

# NATIONAL Assessment Centre Services

[Ref: 23-102]

Date In: 11/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18016523/13	SAS e-filing		
Veh No: 09 SMA25504	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/09/18 1330	i-Motor Claim Form	MS/1011076 - 001	
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: (CARWAY	Tel:	Fax:
TP Particulars:	Veh No: SA055586	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

NA1805765

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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 \$10		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	11/09/2018 11:27
Date Of Accident	09/09/2018 13:30
Exact Location Of Accident	CAVENAGH RD SLIP RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2550G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	CUIPING@CARWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67440777

### Vehicle Particulars

Manufacturer	AUDI
Model	A6
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	YES
Policy Number	5069958322-04
Cover Note Number	

### Driver

Name of Driver	SIMON XIN LOON SPENCER
NRIC No	S1473023J
Date Of Birth	20/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91862723
Fax Number	
Contact Number	
E-Mail Address	SIMONSAY2727@GMAIL.COM

Address	38 SARACA WALK
Postcode	807270
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 - HEAD TO REAR
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?	YES
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)	3
Passenger 1	NAME: : WAH KWEE KENG GENDER: : FEMALE
Passenger 2	NAME: : WAH MAY LENG 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

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:	FRONT ONLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDD5558G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEARLINE MANORANJITHA VIJAYAKUMAR
NRIC/Passport Number	S9370831H
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	SIMON XIN LOON SPENCER
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA2550G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	WAH KWEE KENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA2550G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	WAH MAY LENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA2550G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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.

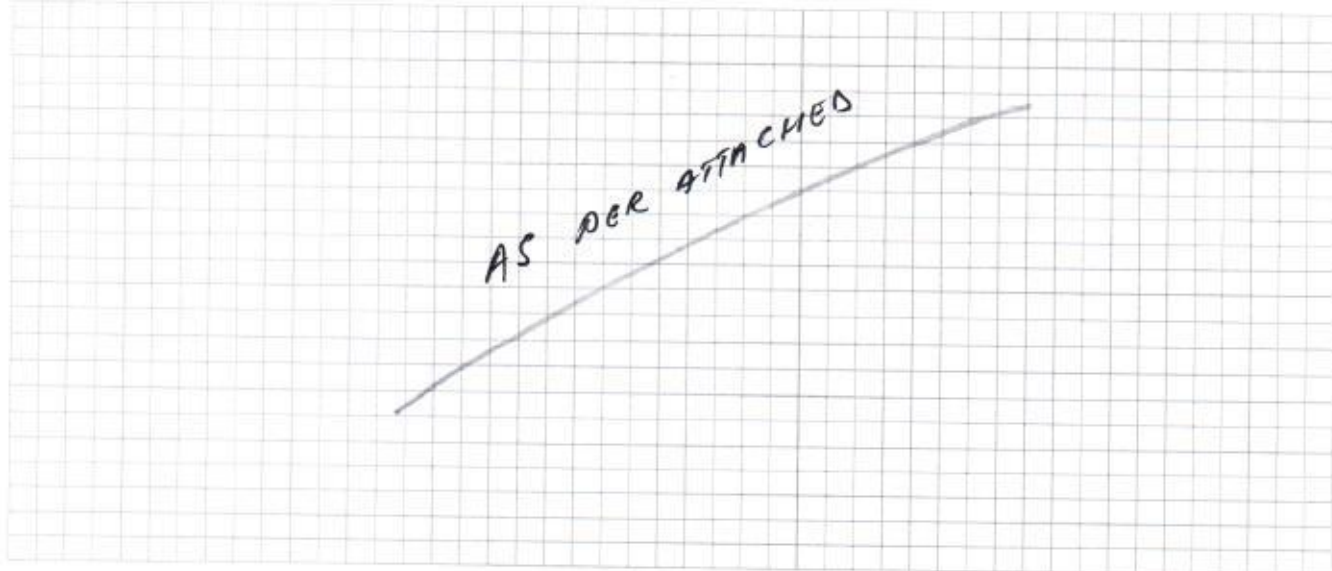


Policyholder's Signature  
Date & Time: 1

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/9/18

Reporting Centre Personnel's Signature  
Name: fym 11/09/18  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*p/s refer to the attached 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: 11/9/18

*Sym* 11/09/18  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



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Kampong Java Neighbourhood Police Centre, 21 Kampong Java Road

Kampong Java  
Neighbourhood  
Police Centre  
21 Kampong Java Road  
(S)228892

Map Directions

Map

Building Directory

Photos

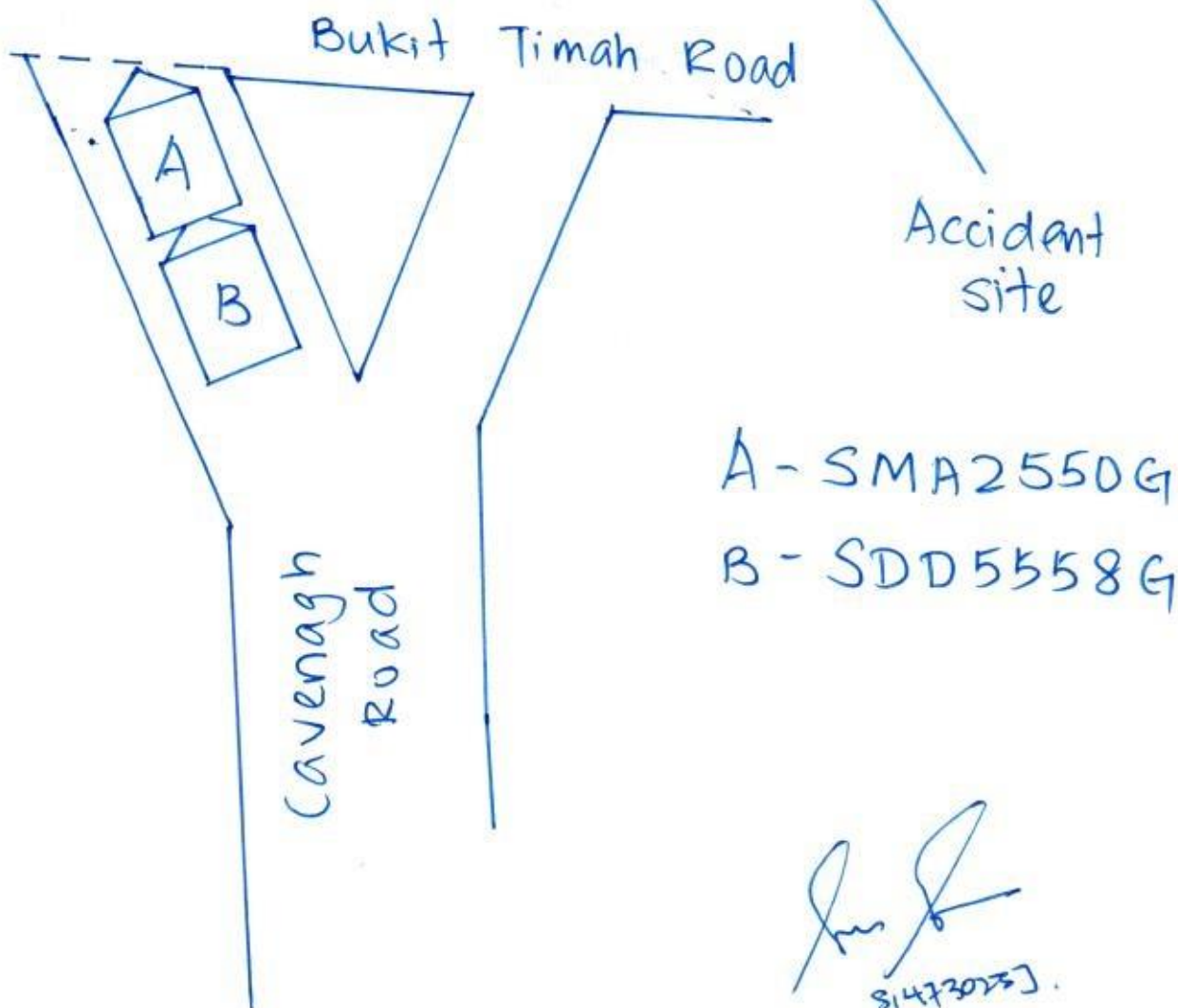
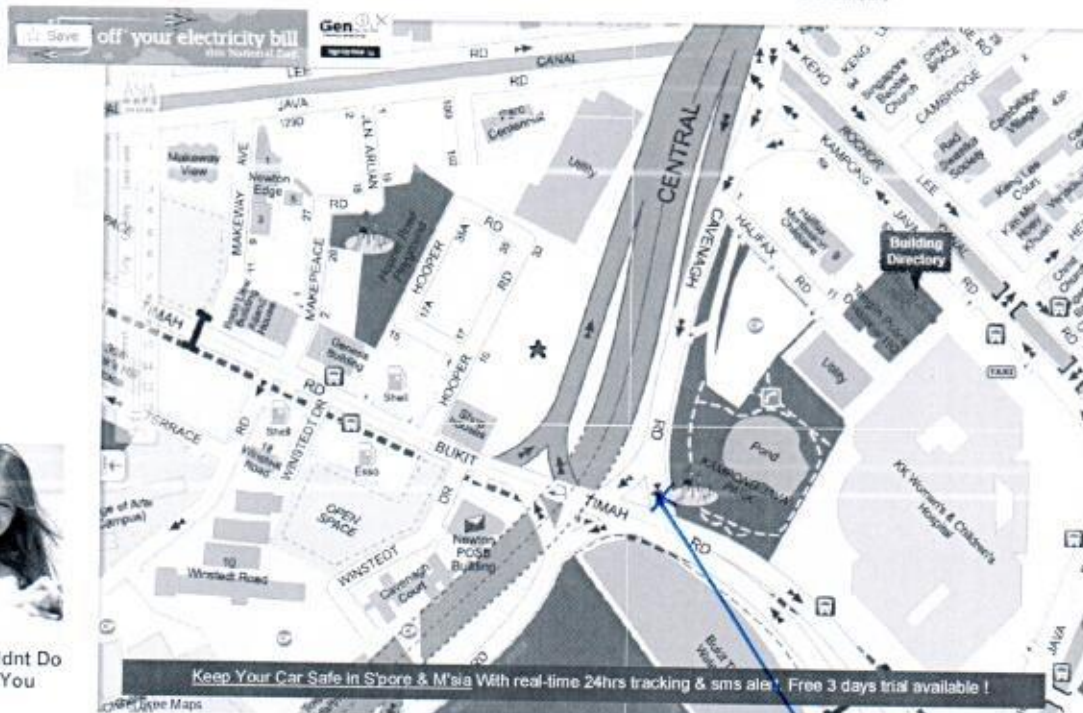
What's Nearby

Get Tips

Getting Here



5 Things You Shouldnt Do  
If Hes Cheating On You



### **Accident Statement**

On 09<sup>th</sup> Sept 2018, at around 1330Hrs. While waiting for on-coming traffic to clear, my vehicle (SMA2550G) was stationary at the filter lane from Cavenagh Road towards Bukit Timah Road. Suddenly a vehicle (SDD5558G) hit onto my vehicle rear. I am making a claim against the third party.



---

Name: Simon Spencer

NRIC: S1473023J





SIMON XIN LOON SPENCER

CHINESE

20-10-1961 M

SINGAPORE



Licence Number: S1473023J

Name:

SIMON XIN LOON SPENCER

Birth Date: 20 Oct 1961

Issue Date: 26 Jun 2003



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 16 Sep 1983



Licence No. S1473023J

NP 428A



3341734



NRIC No. S1473023J

Blood Group: Date of issue: 21-05-2003

38 SARACA WALK  
SINGAPORE 807270

NRIC No: S1473023J

Date: 25/01/2016

## 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:** 5069958322-04

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMA2550G**  
 Chassis Number : WAUZZZ4F69N051306
2. Name of Policyholder : CARWAY LEASING & RENTAL
3. Effective Date of Insurance : 27 Jun 2018
4. Expiry Date of Insurance : 26 Jun 2019
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\$2,000
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	: TOKYO CENTURY LEASING (S) 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)

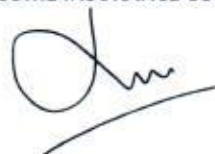
Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)  
 Date of Issue : 27 Jun 2018 17:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Task Transfer Exit

## Accident MT/1011076

LOS SAL SUB

Policy No.	5069958322-04	Vehicle No.	SMA2550G	GST Registration No.	
Certificate No.					
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67440777	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
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

## Accident Details

Report Date	11/09/2018 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/09/2018	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	CAVENAGH RD SLIP RD TWDS BUKIT TIMAH RD				

## Excess

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		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	12/09/2018 09:40:21 Deborah Mui changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	03-01	Related Policy Number	S100862310-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIMON XIN LOON SPENCER	Driver NRIC	S1473023J	Driver DOB	20/10/1961
Register Date of Driver License	16/09/1983	Driver Age	56	Driving Experience	34
Contact No.(Mobile)	91862723	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	38 SARACA WALK	Address 2	SINGAPORE 807270	Address 3	
Address 4		Address Type	Singapore address	Post Code	807270
Unit No.					
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

## Investigation

## Claim 001 OD-MX

New

## Claim Case Officer

Claim Type	OD-MX	Insured Name	CARWAY LEASING & RENTAL	Insured NRIC	53264813K
Contact No.(Mobile)	98627777	Contact No.(Home)		Contact No.(Office)	657440
Email Address		OI Vehicle Number	SMA2550G	TP Vehicle Number	SDD55
Claim Description	SMA2550G / SDD5558G ON 9 Sept 2018			Name of Preferred Workshop	CARWAY
Preferred Workshop Contact	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Insured Liability report	Not at Fault
Date Registered	11/09/2018 17:21	Claim Close Date		Date Received	11/09/
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
Modification History					

## Special Claim Creation Approval

Approval	Reason
Remarks	
Attachment	

Accident No.	MT/1011076	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/09/2018 00:00

Path *	Category *	Confidential	Urgency *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:16	SAS	Normal	SAS 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:16	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:16	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:16	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:16	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:14	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:14	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:14	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:14	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:14	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Sep 2018 17:14	Photos	Normal	Photos 2018-9-11

## 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"/>