

NATIONAL Assessment Centre Services: [wef 1 Jan 05] **MMA 118073308.**

Date In: 6/6/18 11:28	Job description	Date & Time Completed	Done by
Ref No: MA11MC18010257/14	SAS e-filing		
Veh No: SJP 3346E	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 3/6/18 16:40.	i-Motor Claim Form	MT/0997622⁻⁰⁰¹	7/6/18 11:15.
OD: (P) 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: SHC 1963D.	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

MA1803568	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat 1:

Pat 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	06/06/2018 11:28
Date Of Accident	03/06/2018 16:40
Exact Location Of Accident	408 TAMPINES ST 41 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3346E
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86660101

Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO 1.4AT 5DR T255
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	NO
Policy Number	5079864471-02
Cover Note Number	-

Driver

Name of Driver	TAN HEE SENG
NRIC No	S1195869I
Date Of Birth	21/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1976
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98241778
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 408 TAMPINES ST 41 #11-173
Postcode	520408
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?	
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: : KOH MEI GUAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C.
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	SHC1963D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM SENG PEOW
NRIC/Passport Number	S1434286I
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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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.

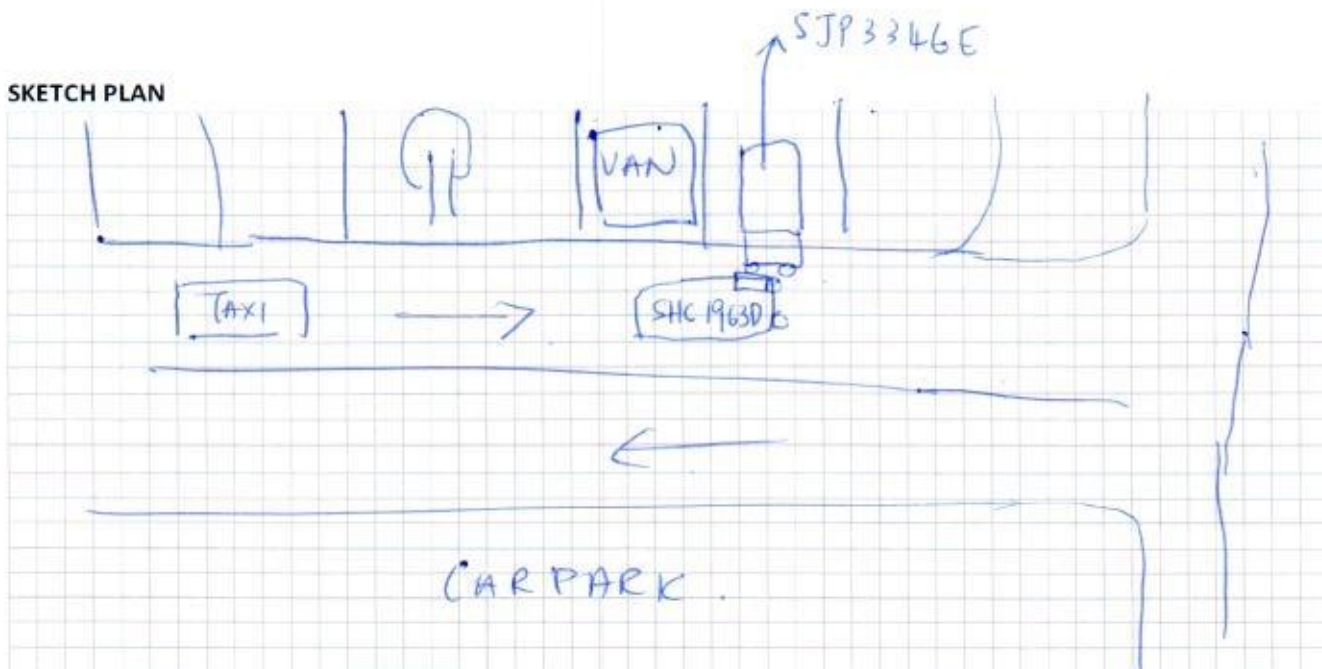


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 4.40pm on 3rd Jun 2018, I was at my carpark at Tampines St 41 Bk 408 - 417. There is a van beside, hence I moved off slowly out of the lot. Then suddenly, I saw a taxi moving at a very ^{high} speed at my direction. I stopped the vehicle immediately. But the taxi brushed on my ~~side~~ front of the vehicle. ~~and~~ He did not notice my car coming out and ^{not} slowing down at all ~~and~~ till it hit. The vehicle I was driving was SJP 3346E and the taxi was SHC 1963D.

The taxi has a vehicle recording and no injuries were suffered to the taxi driver and 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.:

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that **TAN HEE SENG** NRIC/FIN: **S1195869I**, HP: **98241778** has reported to the Police a non-injury traffic accident which occurred at **BLK 408 TAMPINES ST 41 CARPARK** on **03/06/2018** at **1640HRS** involving the following vehicles:

- a) SJP3346E
- b) SHC1963D

I parked my vehicle SJP3346E at the said carpark, there was a van parked on my right lot. I drove slowly out of the lot as the van is blocking my view and I was unable to check my right side with a full view. Suddenly, one taxi SHC1963D then drove past so fast and hit onto the right headlight area of my vehicle, causing the area to have scratches.

Both of us then came down the vehicle and agreed to settle this issue through our insurance.

There was no other pedestrians or cyclists involved. No government property was damaged. I also did not suffer from any injury.

The particulars of the other driver is one LIM SENG PEOW, S1434286I, BLK 353 TAMPINES ST 33 #07-506

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap276.

Rank/Name of Issuing Officer: SGT LAM XUE TING

Date: 05/06/2018 **Time:** 1056HRS

S/D Ref: eSD 40 dated 05/06/2018

Police Post / Unit: Tampines NPC

Original – to be issued to complainant
Duplicate – to be submitted to Traffic Police



CONFIDENTIAL

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S11958691**
 Name
TAN HEE SENG
 Birth Date **21 Jan 1956**
 Issue Date **31 Oct 2003**

000066586E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S11958691


 Name
TAN HEE SENG
 陳喜成
 Race
CHINESE
 Date of birth
21-01-1956
 Country of birth
SINGAPORE

Sex
M




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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Dec 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 May 1978

NP 428A

Licence No: S11958691



4248133



NRIC No. **S11958691**


 Date of issue
14-07-2008

Address
APT BLK 408 TAMPINES STREET 41
#11-173
SINGAPORE 520408

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079864471-02	AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drive CLASSIC	SJP3346E	SJP3346E	26/04/2018	

▼ Policy Information

Policy No.	5079864471-02	Policyholder Name	AUTOBAHN RENT A CAR PTE. LT	Policyholder NRIC	201607970Z
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Third Party Excess	3000.00	Own damage Excess	3500.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	31160.74		
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00		
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		

► Insured Object: SJP3346E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/04/2018 00:00	Basic Information Endorsement	000001286794596	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKD8673D 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will be adjusted against the outstanding premium.
2	18/05/2018 00:00	Basic Information Endorsement	000001286820188	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLC514B 18-05-2018 \$1,747.29 2. SLC6456X 18-05-2018 \$1,747.29 3. SLC693S 18-05-2018 \$1,747.29 4. SLD363P 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$6,989.15 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the

Claim Handling

The premium on this policy has not been collected.
Accident MT/0997622

Policy No.	5079864471-02	Vehicle No.	SJP3346E	GST Registration No.	
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC	201607970Z
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86660101	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	07/06/2018 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/06/2018	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	408 TAMPINES ST 41 OPEN CARPARK				
▼ Benefits					
▼ Excess					
Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00		
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		
▼ GST Registered Information					
GST Registered	No			GST Registration Date	
GST Registration No.				GST Status Verified	Yes
Modification History					
▼ Policyholder Mailing Address					
Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HEE SENG	Driver NRIC	S1195869I	Driver DOB	21/01/1956
Register Date of Driver License	13/12/1976	Driver Age	62	Driving Experience	41
Contact No.(Mobile)	98241778	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 408 #11-173	Address 2	TAMPINES STREET 41	Address 3	SINGAPORE 520408
Address 4		Address Type	Singapore address	Post Code	520408
Unit No.	11-173				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NRIC	201607970Z
Contact No.(Mobile)	88380101	Contact No.(Home)		Contact No.(Office)	64751946
Email Address	INSURANCEHAMILTONAUTOHUB	OI Vehicle Number	SJP3346E	TP Vehicle Number	SHC1963D
Claim Description	SJP3346E / SHC1963D ON 3 Jun 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/06/2018 11:13	Claim Close Date		Date Received	07/06/2018 00:00
Report Taken By	LIEW SHAN HUI				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/0997622	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/06/2018 11:15
Path *			
Choose File	No file chosen	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 07 Jun 2018 11:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 11:15	SAS	Normal	SAS 2018-6-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 11:15	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 11:14	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 11:14	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 11:14	Photos	Normal	Photos 2018-6-7
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 11:13	Photos	Normal	Photos 2018-6-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 11:13	Photos	Normal	Photos 2018-6-7

Video List

▼ Video List

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