

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA118052485

Date In: 20/4/18-16:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007378/24	SAS e-filing		
Veh No: SKM129FC	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 21/4/18-22:05	i-Motor Claim Form	M7/0989089-002	20/4/18 17:13
OD: TP 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: JAC69735 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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	20/04/2018 16:49
Date Of Accident	03/04/2018 22:05
Exact Location Of Accident	ALONG T2 BLVD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1298C
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#### Insured/Policyholder

Name Of Registered Owner	KWIKWHEELS TRANSPORTATION SERVICES
Co Reg No	53121632B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90622797
Alternative Phone No	OFFICE-90622797

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 240Z A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5063938139-04
Cover Note Number	

#### Driver

Name of Driver	TAN WEE BIN (CHEN WEIMIN)
NRIC No	S7601504Z
Date Of Birth	13/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2001
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96462262
Fax Number	
Contact Number	OFFICE-96462262
EMail Address	NOEMAIL

Address	BLK 20 HOUGANG AVENUE 3 #03-219
Postcode	530020
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	2
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

REFER TO 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	SHC6973S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
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.
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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.

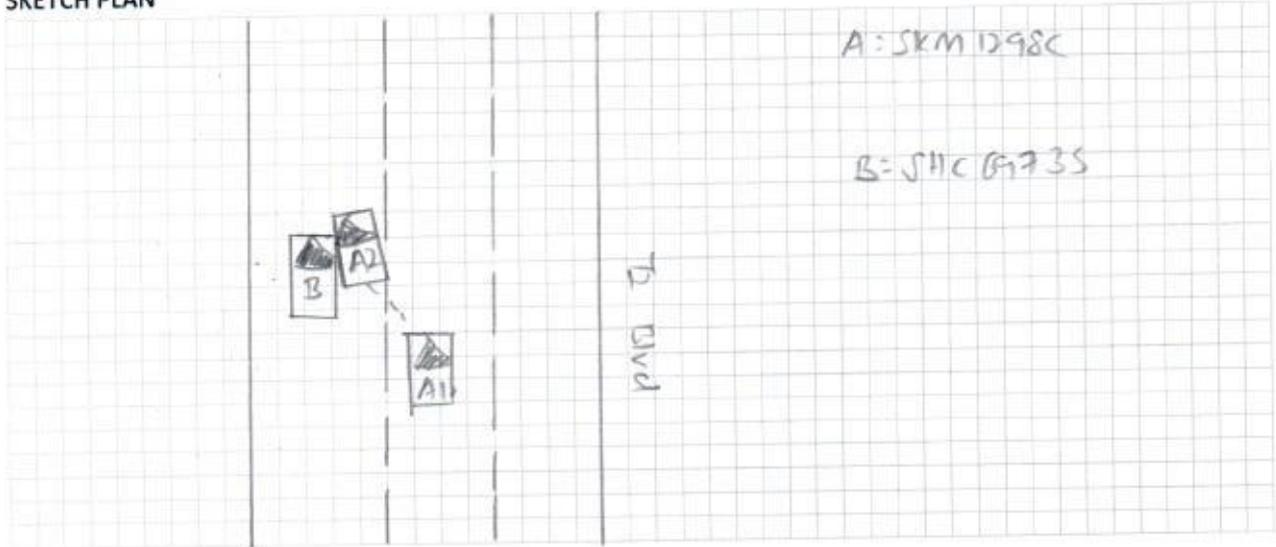
**KWIKWHEELS  
TRANSPORTATION  
SERVICES**  
BLK 758 YISHUN ST 72  
#12-448 S(760758)  
+65 90622797

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

**KWIKWHEELS**  
**TRANSPORTATION**  
**SERVICES**  
BLK 758 YISHUN ST 72  
#12-448 S (760758)  
+65 90622797

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

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 T2 BLVD. I HAD  
TURN ON MY VEHICLE INDICATOR LIGHT AS I WANTED TO OVERTAKE VEHICLE  
B. IN A RESULT, VEHICLE B DID NOT GIVE WAY TO MY VEHICLE AND HIT ONTO  
MY VEHICLE LEFT PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 3 / 4 / 18 ) (DD/MM/YYYY), TIME: ( 22 : 05 ) (HH:MM)

LOCATION: Along T2 Blvd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: NCM1298C
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5063938139-04
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Khilwheels Transportation Services (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 4701632B CONTACT: 90622797
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Tan Loo Bin (Chen Wee Kaining) (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 576015042 CONTACT: 96462262
- c) ADDRESS: Blk 20 Hougang Avenue 3 #03-279

\*d) DATE OF BIRTH: ( 13 / 1 / 1976 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29 / 31 / 2001

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHC69735 MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger (including d) (1)

\* No of pass (including d) (-)

\* No of pass (including d) (-)

email = [Signature]

fax = \_\_\_\_\_

bin1651@yahoo.com.sg



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7601504Z**  
 Name:  
**TAN WEE BIN**  
**(CHEN WEIMIN)**

Birth Date: **13 Jan 1976**  
 Issue Date: **08 May 2003**

000462560E

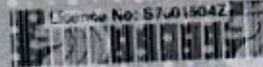




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

CLASS	DESCRIPTION	CLASS DATE
Class 2G	Motorcycles not exceeding 200 cc	12 Aug 1994
Class 2A	Motorcycles between 201 cc and 400 cc	29 Dec 1995
Class 3	Motor Cars and Motor Tractors the weight of which (with fuel) does not exceed 2500 kilograms	29 Mar 2001

NP 428A


 Licence No: S7601504Z

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5063938139-04	KWIKWHEELS TRANSPORTATION SERVICES	53121632B	GPC	drivo CLASSIC	SKM1298C	SKM1298C	23/01/2018	22/01/2019

Continue

[Exit](#)

**Claim Handling**

**Accident MT/0989089**

Policy No.	S061928129-04	Vehicle No.	SKM1298C	GST Registration No.	
Policyholder Name	KWIKWHEELS TRANSPORTATION SERVICES	Cover Type	drive CLASSIC	Policyholder NRIC	S3121632B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPIK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire		Private Hire	Not available

**Accident Details**

Report Date	05/04/2018 10:05	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	03/04/2018	Time of Accident hh:mm	22:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT BLVD				

**Benefits**

<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
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	06/04/2018 11:34:43 Emily Tan changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	BLK 75B #12-44B	Address 2	YISHUN STREET 72	Address 3	SINGAPORE 760758
Address 4		Address Type	Singapore address	Post Code	760758
Unit No.		Related Policy Number	S064789292-04		

**DI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Modification History

Claim 002 [New](#)

Claim Type *	OD-MX	Insured Name	KWIKWHEELS TRANSPORTATI	Insured NRIC	S3121632B
Contact No.(Mobile)	90622797	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SKM1298C	TP Vehicle Number	SHC69735
Claim Description	SKM1298C / SHC69735 ON 3 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/04/2018 00:00
Date Registered	20/04/2018 17:13	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

[Save](#) [Submit](#)

**Attachment**

Accident No.	MT/0989089	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/04/2018 17:14

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<a href="#">Browse...</a> <a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/>	<a href="#">Browse...</a> <a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/>	<a href="#">Browse...</a> <a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/>	<a href="#">Browse...</a> <a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/>	<a href="#">Browse...</a> <a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
<input type="text"/>	<a href="#">Browse...</a> <a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

Send Message [Upload](#)

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Actio (CO)
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