

NATIONAL Assessment Centre Services

Date In: 19/02/18

Ref No: NA/INC18002153/13

Veh No: SLL3911X

D.O.A: 15/02/18 0930

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

HUP SOON

TP Particulars:

Veh No:

SLL367T

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30); INC (\$30)
- 2) DA: Damage Assessment (\$100); \$40/\$45
- 3) TF: Towing Fee \$120
- 4) FT: Follow-Through Survey \$30
- 5) FT: Follow-Through Survey (Resurvey) \$75
- 6) TR: Re-inspection \$160
- 7) N1: Idac DA + SMRT Survey
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

Amf (\$) 1st Bill Add Bill

Fee Charged Invoice dated Fee Charged Invoice dated

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	19/02/2018 17:37
Date Of Accident	15/02/2018 09:30
Exact Location Of Accident	TPE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3911X
Insured/Policyholder	
Name Of Registered Owner	SUNSHINE CAR RENTAL AND SERVICES
Co Reg No	53318074X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81122218

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5094375582
Cover Note Number	

Driver

Name of Driver	CHENG SZE FOONG
NRIC No	S0179757C
Date Of Birth	14/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1974
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81183080
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 727 YISHUN ST 71
 #12-87
 Postcode 760727
 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 CHAIN COLLISION
 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: : UNKNOWN
 GENDER: : MALE
 Passenger 2 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 SLF367T
 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLU6385Y

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGN4660L

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)

SKETCH PLAN

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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.:

SKETCH PLAN

TYPE TOWARDS CHANGI

A. SLL3911X
B. SLF367T
C. SLU6385Y
D. SGN4660L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG TPE TOWARDS CHANGI I
SAW A VEH IN FRONT OF ME SLOW DOWN THEN I FOLLOW
OUT OF SUDDEEN I FELT AN IMPACT FROM MY VEH REAR
PORTION MY VEH ALSO MOVED FORWARD AND HIT ONTO
VEH IN FRONT OF ME,

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.:

19/02/18



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.
TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SCL3911X MAKE/MODEL: TOYOTA VIOS.
DATE OF ACCIDENT: 15/02/2018 TIME: 09 HR 30 MIN AM PM
LOCATION OF ACCIDENT: 7PE TOWARDS CHANGI
EXACT PURPOSE USE DURING ACCIDENT: WORKING.

CAR OWNER

NAME OF CAR OWNER: SUNSHINE CAR RENTAL AND SERVICES.
CONTACT NO: 8112218
NRIC: 5331074X
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
INSURANCE COMPANY: NTUC. ☐ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
TYPE OF COVERAGE: 5094375582
POLICY NO: 5094375582

ACCIDENT DRIVER

NAME OF DRIVER: CHENG SIE FOON
NRIC: 20179757C
DATE OF BIRTH: 14 NOV 1952
OCCUPATION: DR. 80A 1984
DATE OF DRIVING PASS: 04 SEP 1984
GENDER: ☒ MALE ☐ FEMALE
CONTACT NO: 81183080
ADDRESS: BLK 727 YISHUN ST 71 #12-87 (B) 760727
DRIVER OWN ANY VEHIC: ☐ NO/ IF YES- REGISTRATION NO: _____

RELATIONSHIP: ☒ EMPLOYEE/ ☐ IF NOT: ☒ CLEAR ☐ RAINING ☐ OTHER: _____
WEATHER CONDITION: ☒ DRY ☐ WET ☐ OTHER: _____
ROAD SURFACE: _____
ANY INJURIES: _____ NO/ IF YES- NAME: _____
CONTACT NO: _____ NO/ IF YES- LOCATION: _____
POLICE REPORT: _____ NO/ YES: _____
VIDEO FOOTAGE: _____

3RD PARTY INFO

VEHICLE B NO: 8LF 367T NO OF PASSENGER/S: UNKNOWN
NAME: _____
CONTACT NO: _____
VEHICLE C NO: 8LU 63854 NO OF PASSENGER/S: UNKNOWN
VEHICLE D NO: 8EN 46004 NO OF PASSENGER/S: _____
VEHICLE E NO: _____ NO OF PASSENGER/S: _____
VEHICLE F NO: _____ NO OF PASSENGER/S: _____
ANY WITNESS: _____
WITNESS CONTACT NO: _____

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S0179757C

Name: CHENG SZE FOONG

Issue Date: 27/10/2014

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Member: S0179757C

CHENG SZE FOONG

Birth Date: 14 Nov 1952

Issue Date: 06 May 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0179757C



Name

CHENG SZE FOONG

Race

CHINESE

Date of birth

14-11-1952

Country of birth

SINGAPORE

Sex

M

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description
02	TAXI VL

Issue Date
12/04/2000



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

PACS DATE

Class 2B
Class 3

Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

08 Jan 1983
04 Sep 1974



NP 428A

4935702



NRIC No: S0179757C



Date of issue
13-02-2013

Address
APT BLK 727 YISHUN STREET 71
#12-87
SINGAPORE 760727

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: 5094375582

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **SL13911X**

Chassis Number

: **MR053HY9305072337**

2. Name of Policyholder

: **SUNSHINE CAR RENTAL AND SERVICES**

3. Effective Date of Insurance

: **20 Sep 2017**

4. Expiry Date of Insurance

: **14 Jul 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)

: **N/A**

EXCESS (SECTION 2)

: **\$\$1,500**

ADDITIONAL EXCESS

: **N/A**

UNNAMED DRIVER EXCESS

: **N/A**

REPAIR AT OWNER'S PREFERRED WORKSHOP

: **NO**

INSURE WITH COE

: **N/A**

NCD PROTECTION

: **NO**

PRIMARY DRIVER

: **N/A**

NAMED DRIVER (1)

: **N/A**

NAMED DRIVER (2)

: **N/A**

HIRE PURCHASE COMPANY

: **N/A**

SUM INSURED

: **N/A**

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 : **INXURE NETWORK SERVICES (00000614975)**

Date of Issue : **20 Sep 2017 09:04 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

2/19/2018

Claim Handling

Accident MT/0982725

Policy No.	5094375582	Vehicle No.	SLL3911X	GST Registration No.	
Policyholder Name	SUNSHINE CAR RENTAL AND SERVICES	Cover Type	Third Party	Policyholder NRIC	533
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81122218	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	19/02/2018 20:22	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	15/02/2018	Time of Accident hh:mm	09:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI				

▼ 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	BLK 170C #14-697	Address 2	PUNGGOL FIELD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	823
Unit No.	14-697	Related Policy Number	5097130736		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/1
Unnamed driver Name	CHENG SZE FOONG	Driver NRIC	S0179757C	Driving Experience	43
Register Date of Driver License	04/09/1974	Driver Age	65	Contact No.(Home)	0
Contact No.(Mobile)	81183080	Contact No.(Office)	0	Address 3	KHA
Address 1	BLK 727	Address 2	YISHUN STREET 71	Post Code	760
Address 4	SINGAPORE 760727	Address Type	Singapore address		
Unit No.	#12-87			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	SUNSHINE CAR RENTAL AND SE	Insured NRIC	533
Contact No.(Mobile)	81122218	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLL3911X	TP Vehicle Number	SLF
Claim Description	SLL3911X / SLF367T ON 15 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/02
Date Registered	19/02/2018 20:27	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

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

2/19/2018

Accident No.

MT/0982725

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/02/2018 00:00

Path *

[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](#)











Category *

Confidential

Urgency *

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	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:27	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:27	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:27	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:26	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:26	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:26	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:26	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:26	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:26	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
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