

NATIONAL Assessment Centre Services [Ref: NA 2013]

Date In: 12/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004672/13	SAS e-filing		
Veh No: SJF 9934X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/03/18 1345	i-Motor Claim Form	MT/0985725	
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHD 5127U	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:-	Date & Time Completed	Done by
(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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$0		
	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 willful 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	12/03/2018 17:53
Date Of Accident	12/03/2018 13:45
Exact Location Of Accident	PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9934X
Insured/Policyholder	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81888655

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?	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	5079137979-01
Cover Note Number	

Driver

Name of Driver	CHUA KWANG HAI(CAI GUANGHAI)
NRIC No	S7413748B
Date Of Birth	13/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81888655
Fax Number	
Contact Number	
Email Address	KRISSCHUA@YAHOO.COM.SG

Address	BLK 420 FAJAR ROAD #06-469
Postcode	670420
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	SIDE SWIPE
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)	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

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	SHD5127U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CARSON CHRISTOPHER PAUL
NRIC/Passport Number	
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.



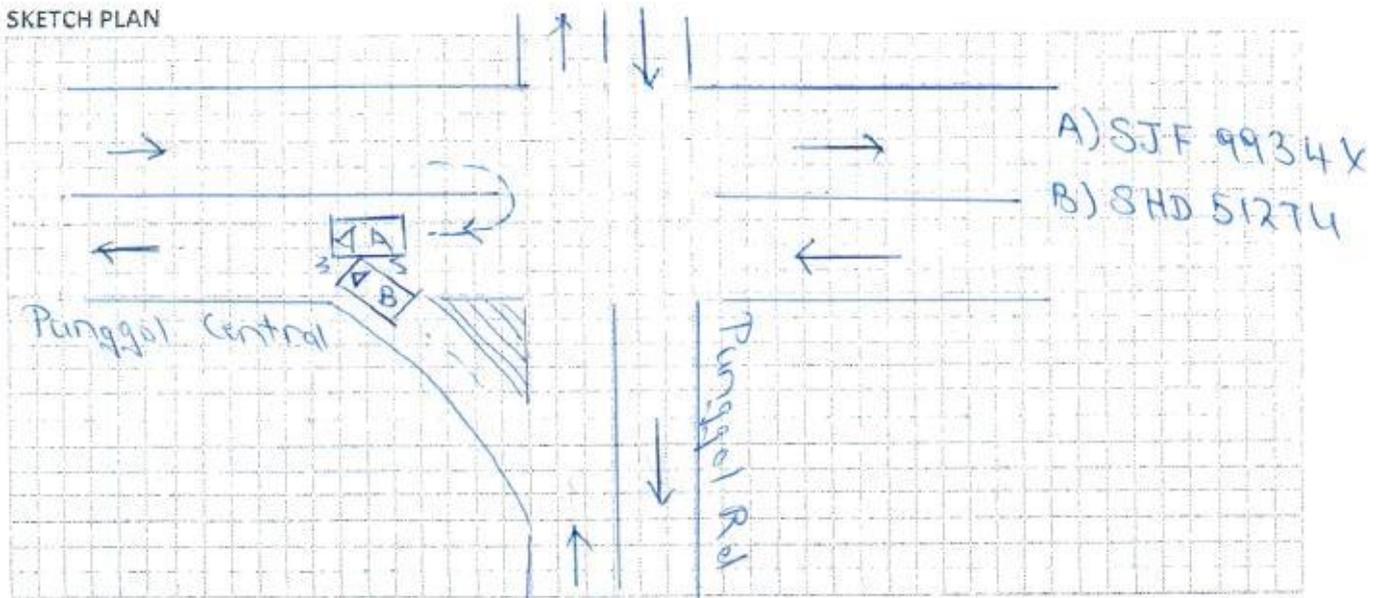
Policyholder's Signature
Date & Time:

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

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

[Handwritten Signature] 12/03/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I MADE A U-TURN AT JUNCTION OF PUNGGOL CENTRAL/PUNGGOL RD
 HEADING TOWARDS 94 PUNGGOL CENTRAL TO PICK UP MY PASSENGER.
 WHEN TRANSCAB SHD 5127U HIT ME ON TO MY FRONT (LH)
 PASSENGER DOOR.
 THE TAXI WAS FILTERING OUT FROM PUNGGOL ROAD TO
 PUNGGOL CENTRAL WHEN HE COLLIDE ON TO ME; WHICH BY THEN
 I HAD COMPLETED MY U-TURN.

DECLARATION

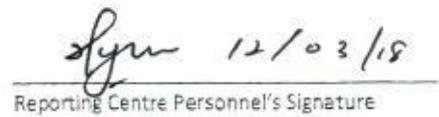
I declare the foregoing particulars are true in every respect.


 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.:

VEHICLE NO : SJF 9934X		MAKE/MODEL : TOYOTA WISH.	
Date of Accident	12 MARCH 2018 Time: 1:45PM	Foreign Veh Involved	YES / NO
Location of Accident	PUNGGOL CENTRAL	Foreign Veh No	
Country of Loss	Singapore		
Vehicle Damaged		No. of Veh Involved :	2
Claim Type	OD / <u>TP</u> / REPORTING	Was There Any Witness	YES / NO
INSURANCE CO	NTUC Income Ins	Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	
Policy No	5079137979-01		
Fleet Policy	(YES) NO		
OTHER VEHICLES			
OWNER / CO.	HE Motor Car Rental	VEHICLE B	SHD 51274
NRIC / Co's Reg No.	201401553D P11	Category :	
Address		Driver's Name :	Carson christopher Paul
Contact / Mobile No	81888655	NRIC No :	
Email Address		Contact No :	
Date of Birth		No. of Passenger :	
Gender	M / F		
DRIVER		VEHICLE C	
NRIC No	S7413748/B	Category :	
Address	81C 420 FAJAR RD #06-469 S(670420)	Driver's Name :	
Contact / Mobile No	93870770	NRIC No :	
Email Address	erisschua@yahoo.com.sg	Contact No :	
Date of Birth	13 APRIL 1974	No. of Passenger :	
Gender	(M) / F		
LICENSE PASSED DATE	21 OCT 2014	VEHICLE D	
Occupation	Indoor (Outdoor)	Category :	
Relation with Owner		Driver's Name :	
		NRIC No :	
		Contact No :	
		No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	(Clear) / Raining / Others	Video Captured :	Yes / No
Road Surface	(Dry) / Wet / Others		
INJURED : YES / NO			
Name of Injured :		Police Report :	YES / NO
Convey To Hospital by Ambulance :	YES / NO	If YES, Where :	
NO. OF PASSENGERS : NIL			
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop :		Contact No :	
Address :		Email :	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7413748B**

Name: **CHUA KWANG HAI (CAI GUANGHAI)**

Birth Date: **13 Apr 1974**

Issue Date: **21 Oct 2014**

002358207F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7413748B**

Name: **CHUA KWANG HAI (CAI GUANGHAI)**

蔡光海

Race: **CHINESE**

Date of Birth: **13-04-1974** Sex: **M**

Country of Birth: **SINGAPORE**




Driver

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

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Oct 2014

NP 428A

Licence No. S7413748B



284



NRIC No. **S7413748B**



Blood Group: **AB+** Date of Issue: **09-07-1996**

APT BLK 426 FAJAR ROAD #06-469
SINGAPORE 670420

* NRIC No S7413748B Date: 26/11/2011 No: 68378



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: 5079137979-01 Cover : drive CLASSIC

- 1. Index mark and Registration Number of Vehicle : SJP9934X
Chassis Number : ZNE100409788
2. Name of Policyholder : LE MOTOR CAR RENTAL PTE LTD
3. Effective Date of Insurance : 06 Apr 2017
4. Expiry Date of Insurance : 05 Apr 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.

Table with 2 columns: Description and Value. Includes rows for EXCESS (SECTION 1), EXCESS (SECTION 2), WINDSCREEN EXCESS, ADDITIONAL EXCESS, UNNAMED DRIVER EXCESS, REPAIR AT OWNER'S PREFERRED WORKSHOP, INSURE WITH COE, NCD PROTECTION, TRANSPORT ALLOWANCE, EXCESS WAIVER, PRIMARY DRIVER, NAMED DRIVER (1), NAMED DRIVER (2), HIRE PURCHASE COMPANY, and SUM INSURED.

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 : DICKSON AUTO AGENCY (00000614645)
Date of issue : 07 Mar 2017 16:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0985725

Policy No.	5079137979-01	Vehicle No.	SJF9934X	GST Registration No.	201401553D
Policyholder Name	LE MOTOR CAR RENTAL PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	0
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81888655	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input 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	Yes

▼ **Accident Details**

Report Date	12/03/2018 18:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	12/03/2018	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL CENTRAL				

▼ **Benefits**

▼ **Excess**

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
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	50 EAST COAST ROAD	Address 2	#01-89 ROXY SQUARE	Address 3	SINGAPORE 428769
Address 4		Address Type	Singapore address	Post Code	428769
Unit No.	01-89	Related Policy Number	5079137979-01		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/04/1974
Unnamed driver Name	CHUA KWANG HAI(CAI GUANGH)	Driver NRIC	S7413748B	Driving Experience	3
Register Date of Driver License	21/10/2014	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	81888655	Contact No.(Office)	0	Address 3	SINGAPORE 670420
Address 1	BLK 420	Address 2	FAJAR ROAD	Post Code	670420
Address 4		Address Type	Singapore address		
Unit No.	#06-469			Driver Insurer Company	
Does he own a Singapore Registered car?	<input 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	LE MOTOR CAR RENTAL PTE LTD	Insured NRIC	201401553D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SJF9934X	TP Vehicle Number	SHD5127U
Claim Description	SJF9934X / SHD5127U ON 12 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/03/2018 00:00
Date Registered	12/03/2018 18:21	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0985725	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 00:00
Path *		Category *	
Choose File No file chosen		Confidential	NO
Choose File No file chosen		Urgency *	Normal
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	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	SAS	Normal	SAS 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:21	Photos	Normal	Photos 2018-3-12

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	