

# NATIONAL Assessment Centre Services

(wef 1 Jan 02)

MNA 118013932

Date In: 29/1/18 13:44	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18001694/h4	SAS e-filing		
Veh No: 56H 8738 T	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 26/1/18 16:00	i-Motor Claim Form	MT/0979995	29/1/18 19:53.
OD: <input checked="" type="radio"/> 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:

56X 1 M

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%; F: 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

MA1800639

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: 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:-

QJ\*

\*N3: Courtesy Car / Tpl Allowance

\$3

\*N6: Repair Co-ordination

\$10

\*N7: Post Repair Inspection

\$25

\*N8: DV / Collect Excess Coordination

\$3

IP (N11): TP (N-n INC) against INC

\$20

9) N12: Idac Mobile

\$0

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 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 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	29/01/2018 13:44
Date Of Accident	26/01/2018 16:00
Exact Location Of Accident	INTERNATIONAL PLAZA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8738T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A & T CAR RENTAL PTE LTD
Co Reg No	201600008M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98172624

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091315995
Cover Note Number	-

### Driver

Name of Driver	CHAN TAI WAI
NRIC No	S7112275A
Date Of Birth	09/04/1971
Occupation	INDOOR
Date Of Driving Pass	07/03/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98172624
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 165 GANGSA RD #18-70
Postcode	670165
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?	
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 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	SGX1M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SUET SIN
NRIC/Passport Number	S9278155J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.:



### Personal Particulars

Date of Accident: 26/1/18 Time of Accident: 1600 hrs  
Exact Location of Accident: International Plaza  
Owner's Name: A & T Car Rental Pte Ltd NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Chan Tai Wai NRIC No: 57112257A HP No: 98172624  
Date of Birth: 9/4/1971 Driving Licence Passing Date: 7/3/2002 Occupation: Indoor / Outdoor  
Address: Blk 165 Ganges Rd #18-70 LG7U165  
Relationship of Driver with Insured: Hiree Email Address: \_\_\_\_\_  
Vehicle No: SLH 8738T Make & Model: Toyota Wish  
Insurance Co: NTUC Coverage: Comprehensive Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 0 B: 1 + 0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes / ☒ No)

### Third Party Driver's Particulars

Vehicle B No: SGX 1 M Make & Model: \_\_\_\_\_  
Driver's Name: Lim Suet Sin NRIC No: S92781557 HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7112275A



Name

CHAN TAI WAI

陈 大 伟

Race

CHINESE

Date of birth

09-04-1971

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7112275A

CHAN TAI WAI

Birth Date: 09 Apr 1971  
Issue Date: 16 Dec 2002



5321964



NRIC No. S7112275A



Date of Issue  
28-06-2014

Address  
APT BLK 165 GANGSA ROAD  
#18-70  
SINGAPORE 670165

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E

Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars and Motor Trucks the weight of which unladen does not exceed 2500 kilograms

PASS DATE

10 Aug 1993  
07 Mar 2002

Licence No: S7112275A



NP 428A

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="checkbox"/>	5091315995	A & T CAR RENTAL PTE LTD	201600008M	GFT	drive PREMIUM	SLH8738T	SLH8738T	22/11/2017	



## ▼ Policy Information

Policy No.	5091315995	Policyholder Name	A & T CAR RENTAL PTE LTD	Policyholder NRIC	201600008M
Address	BLK 119 #01-24 ALJUNIED AVENUE 2 SINGAPORE 380119				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/05/2017	Effective Date	28/05/2017 00:00	Expiry Date	27/05/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	684.48		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 119 #01-24	Address 2	ALJUNIED AVENUE 2	Address 3	SINGAPORE 380119
Address 4		Address Type	Singapore address	Post Code	380119
Unit No.	01-24	Related Policy Number	5093167264		

## ► Insured Object: SLH8738T

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/05/2017 00:00	Basic Information Endorsement	000001286566664	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJF5606U 03-06-2017 \$1,747.00 In view of this amendment, an additional premium of \$1,747.00 (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.
2	30/06/2017 00:00	Basic Information Endorsement	000001286589399	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/0979995

Policy No.	5091315995	Vehicle No.	SLH8738T	GST Registration No.	
Policyholder Name	A & T CAR RENTAL PTE LTD			Policyholder NRIC	2011
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	98172624	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	29/01/2018 19:42	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	26/01/2018	Time of Accident hh:mm	16:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	INTERNATIONAL PLAZA				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	BLK 119 #01-24	Address 2	ALJUNIED AVENUE 2	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	380
Unit No.	01-24	Related Policy Number	5093167264		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/01/1970
Unnamed driver Name	CHAN TAI WAI	Driver NRIC	S7112275A	Driving Experience	15
Register Date of Driver License	07/03/2002	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	98172624	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 165 #18-70	Address 2	GANGSA ROAD	Post Code	670
Address 4		Address Type	Singapore address		
Unit No.	18-70				
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 001

New

Claim Type *	OD-MX	Insured Name	A & T CAR RENTAL PTE LTD	Insured NRIC	2011
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	634
Email Address		OI Vehicle Number	SLH8738T	TP Vehicle Number	SGX
Claim Description	SLH8738T / SGX1M ON 26 Jan 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	29/01/2018 19:50	Claim Close Date		Date Received	29/01/2018
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.  
Last Doc. Received

MT/0979995  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
29/01/2018 19:53

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

Choose File No file chosen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 19:53	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 19:53	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 19:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 19:52	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 19:50	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2018 19:50	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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