

# NATIONAL Assessment Centre Services

[Ref: 1 Jan 2005]

Date In: 12/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18002757/13	SAS e-filing		
Veh No: SJL 958E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/02/18 1300	i-Motor Claim Form	12/09/2005	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TEAMWORK)	Tel:	Fax:
TP Particulars:	Veh No: SJL 3331R	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

NA1800910	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OB*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	12/02/2018 12:49
Date Of Accident	10/02/2018 13:00
Exact Location Of Accident	KIM KEAT LINK TWDS LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL958E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONE2RENT CARS PTE. LTD.
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62927575

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	YES
Policy Number	5079229409-01
Cover Note Number	

### Driver

Name of Driver	RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR
NRIC No	S7318307C
Date Of Birth	29/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85858191
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 338 UBI AVE 1 #04-855
Postcode	400338
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?	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: : UNKNOWN GENDER: : FEMALE

#### 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	SJV3331R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJL958E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## IMPORTANT NOTICE

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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:

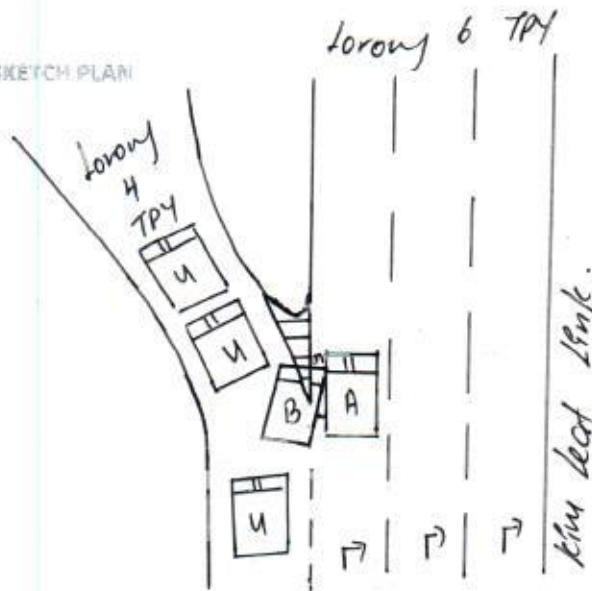
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



A: SJL 958E

B: SJV 3331R.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Klu Keat Link towards lorong 6 Toa Payoh. There was a long Q on the lane on my left. Out of sudden, vehicle (B) cut out from the left lane, collided and grazed along my vehicle 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.:

*sfym* 12/02/18

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	10 Feb 2018 (DD/MM/YY)
Time of accident	1300 (HH:MM)
Exact location of accident	18m East 1st towards Korony 6 toa Payoh.

DETAILS OF VEHICLE	
Vehicle registration number	SJL 9586
Vehicle make and model	Toyota Altis
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private <input checked="" type="checkbox"/> Renter
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	ONE2RENT CARS PTE LTD Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201309179N 201306179M
Contact	
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570

DRIVER		SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)	
Name	Ruslighani Iskandar Bin Abdul Shukor	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
NRIC / Fin / Passport number	87318307C		
Contact	8585 8191		
Address	Block 338 Ubi Avenue 1 #04-255 Singapore 400338		
Email address			
Date of birth	29 May 1973		
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		
Driving date pass	20 Mar 2006		

female.

### GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Hirer</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	<u>2</u>	(Inclusive of driver)

### PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

### PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

### WITNESS 1

Name	
------	--

### WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	8JV3331R
Vehicle make model	
Name	Zhang Xia
NRIC / Fin / Passport number	87364721E
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



Name

RUSLIGHANI ISKANDAR BIN  
ABDOL SHUKOR

Race

MALAY

Date of birth

29-05-1973

Sex

M

Country of birth

SINGAPORE

S7318307C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7318307C

Name:

RUSLIGHANI ISKANDAR BIN  
ABDOL SHUKOR



Birth Date: 29 May 1973

Issue Date: 21 Apr 2007



001493257B



399134

NRIC No: S7318307C



Date of issue

03-01-2007

APT BLK 338 UBI AVENUE 1 #04-855  
SINGAPORE 400338

NRIC No: S7318307C

Date: 24/03/2009

No: 6556736

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 20 Mar 2006

NP 428A



Licence No: S7318307C

Hello, NAC\_PAYA\_UBI\_800601

[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="10/02/2018 13:00"/>						
Vehicle No.(For Motor)	<input type="text" value="SJL958E"/>	<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"/>	5079229409-01	ONE2RENT CARS PTE. LTD.	201306179N	GFT	drivo PREMIUM	SJL958E	SJL958E	03/04/2017	
<input type="button" value="Continue"/>									

## Claim Handling

## Accident MT/0982055

Policy No.	5079229409-01	Vehicle No.	SJL958E	GST Registration No.	201
Policyholder Name	ONE2RENT CARS PTE. LTD.			Policyholder NRIC	201
Product Code	FLEET INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62927575	Contact No.(Home)	0
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	12/02/2018 19:30	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	10/02/2018	Time of Accident hh:mm	13:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KIM KEAT LINK TWDS LOR 6 TOA PAYOH				

## ▼ Benefits

## ▼ Excess

Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2015
GST Registration No.	201306179N	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.	01+12	Related Policy Number	5081725603-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	RUSLIGHANI ISKANDAR BIN AB	Driver NRIC	57318307C	Driver DOB	29/0
Register Date of Driver License	20/03/2006	Driver Age	44	Driving Experience	11
Contact No.(Mobile)	85858191	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 338	Address 2	UBI AVENUE 1	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4001
Unit No.	#04-855				
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 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	ONE2RENT CARS PTE. LTD.	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	629
Email Address	enquiry@one2rentcars.com	OI Vehicle Number	SJL958E	TP Vehicle Number	SJV
Claim Description	SJL958E / SJV3331R ON 10 Feb 2018			Name of Preferred Workshop	TEA
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼	GIA report	Rec
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop (refer below) ▼	Date Received	12/0
Date Registered	12/02/2018 19:36	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					



## Attachment

2/12/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0982055

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/02/2018 00:00

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
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 19:35	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 19:35	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 19:35	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 19:35	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 19:35	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 19:35	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2018 19:35	Photos	Normal	Photos 20:

## Video List

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