

# NATIONAL Assessment Centre Services

[ver 1 Jan 2005]

MMW 118118032

Date In: 12/9/18 16:52	Job description	Date & Time Completed	Done by
Ref No: MA11MC18016571164	SAS e-filing		
Veh No: SJM 2322X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/9/18 17:10	i-Motor Claim Form	MT/1011040-002	12/9/18 10:16
OD <input checked="" type="radio"/> 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:

SLA 7516K

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

MA1805825

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Ref. 1:

Ref. 2 / 3:

## Invoice Preparation Checklist

	Am't (\$) 1st Bill	Am't (\$) Add'l Bill
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) iT: 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:-		
QD*		
*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 (N-in INC) against INC	\$20	
9) N12: Idac Mobile	30	
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	11/09/2018 16:52
Date Of Accident	10/09/2018 17:10
Exact Location Of Accident	OVERSEAS FAMILY SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2322X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078818993-02
Cover Note Number	-

### Driver

Name of Driver	SOON LIANG CHIEH (SUN LIANGJIE)
NRIC No	S7222407H
Date Of Birth	23/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84099980
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 448A BT BATOK WEST AVE 9 #06-06
Postcode	651448
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: : UNKNOWN
	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 WAS PICKUP MY PASSENGER AT THE OVERSEAS FAMILY SCHOOL, AFTER MY PASSENGER BOARDING, I WAS ABOUT TO MOVE OFF, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SLA7516K) FROM BEHIND HIT ONTO MY VEH RIGHT REAR PORTION.

#### 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	SLA7516K
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.
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.:



Please Refer to Statement

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



*[Signature]*



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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7222407H**

Name: **SOON LIANG CHIEH (SUN LIANGJIE)**

Birth Date: **23 Jun 1972**

Issue Date: **28 Feb 2007**

001482121H

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7222407H**



Name: **SOON LIANG CHIEH (SUN LIANGJIE)**

孫亮傑

Race: **CHINESE**

Date of birth: **23-06-1972**

Sex: **M**

Country of birth: **SINGAPORE**

S7222407H

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

PASS DATE: **28 Feb 2007**

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg

Licence No: **S7222407H**

NP 476A

4810709

NRIC No: **S7222407H**



Date of issue: **11-01-2012**

**APT BLK 448A BUKIT BATOK WEST AVENUE 9 #06-06 SINGAPORE 651448**

NRIC No: **S7222407H** Date: **06/07/2018**

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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078818993-02		H & H CAR RENTAL & LEASING	53331980C	GFT	drive CLASSIC	SJM2322X	SJM2322X	16/07/2018	



## Claim Handling

Accident MT/1011040

Policy No.	5078818993-02	Vehicle No.	SJM2322X	GST Registration No.	
Certificate No.					
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	533315
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	Not avi

## ▼ Accident Details

Report Date	11/09/2018 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	10/09/2018	Time of Accident hh:mm	17:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG OVERSEAS FAMILY SCHOOL PICK UP POINT				

## ▼ 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			

## ▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMARK	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5078818993-02		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	H & H CAR RENTAL & LEASING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJM2322X
Claim Description	SJM2322X / SLA7516K ON 10 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/09/2018 10:14
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1011040	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/09/2018 10:16
Path *			
Choose File	No file chosen	Clear	Category * Please Select
		Confidential	Normal
		Urgency *	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

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Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

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NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:16	SAS	Normal	SAS 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:16	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:16	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:16	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:15	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:15	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:15	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:15	Photos	Normal	Photos 2018-9-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:15	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:14	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:14	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:14	Photos	Normal	Photos 2018-9-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:14	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:14	Photos	Normal	Photos 2018-9-12

## Video List

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