

NATIONAL Assessment Centre Services Form 1 (Jan 2003) MMA118103095.

Date In: 10/8/18 11:56	Job description	Date & Time Completed	Done by
Ref No: MA1INC18014506164	SAS e-filing		
Veh No: SLX 3966A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/8/18 19:50	i-Motor Claim Form	M7/1006728 <sup>001</sup>	11/8/18 10:02
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: )

TP Particulars: Veh No: SKH 5133U 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
MA1805047	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) rT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 \$3		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	10/08/2018 11:56
Date Of Accident	08/08/2018 19:50
Exact Location Of Accident	BOUNDARY RD NEAR LAMP POST 34
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX3966A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	201136198R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92729299
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL HYBRID
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099157584
Cover Note Number	-
<b>Driver</b>	
Name of Driver	SIM CHIN HENG
NRIC No	S7301098E
Date Of Birth	15/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93855343
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 91 PASIR RIS GROVE #05-29  
 Postcode 518190  
 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 CHAIN COLLISION  
 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: : NORA  
 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**

I STOP AT THE TRAFFIC JUNCTION OF BOUNDARY RD & YIO CHU KANG LINK ON THE EXTREME RIGHT LANE DUE TO RED LIGHT NEAR LAMP POST 34, WHEN THE LIGHT TURN GREEN, I STARTED TO MOVE AND SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT I REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

**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 SKH5133U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SKU6979X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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**

Please Refer to statement

**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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7301098E



Name  
SIM CHIN HENG



Race  
CHINESE

Date of Birth 15-01-1973 Sex M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7301098E

Name  
SIM CHIN HENG

Birth Date 15 Jan 1973

Issue Date 15 Jan 2003




3294980




NRIC No. S7301098E

Blood Group Date of issue  
21-01-2003

91 PASIR RIS GROVE #05-29  
SINGAPORE 518190

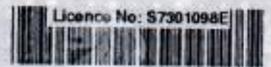
NRIC No: S7301098E Date: 05/07/2016

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
10 Sep 1996

Licence No: S7301098E



NP 428A

Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099157584		SG VEHICLE RENTAL PRIVATE LIMITED	201136198R	GPC	drivo CLASSIC	SLX3966A	SLX3966A	27/03/2018	26/03/2019

Continue

**Claim Handling**

**Accident MT/1006728**

Policy No.	5099157584	Vehicle No.	SLX3966A	GST Registration No.	
Certificate No.				Policyholder NRIC	20113E
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	92729299	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	Yes

**Accident Details**

Report Date	11/08/2018 09:56	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	08/08/2018	Time of Accident hh:mm	19:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOUNDARY RD NEAR LAMP POST 34				

**Benefits**

<b>Excess</b>		Additional Excess	0	Windscreen Excess	100.00
Own damage Excess	2,000.00	Outside Singapore OD Excess	2,000.00		
Unnamed Driver Excess		Outside Singapore TP Excess	1,500.00		
Third Party Excess	1,500.00				

**GST Registered Information**

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	588175
Unit No.		Related Policy Number	5102882267		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/01/
Unnamed driver Name	SIM CHIN HENG	Driver NRIC	S7301098E	Driving Experience	21
Register Date of Driver License	13/09/1996	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	93855343	Contact No.(Office)		Address 3	SINGA
Address 1	91 PASIR RIS GROVE	Address 2	#05-29 NV RESIDENCES	Post Code	518191
Address 4		Address Type	Singapore address		
Unit No.	05-29	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SG VEHICLE RENTAL PRIVATE L
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SLX3966A
Claim Description	SLX3966A / SKH5133U ON 8 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	11/08/2018 10:01
Report Taken By		Claim Close Date	LIEW SHAN HUI

Print AK letter

**Attachment**

Accident No. MT/1006728 Claim No. 001

Last Doc. Received

Yes No

Upload Date

11/08/2018 10:02

Path \*

Category \*

Confidential

Urgency \*

- Choose File No file chosen
- Message Read

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	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:02	SAS	Normal	SAS 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:02	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:02	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:02	Photos	Normal	Photos 2018-8-11
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:02	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:02	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:01	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:01	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:01	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:01	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:01	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Aug 2018 10:01	Photos	Normal	Photos 2018-8-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			