

NATIONAL Assessment Centre Services

(wef 1 Jan'05) / MNA 118072290

Date In: 14/01/18-16:17	Job description	Date & Time Completed	Done by
Ref No: NA/MC18010923/24	SAS e-filing		
Veh No: SUP2575	E-mail (within 1hrs, AIC 2hrs)		
D.O.A: 14/01/18-08:30	i-Motor Claim Form	M7/0998746-001	14/01/18 20:45
OD <u>TP</u> 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: SFE2684	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

NA1803756	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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/\$45		
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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpl 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		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	14/06/2018 16:17
Date Of Accident	14/06/2018 08:30
Exact Location Of Accident	BRAS BASAH RD BESIDE NTUC INCOME CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5257S
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE LTD
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97234411
Alternative Phone No	OFFICE-97234411

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5090735902-01
Cover Note Number	

Driver

Name of Driver	CHU MANN SEK
NRIC No	S1331672D
Date Of Birth	04/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91911148
Fax Number	
Contact Number	OFFICE-91911148
EMail Address	NOEMAIL

Address	BLK 289 YISHUN AVENUE 6 #04-36
Postcode	760289
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)	2
Passenger 1	NAME: : - 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

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	SFE268Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JORGE CHEN CHENG @ JORGE CHEN Y CHENG
NRIC/Passport Number	S7570637E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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.:

Diagram illustrating a bus system with two lanes. The left lane is labeled "BUS" and "Rd". The right lane is labeled "A: SLP 52575" and "B: JFE 2664". A dashed line connects a box labeled "A" in the left lane to a box labeled "B" in the right lane.

B: 5FE2684

Refer to statement.

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



ON STATED DATE AND TIME, I TURN ON MY INDIDATOR LIGHT ON THE LANE 4 AS I WANT TO OVERTAKE THE BUS. SUDDENLY VEHICLE B WAS TRAVELLING ON LANE 2 AND HE WAS SPEEDING. VEHICLE B DIRECTLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION WHICH MY VEHICLE WAS STATIONARY.

ACCIDENT STATEMENT

ACCIDENT DATE: (14/ 6/ 18) (DD/MM/YYYY), TIME: (08: 30) (HH:MM)

LOCATION: Bras Basah Rd beside NTUC Income Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP52575
b) INSURANCE COMPANY: NTJC
c) POLICY NUMBER: 5090735902-01
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 use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Heli Renta & Leasing Pte Ltd (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 2017039652 CONTACT: 97234411
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chu Mann Seli (MALE) (FEMALE)
b) NRIC/FIN/PASSPORT: S13316822D CONTACT: 91911148
c) ADDRESS: B11C 289 Yishun Avenue 6 #04-36 (760259)

- *d) DATE OF BIRTH: (4 / 1 / 1958) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 26 / 1 / 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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: SFE2684 MODEL: _____
b) DRIVER'S NAME: Jorge Chen cheng @ Jorge chen y cheng
c) NRIC/FIN/PASSPORT: S7570637E CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Hup.ley.huat@gmail.com

$$f_{ax} =$$
~~Jacky Chu 0401~~

Jackychu0401@hotmail.com.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1331672D**

Name: **CHU MANN SEK**

Birth Date: **04 Jan 1958**

Issue Date: **26 Jan 2016**

002522636H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1331672D

Name: **CHU MANN SEK**

朱文石

Race: **CHINESE**

Date of birth: **04-01-1958**

Country/Place of birth: **SINGAPORE**

Sex: **M**






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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

26 Jan 2016

Licence No: S1331672D



NP 428A

5199391



NRIC No. **S1331672D**



Date of issue: **29-07-2013**

Address: **APT BLK 289 YISHUN AVENUE 6
#04-36
SINGAPORE 760289**

eBaoTech

GeneralClaim

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"/>	5090735902-01	H & H RENTAL & LEASING PTE. LTD.	201703965Z	GFT	drive CLASSIC	SLP5257S	SLP5257S	28/03/2018	

Policy Information

Policy No.	5090735902-01	Policyholder Name	H & H RENTAL & LEASING PTE.	Policyholder NRIC	201703965Z
Address	61 UBI AVENUE 2 #04-12 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	27/03/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	1856.48		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5090735902-01		

Insured Object: SLP5257S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/03/2018 00:00	Basic Information Endorsement	000001286783177	Endorsement Take Effective	<p>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. SGY6835D 28-03-2018 \$1,176.42 In view of this amendment, a refund of \$1,176.42 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>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: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GB71058136 02-04-2018 \$1,061.56 2. NHP1707115022 02-04-2018 \$1,061.56 In view of this amendment, an additional premium of \$2,123.12 (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 reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	29/03/2018 00:00	Basic Information Endorsement	000001286785069	Endorsement Take Effective	
3	29/03/2018 00:00	Basic Information	null	Entry Rejected	

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/0998746

Policy No.	5090735902-01	Vehicle No.	SLP52575	GST Registration No.	
Policyholder Name	H & H RENTAL & LEASING PTE. LTD.			Policyholder NRIC	201703965Z
Product Code	PLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97234411	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Report Date		14/06/2018 20:43	Accident Report Within 24 hrs		Yes	Accident Type	Collision - Change / Cross lane
Date of Accident		14/06/2018	Time of Accident hh:mm		06:30	Country of Accident	Singapore
Reporting Centre			Orange Force			SCM No.	
Accident Location		BRAS BASAH RD BESIDE NTUC INCOME CENTRE					

Own damage Excess		2,000.00	Additional Excess		0	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			

Policyholder Mailing Address			
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMALL
Address 4		Address Type	Singapore address
Unit No.	04-12	Related Policy Number	5090735902-01
Address 3		Post Code	SINGAPORE 408898

OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	CHU MANN SEK	Driver NRIC	S1331672D
Register Date of Driver License	26/01/2016	Driver Age	60
Contact No.(Mobile)	91911148	Contact No.(Office)	0
Address 1	BLK 289	Address 2	YISHUN AVENUE 6
Address 4		Address Type	Singapore address
Unit No.	04-36	Address 3	SINGAPORE 760289
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	760289
Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	H & H RENTAL & LEASING PTE.	Insured NRIC	201703965Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLP52575	TP Vehicle Number	SPE268Y
Claim Description	SLP52575 / SPE268Y ON 14 Jun 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	14/06/2018 00:00
Date Registered	14/06/2018 20:45	Claim Close Date			
Report Taken By	JACKSON				

☒ Print AK letter

Save Submit





















Attachment

Accident No.	MT/0998746	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/06/2018 20:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:47	SAS	Normal	SAS 2018-6-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:46	Photos	Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:46	Photos	Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:46	Photos	Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:46	Photos	Normal	Photos 2018-5-14	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:46	Photos	Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:46	Photos	Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 20:46	Photos	Normal	Photos 2018-5-14	Edit

Video List

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