

# NATIONAL Assessment Centre Services

(Ref: 12-172)

NA/1806/24359

Date In: 25/09/2018 14:10	Job description	Date & Time Completed	Done by
Ref No: NA/1806/24359	SAS e-filing		
Veh No: SJS, 10515	E-mail (within 8hrs, AIC 2hrs)	mt/10/298600	25/09/2018 15:19
D.O.A: 24/09/2018 19:40	i-Motor Claim Form		
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: (

Tel:

Fax:

TP Particulars:

Veh No:

UNKNOWN BLK

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

NA/1806/154

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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: Idau 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: Idau 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	25/09/2018 14:10
Date Of Accident	24/09/2018 19:40
Exact Location Of Accident	DEPOT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1051C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CANDY CAR RENTAL
Co Reg No	53364500W
Email Address	TAMING.KOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96630150
Alternative Phone No	OFFICE-96630150

### Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.0 (A)
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	REPORTING ONLY
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	5103033964
Cover Note Number	

### Driver

Name of Driver	KOH TA MING
NRIC No	S9222554B
Date Of Birth	26/06/1992
Occupation	INDOOR
Date Of Driving Pass	18/10/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96630150
Fax Number	
Contact Number	OTHERS-96630150
Email Address	TAMING.KOH@GMAIL.COM



Address	BLK 533 ANG MO KIO AVENUE 5 #08-4098
Postcode	560533
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	2
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

PLEASE REFER TO SKETCH PLAN

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.

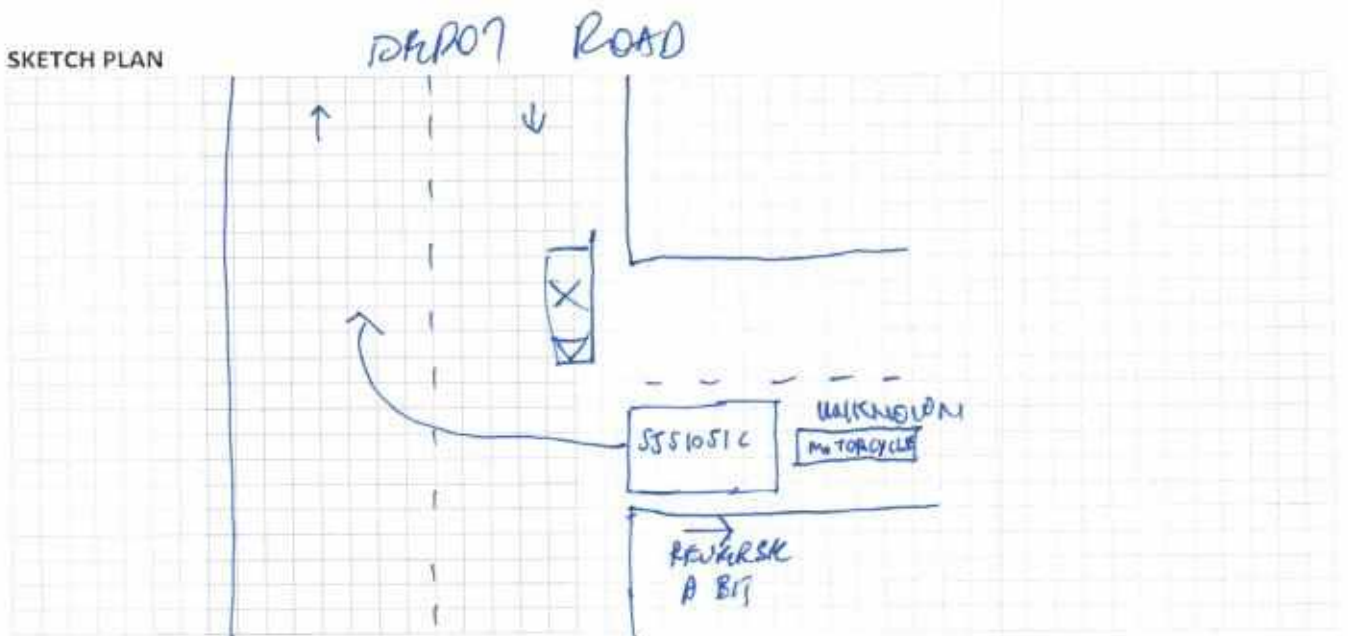
**CANDY CAR RENTAL**  
**53364500W**

Policyholder's Signature  
Date & Time:

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

 25/09/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24 sept 2018, at around, 7.20pm. I was driving a Honda Accord 2.0L, car plate is SJS1051C. At depot road carpark, while I was exiting and about to turn right, I saw a car X speeding at a high speed towards me. I quickly tried to ~~reverse~~ reverse back as my car was half way out blocking the main road. The motorcycle behind me didn't notice me and knock into my car. No person was injured as it was a minor accident. As we were both in a rush, we tried to settle privately on the spot and we did not exchange any details.

## DECLARATION

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

CANDY CAR RENTALS  
53364500W

Policyholder's Signature  
Date & Time:

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

*Resli* 25/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Claim Handling

Accident MT/1012986

Policy No.	5103033964	Vehicle No.	SJS1051C	GST Registration No.	
Certificate No.					
Policyholder Name	CANDY CAR RENTAL	Current Type	drive CLASSIC	Policyholder NRIC	S324-S00W
Product Code	FLEET INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	96630150	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No *
KFK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	25/09/2018 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/09/2018	Time of Accident (Month)	19:20	Country of Accident	Singapore
Reporting Centre		Orange Portal		ICM No.	
Accident Location	DEPOT ROAD				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 533 #06-4098	Address 2	ANG MO KIO AVENUE 5	Address 3	CHENG SAN VIEW
Address 4	SINGAPORE 560533	Address Type	Singapore address	Post Code	560515
Unit No.	06-4098	Related Policy Number	5103033964		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/06/1992
Unnamed driver Name	KOH TA MING	Driver NRIC	S9222554B	Driving Experience	6
Register Date of Driver License	18/10/2013	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	CHENG SAN VIEW
Address 1	BLK 533 #06-4098B-4098	Address 2	ANG MO KIO AVENUE 5	Post Code	560515
Address 4	SINGAPORE 560533	Address Type	Foreign address		
Unit No.	06-4098				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJS1051C	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification history

Claim 001

New

Claim Type *	OO-MR	Insured Name	CANDY CAR RENTAL	Insured NRIC	S324-S00W
Contact No.(Mobile)	96630150	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address	tanong.koh@gmail.com	OT Vehicle Number	SJS1051C	TP Vehicle Number	UNKN
Claim Description	SJS1051C / UNKNOWN BIKE ON 24 Sept 2018				
Preferred Workshop	Yes	Insured Liability	Fully at Fault	GLA report	Received
Repair Option	Preferred Workshop, Name unknown				
Date Registered	25/09/2018 15:15	Claim Close Date		Date Received	25/09/2018
Report Taken By	ROSLE WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1012986	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/09/2018 15:14
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25-Sep-2018 15:15		Photos	Normal	Photos 2018-9-25

# ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 01 / 2018) (DD/MM/YYYY), TIME: (19 : 20) (HH:MM)

LOCATION: DEPET ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 555 1051C  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5103035 964  
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HONDA ACCORD 2.0t  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / (COMMERCIAL) / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: (COMMERCIAL)  
 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: KOH TA MINH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 592225548 CONTACT: 96630150  
 c) ADDRESS: 532 ANG MO KIO AVE 5 #08-402B S (560533)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER (CANDY CAR RENTAL)  
 a) NAME: ALI ABOLKHA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (26 / 06 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 18/10/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: unknown motorcycle MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

EMAIL = tanning.koh@gmail.com

VIDEO = -

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9222554B



Name

KOH TA MING

許 翊 銘

Race

CHINESE

Date of birth

26-06-1992

Sex

M

Country of birth

SINGAPORE



REP. OF SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9222554B

Name

KOH TA MING

Birth Date 26 Jun 1992

Issue Date 18 Oct 2011



002009718A

4065344



NRIC No. S9222554B



Date of issue

30-06-2007

Address

APT BLK 533 ANG MO KIO AVENUE 5  
#08-4098  
SINGAPORE 590533

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 18 Oct 2011

NP 428A



Licence No: S9222554B



Hello, NAC\_BUKIT\_MERAH\_800676

[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="24/09/2018 09:45"/>
Vehicle No.(For Motor)	<input type="text" value="S3S1051C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5103033964		CANDY CAR RENTAL	53364500W	GFT	drivo CLASSIC	S3S1051C	S3S1051C	13/08/2018	

## Policy Information

Policy No.	5103033964	Policyholder Name	CANDY CAR RENTAL	Policyholder NRIC	S3364500W
Certificate No.					
Address	BLK 533 #08-4098 ANG MO KIO AVENUE 5 CHENG SAN VIEW SINGAPORE 560533				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/08/2018	Effective Date	13/08/2018 00:00	Expiry Date	27/02/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 533 #08-4098	Address 2	ANG MO KIO AVENUE 5	Address 3	CHENG SAN VIEW
Address 4	SINGAPORE 560533	Address Type	Singapore address	Post Code	560533
Unit No.	08-4098	Related Policy Number	5103033964		

## Insured Object: SJS1051C

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/08/2018 00:00	Basic Information Endorsement	000001286889909	Endorsement Take Effective	<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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJS5812Y 27-08-2018 \$856.88 In view of this amendment, an additional premium of \$856.88 (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>

Continue

Cancel