
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$40		
4) PT: Follow-Through Survey	\$150		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Repair Inspection	\$35		
7) NTUC: DA + SMRT Survey	\$160		
8) NTUC Additional Services			
9) NTUC: Courtesy Car / Transport Allowance	\$5		
10) NTUC: Repair Coordination	\$10		
11) NTUC: Post Repair Inspection	\$10		
12) NTUC: Collect Unsettled Coordination	\$5		
13) NTUC: TP IN-INC (against INC)	\$20		
14) NTUC: Mobile	\$10		
Invoice dated	File Charged		
Invoice Ref:	File Ref:		

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	23/01/2018 15:58
Date Of Accident	23/01/2018 09:25
Exact Location Of Accident	JUNCTION OF SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR3933X
Insured/Policyholder	
Name Of Registered Owner	GTS EXPRESS N CAR RENTAL
Co Reg No	52952642E
Email Address	OPS@GTSCAR.COM.SG
Mobile Phone No	(LOCAL) +65-86863933
Alternative Phone No	OFFICE-86863933

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067470316-03
Cover Note Number	

Driver

Name of Driver	LEE CHEE HUA
NRIC No	S7519714D
Date Of Birth	03/07/1975
Occupation	INDOOR
Date Of Driving Pass	19/04/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86863933
Fax Number	
Contact Number	OTHERS-86863933
EMail Address	OPS@GTSCAR.COM.SG

Address	BLK 321B ANCHORVALE DRIVE #05-184
Postcode	542321
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	SJV1105R
Vehicle Make/Model/Colour	HYUNDAI DARK GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY KOK LEONG COLIN
NRIC/Passport Number	S8025492Z
Contact Number	
Address	BLK 211C #14-230 COMPASSVALE LANE
Postcode	543211
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

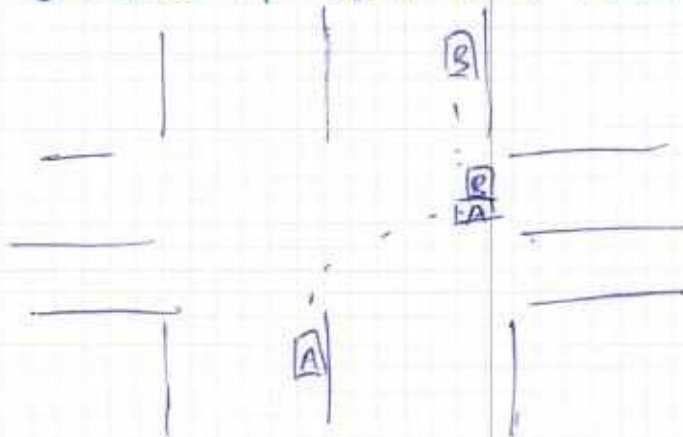


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

23/01/2018
Res Li WATAS

JUNCTION OF SENGKANG EAST ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic light is green. The traffic was clear. So I continue to turn this car speed and bring into me.

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



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

NRIC/FIN No.:

23/01/2018

Personnel's Signature *Rashid W. [Signature]*

Claim Handling

Accident MT/0979134

Policy No.	5067470316-03	Vehicle No.	SDR3933X	GST Registration No.	
Policyholder Name	GTS EXPRESS N CAR RENTAL	Cover Type	drive PREMIUM	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KFR	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire		Not available	
Accident Details					
Report Date	23/01/2018 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	23/01/2018	Time of Accident (hh:mm)	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	T-JUNCTION OF SENGKANG EAST ROAD				
Benefits					
Excess					
Own Damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	8 UBI ROAD 2	Address 2	#06-32 ZERVEX	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-32	Related Policy Number	5069731590-03		
Q1 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Modification History					

Claim 002 **New**

Claim Type *	OD-MD	Insured Name	GTS EXPRESS N CAR RENTAL	Insured NRIC	
Contact No. (Mobile)	9323933	Contact No. (Home)		Contact No. (Office)	
Email Address	kg@gts-car.com.sg	OT Vehicle Number	SDR3933X	TP Vehicle Number	
Claim Description	SDR3933X / SJU1105R ON 23 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.	62703481	Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	
Date Registered	23/01/2018 16:05	Claim Close Date			
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/0979134	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/01/2018 16:53
Path *			
Browse	Clear	Category *	Confidential Urgency
Browse	Clear	Please Select	<input type="radio"/> Normal
Browse	Clear	Please Select	<input type="radio"/> Normal
Browse	Clear	Please Select	<input type="radio"/> Normal
Browse	Clear	Please Select	<input type="radio"/> Normal

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	100	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	100	Normal

Please Select

☛ Attachment List

[illegible]



IT MERAH)) on 23 Jan 2018 16:05

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

XINIA 62703481

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report

Date Of Accident 23 JAN 2018 09:25

Exact Location Of Accident Junction of Serangoon East Rd

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number RDR 3933X

Insured/Policyholder

Name Of Registered Owner / COMPANY GTS EXPRESS n car RENTAL

NRIC No / CO. REG. NO.

Email Address ops@gtscar.com.sg

Mobile Phone No 86863933

Alternative Phone No

Vehicle Particulars

Manufacturer TOYOTA

Model WISH

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

OD claim

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company NTUC

Type Of Coverage

Fleet Policy

Policy Number

drive premium

Cover Note Number

5067470316-02.

Driver

Name of Driver LEE CHEE HUA

NRIC No S75797140

Date Of Birth 3-7-1975

Occupation operation Executive

Date Of Driving Pass 19-4-2001

Driving Experience

Gender M

Mobile Number 86863933

Fax Number

Contact Number

Email Address

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7519714D



Name

LEE CHEE HUA

李志華

Race

CHINESE

Date of birth

03-07-1975

Country of birth

SINGAPORE

Sex

M



4421428

NRIC No. S7519714D

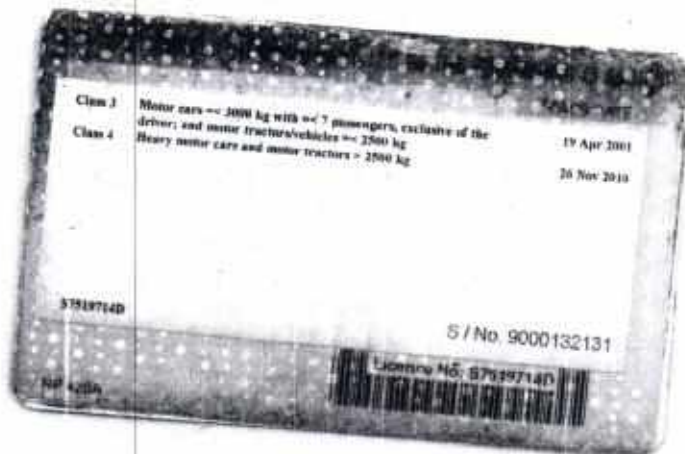


Date of issue

28-08-2009

Address

APT BLK 321B ANCHORVALE DRIVE
#05-184
SINGAPORE 542321



Class 3

Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

Class 4

Heavy motor cars and motor tractors > 2500 kg

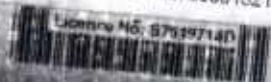
19 Apr 2001

26 Nov 2010

S7519714D

S/No. 9000132131

License No. S7519714D



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5067470316-02

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SDR3933X**
Chassis Number : **JTDGJ20W305002226**
2. Name of Policyholder : **GTS EXPRESS N CAR RENTAL**
3. Effective Date of Insurance : **13 Feb 2017**
4. Expiry Date of Insurance : **12 Feb 2018**
5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **NLE INSURANCE AGENCIES PTE LTD (00000614580)**
Date of Issue : **01 Sep 2016 15:12 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive