

# NATIONAL Assessment Centre Services. (Unit 1/2000)

Date In: 27/06/2018 13:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC18011685/K4	SAS e-illing		
Veh No: SGY4962H	E-inoll (with 2nd, 1102111)		
D.O.A: 27/06/2018 12:05	E-motor Claim Form	MT/1000571	27/6/18 ISN
OO: TP / Reporting Only	E-motor VVO (with 100 2nd, 1102111)		
TP Insured:	E-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VVHSP		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars	Yell No: SLP9347P, INC( ) / Non-INC( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: BIL, SLIM (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 repeller.		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In( ) / Towed-In( ) / Invoice: YES( ) / NO( ) / Towing Co: ( )		

Remarks:	INC bol line 67880016	Only the complete of ( )
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check/Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury:	
Date/Time:	Action:

NA1804028		Invoice Preparation Checklist	
Customer Particulars:		1) AR: Accidental Reporting (330)	
Driver/Owner:		2) DA: Damage Assessment (3100): INC (410)	
Vehicle No:		3) TP: Towing Fee (300)	
Assessed Portion:		4) FT: Follow Through Survey (110)	
		5) PT: Follow Through Survey (Recovery) (110)	
		6) TR: All Inspection (110)	
		7) NTUC Additional Survey (110)	
		8) NTUC Additional Survey (110)	
		9) NTUC Additional Survey (110)	
		10) NTUC Additional Survey (110)	
		11) NTUC Additional Survey (110)	
		12) NTUC Additional Survey (110)	
		13) NTUC Additional Survey (110)	
		14) NTUC Additional Survey (110)	
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		16) NTUC Additional Survey (110)	
		17) NTUC Additional Survey (110)	
		18) NTUC Additional Survey (110)	
		19) NTUC Additional Survey (110)	
		20) NTUC Additional Survey (110)	

## 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	27/06/2018 13:30
Date Of Accident	27/06/2018 12:05
Exact Location Of Accident	PASIR RIS ST 21 CARPARK OUTSIDE 272A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY4962H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91805324
Alternative Phone No	OFFICE-91805324

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5094545940
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD KHALID BIN ABDUL RAHMAN
NRIC No	S8217382Z
Date Of Birth	21/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91805324
Fax Number	
Contact Number	OTHERS-91805324
EMail Address	NOEMAIL

Address	BLK 30 NEW UPPER CHANGI ROAD
	#08-794
Postcode	461030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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	RAINING
Road Surface	WET

#### 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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP9347P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD ALI BIN LEHAM
NRIC/Passport Number	S0100119A
Contact Number	97696265
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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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.



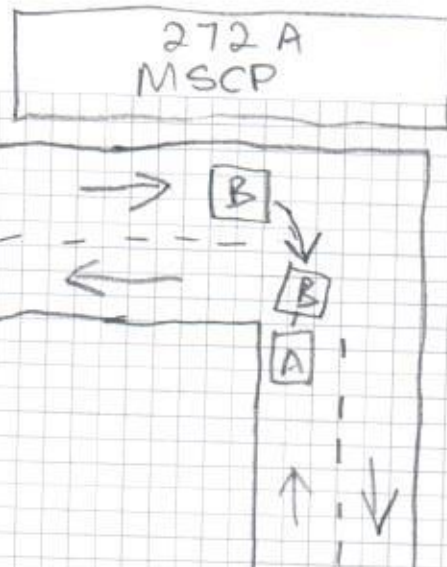
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

PASIR RIS ST 21  
Carpark outside  
272A



A - SGY4962H  
B - SLP9347P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A was the carpark area allocated above stop to give way to car B. Car A was fully stop and stationary to give way to car B but car B move to turn ~~the~~ too wide and hit car A ~~the~~ centre left in the front.

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.:

27/6/2018

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8217382Z





Name  
**MOHAMMAD KHALID BIN  
ABDUL RAHMAN**

Race  
**MALAY**

Date of birth  
**21-06-1982**

Sex  
**M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
**S8217382Z**

Name  
**MOHAMMAD KHALID BIN  
ABDUL RAHMAN**

Birth Date: **21 Jun 1982**

Issue Date: **19 Mar 2015**




002401621K

SG  
50

3892775



NRIC No. **S8217382Z**



Date of issue  
**27-05-2006**


Address  
**APT BLK 30 NEW UPPER CHANGI ROAD  
#08-794  
SINGAPORE 461030**

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	27 Jan 2005
Class 2A	Motorcycles between 201 cc and 400 cc	07 Nov 2006
Class 2	Motorcycles > 400 cc	08 Nov 2013
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	29 Mar 2011

NP 428A

Licence No: S8217382Z



## 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:** 5094545940

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: **SGY4962H**

Chassis Number

: JHMRN68407S200244

2. Name of Policyholder

: RELIABLE RIDES PTE LTD

3. Effective Date of Insurance

: 25 Sep 2017

4. Expiry Date of Insurance

: 26 Sep 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\$1,000

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 : TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue : 25 Sep 2017 17:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/06/2018 12:05"/>						
Vehicle No.(For Motor)	<input type="text" value="SGY4962H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094545940	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SGY4962H	SGY4962H	25/09/2017	26/09/2018
<input type="button" value="Continue"/>									

## ▼ Policy Information

Policy No.	5094545940	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/09/2017	Effective Date	25/09/2017 00:00	Expiry Date	26/09/2018 23:59
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5101745783		

## ▶ Insured Object: SGY4962H

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/1000571

Policy No.	5094545940	Vehicle No.	SGY4962H	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91805324	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input 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

## ▼ Accident Details

Report Date	27/06/2018 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	27/06/2018	Time of Accident hh:mm	12:05	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS ST 21 CARPARK OUTSIDE 272A				

## ▼ Benefits

▼ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	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	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	415
Unit No.	05-50	Related Policy Number	5101745783		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD KHALID BIN ABDUL	Driver NRIC	S8217382Z	Driver DOB	21/0
Register Date of Driver License	29/03/2011	Driver Age	36	Driving Experience	7
Contact No.(Mobile)	91805324	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 30	Address 2	NEW UPPER CHANGI ROAD	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	461
Unit No.	#08-794				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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
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## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	663
Email Address		OI Vehicle Number	SGY4962H	TP Vehicle Number	SLP
Claim Description	SGY4962H / SLP9347P ON 27 Jun 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	27/06/2018 15:46	Claim Close Date		Date Received	27/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment



6/27/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/1000571

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

27/06/2018 15:45

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:44	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:43	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 15:42	Photos	Normal	Photos 20:
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