

# NATIONAL Assessment Centre Services

Date In: 27/03/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18005666/13	E-mail (within 3hrs, AP: 2hrs):		
Veh No: SJH25374	i-Motor Claim Form: MT/0987922		
D.O.A: 26/03/18 2050	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs):		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: SJN9514H	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

NA1801935	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$43		
Damaged Portion:	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:-		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

## 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	27/03/2018 15:28
Date Of Accident	26/03/2018 20:50
Exact Location Of Accident	JLN TIONG TWDS TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH2537U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AVENGERS CAR RENTAL & MOTORING PTE. LTD.
Co Reg No	201735090Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83010181

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	STATIONARY(STOP)
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	5096746614
Cover Note Number	

### Driver

Name of Driver	HAMDAN BIN ALI MOHAMED
NRIC No	S1733080B
Date Of Birth	27/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1996
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82906860
Fax Number	
Contact Number	
Email Address	NOEMAIL



## 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.
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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.



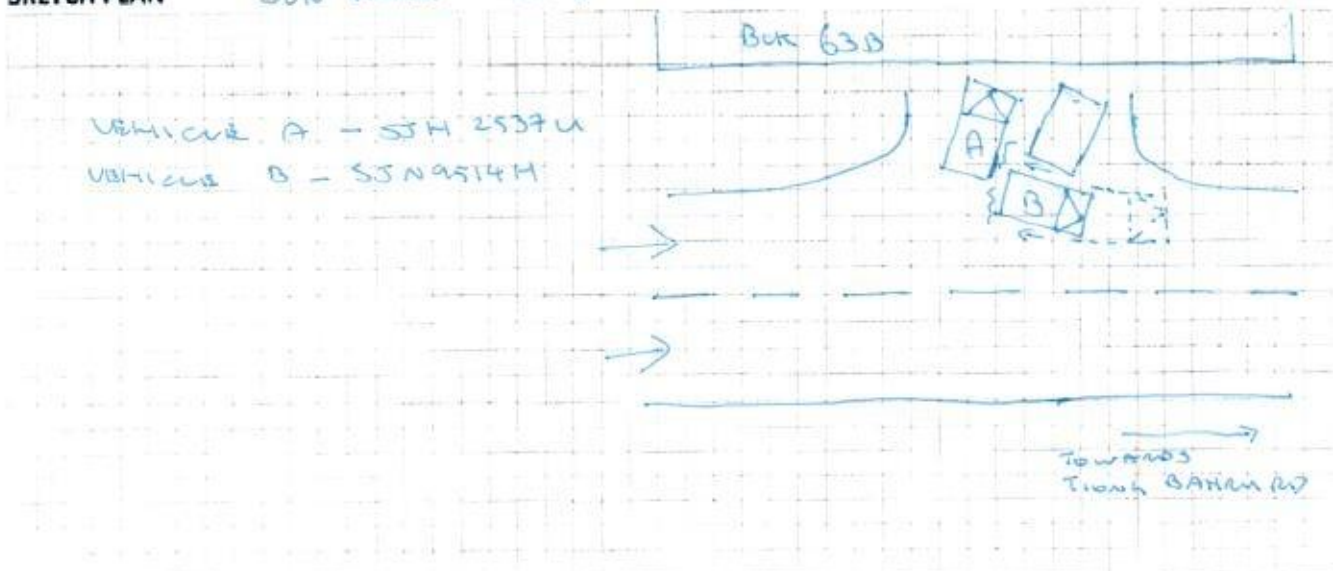
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

JUN TIONG TOWARD TONG BAHAN ROAD



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED WITH ME IN THE VEHICLE,
WITH ANOTHER VEHICLE BESIDE ME.
WHEN SUDDENLY I FELT A IMPACT FROM THE RIGHT
REAR OF MY VEHICLE.
AND I ALIGHTED FROM MY VEHICLE AND FOUND OUT
IT WAS A VEHICLE BEHIND (SJN 9514H) THAT COLLIDED
TO THE RIGHT REAR OF MY VEHICLE WHILE HE WAS
REVERSING AND DIDNT REALIZED I WAS AT THE BACK OF
HIS VEHICLE.
HE HAD ADMITTED THAT IT WAS HIS FAULT OF HITTING
ONTO MY VEHICLE WHILE HE WAS REVERSING.
VEHICLE A - SJH 2537H
VEHICLE B - SJN 9514H

## 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.:



*[Signature]*

*[Signature]*

*[Signature]* 27/03/18



<b>Vehicle No.</b>	SJH 2537U		<b>Model / Make</b>	NISSAN SYLPHY	
<b>Date of Accident</b>	26/03/2018				
<b>Time of Accident</b>	20:50		HRS		
<b>Location of Accident</b>	JALAN TIONG TOWARDS TIONG BAHRU ROAD				
<b>Exact purpose use during accident</b>	STATIONARY STOPPED.				
<b>Name of Owner</b>	AUEGERS CAR RENTAL & MOTORING PTE. LTD.				
<b>Telephone No.</b>	H/P: 8301 0181		<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	2017350907				
<b>Address</b>	62B EDGEHILL PLAINS #17-741 S (822682)				
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY				
<b>Insurance Company</b>	NINE				
<b>Type of Coverage</b>	<u>Comprehensive</u>		Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5096746614				
<b>Name of Driver</b>	As Above If No,				
<b>NRIC</b>	S1733080B		<b>Any Passengers :</b>		
<b>Date of birth</b>	27 DEC 1965				
<b>Occupation</b>	<u>Outdoor</u> / Indoor				
<b>Driving License Pass Date</b>	16 SEPT 1996				
<b>Gender</b>	<u>Male</u> / Female				
<b>Contact No.</b>	H/P: 82906860		<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	BLK 57 LENGKOK BAHRU A10-491 S (151054)				
<b>Driver have any own vehicle</b>	No, If yes, Reg No.				
<b>Relationship</b>	Employee,		If no, state <u>RENTAL / LEASING</u>		
<b>Weather condition</b>	<u>Clear</u> Raining Other				
<b>Road Surface</b>	<u>Dry</u> Wet Other				
<b>Any Injuries</b>	No, If Yes, Who?				
<b>Name And Contact No.</b>					
<b>Name And Contact No.</b>					
<b>Police Report</b>	No, If Yes, Where?				
<b>Vehicle B No.</b>	SJN 9514H		<b>Any Passengers :</b>		
<b>Name of Driver</b>	SHANMUGAM SUPRAMANIAM		<b>Contact No. :</b>		
<b>Vehicle C No.</b>	<b>Any Passengers :</b>				
<b>Vehicle D No.</b>	<b>Any Passengers :</b>				
<b>Vehicle E no.</b>	<b>Any Passengers :</b>				
<b>Vehicle F No.</b>	<b>Any Passengers :</b>				
<b>Vehicle G No.</b>	<b>Any Passengers :</b>				
<b>Witness Name</b>	<b>Witness Contact :</b>				
<b>Accident Portion</b>	RIGHT REAR				
<b>Camera Recorder</b>	Yes / <u>No</u>				
<b>Email Address</b>					
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD				
<b>CONTACT NO.</b>	6842 0051 / 6744 0510				
<b>CONTACT PERSON</b>	IAN				
<b>FAX NO</b>	6741 0510				
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg				

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1733080B



HAMDAN BIN ALI MOHAMED

حمدان بن علي محمد

Race  
MALAY

Date of Birth  
27-12-1965

Country of Birth  
SINGAPORE

Sex  
M

1307356

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1733080B  
Name:

HAMDAN BIN ALI MOHAMED

Birth Date 27 Dec 1965  
Issue Date 10 Jul 2014



002322783G



1307356

NRIC No. S1733080B



Blood Group Date of issue  
O+ 26-09-1993

APT BLK 57 LENGKOK BAHRU #10-491  
SINGAPORE 151057

NRIC No: S1733080B Date: 01/04/2014

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc. 11 Mar 1988  
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 16 Sep 1996



Licence No: S1733080B

NP 428A



## 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:** 5096746614

**Cover:** Drive Classic

1. Index mark and Registration Number of Vehicle : SJH2537U  
 Chassis Number : JN1BAAG11Z0106569
2. Name of Policyholder : AVENGERS CAR RENTAL & MOTORING PTE. LTD.
3. Effective Date of Insurance : 12 Jan 2018
4. Expiry Date of Insurance : 12 Dec 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)	: S\$0
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
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	: TAI THONG LEE TRADING PTE. LTD.
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 : SININS AGENCY PTE. LTD. (00000615123)  
 Date of Issue : 12 Jan 2018 13:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/0987922

Policy No.	5096746614	Vehicle No.	SJH2537U	GST Registration No.	
Policyholder Name	AVENGERS CAR RENTAL & MOTORING PTE. LTD.			Policyholder NRIC	201735090Z
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83010181	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	27/03/2018 16:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/03/2018	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN TIONG TWDS TIONG BAHRU ROAD				

## ▼ 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	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 682B #17-741	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE 822682	Address Type	Singapore address	Post Code	822682
Unit No.	17-741	Related Policy Number	5097663507		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/12/1965
Unnamed driver Name	HAMDAN BIN ALI MOHAMED	Driver NRIC	S1733080B	Driving Experience	21
Register Date of Driver License	15/09/1996	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	82906860	Contact No.(Office)	0	Address 3	SINGAPORE 151057
Address 1	BLK 57	Address 2	LENGKOK BAHRU	Post Code	151057
Address 4		Address Type	Singapore address		
Unit No.	#10-491				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	AVENGERS CAR RENTAL & MOTC	Insured NRIC	201735090Z
Contact No.(Mobile)	82222732	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJH2537U	TP Vehicle Number	SJN9514H
Claim Description	SJH2537U / SJN9514H ON 26 Mar 2018			Name of Preferred Workshop	TWINCAR
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop (refer below) ▼	Date Received	27/03/2018 00:00
Date Registered	27/03/2018 16:46	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

☒ Print AK letter.

Save Submit

## Attachment

Accident No.	MT/0987922	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼



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 27 Mar 2018 16:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:46	SAS	Normal	SAS 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:46	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:46	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:46	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:46	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:45	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:45	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:45	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:45	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:45	Photos	Normal	Photos 2018-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2018 16:45	Photos	Normal	Photos 2018-3-27

## Video List

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