

NATIONAL Assessment Centre Services

Date In 03/10/2018 12:41	Job description	Date & Time Completed	Done by
Ref No NA/INC18017892/K4	SAS e-filing		
Veh No SJL9429G	E-mail (within 3hrs, AIC 2hrs)		
DOA 03/10/2018 08:35	i-Motor Claim Form	MT/1014367	-001 4/10/18 17:20
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: SLN7887X	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%; 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:-	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

NA1806327	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Owner/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Managed Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Editors' Comments:-	For claiming against INC Only (wsl 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao 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	03/10/2018 12:41
Date Of Accident	03/10/2018 08:35
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL9429G
Insured/Policyholder	
Name Of Registered Owner	PROLEASE PTE LTD
Co Reg No	201706170K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92211075
Alternative Phone No	OFFICE-92211075
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5
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	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	5088543387-01
Cover Note Number	
Driver	
Name of Driver	CHIN ZHI HAO JOSEPH
NRIC No	S8971532F
Date Of Birth	24/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92211075
Fax Number	
Contact Number	OTHERS-92211075
EMail Address	NOEMAIL

Address	BLK 109 BEDOK NORTH ROAD #04-2298
Postcode	460109
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN7887X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA YING EN, VALERIE
NRIC/Passport Number	S8910108E
Contact Number	91761625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIN ZHI HAO JOSEPH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJL9429G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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)

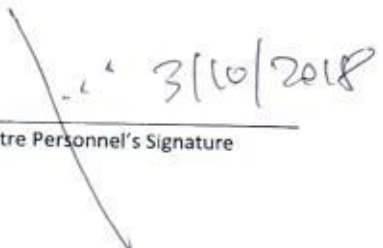
I understand, acknowledge, agree and consent that:

- (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.

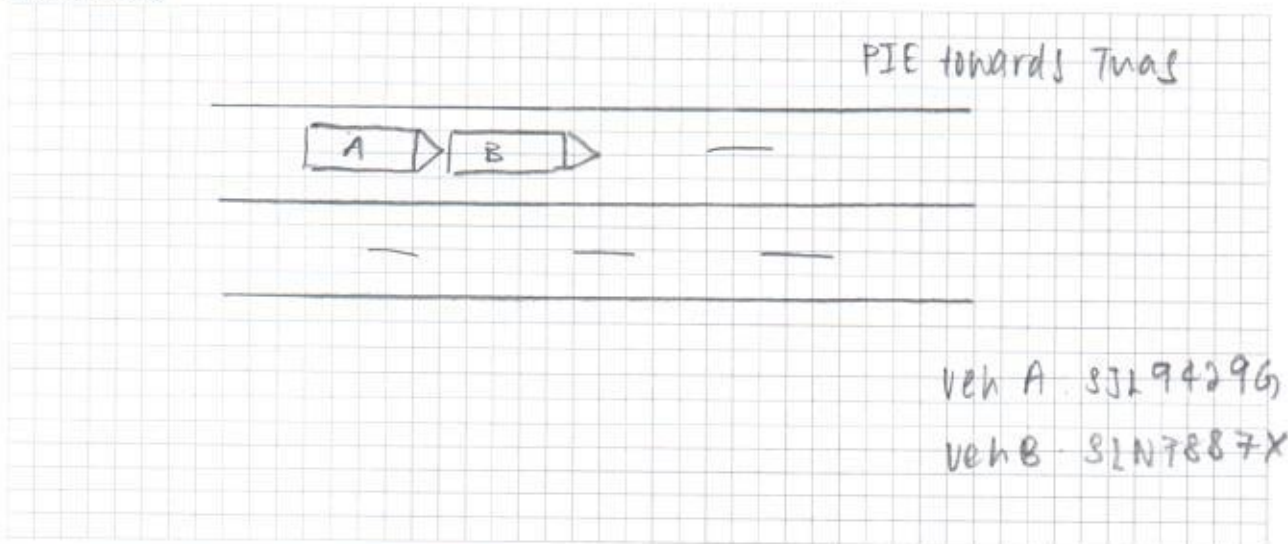


Policyholder's Signature
Date & Time:


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

Vehicle A was travelling along PIE towards Tug where the head collided with the rear of vehicle B. damage of vehicle A was on the front while damages for the vehicle B is on the back. ~~Report~~

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. S8971532F



Name

CHIN ZHI HAO JOSEPH

陈致豪

Race

CHINESE

Date of birth

24-06-1989

Country/Place of birth

MALAYSIA

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8971532F

CHIN ZHI HAO JOSEPH

Birth Date 24 Jun 1989

Issue Date 29 Apr 2014



5205353



NRIC No. S8971532F



Date of issue

15-08-2013

Address

APT BLK 109 BEDOK NORTH ROAD
#04-2298
SINGAPORE 460109

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	27 Apr 2014
Class 2A	Motorcycles between 201 CC and 400 CC	18 Sep 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	29 Apr 2014

S8971532F

S / No. 9000302566

NP 428A



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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088543387-01		PROLEASE PTE LTD	201706170K	GFT	drive CLASSIC	SJL9429G	SJL9429G	12/04/2018	

Continue

Policy Information

Policy No.	5088543387-01	Policyholder Name	PROLEASE PTE LTD	Policyholder NRIC	201706170K				
Certificate No.									
Address	BLK 2021 #04-228 BUKIT BATOK STREET 23 BUKIT BATOK INDUSTRIAL ESTATE PARK A SINGAPORE 659526								
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N				
Policy Issue Date	13/04/2018	Effective Date	12/04/2018 00:00	Expiry Date	11/04/2019 23:59				
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00						
Agent	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	BLK 2021 #04-228	Address 2	BUKIT BATOK STREET 23	Address 3	BUKIT BATOK INDUSTRIAL EST
Address 4	SINGAPORE 659526	Address Type	Singapore address	Post Code	659526
Unit No.	04-228	Related Policy Number	5088543387-01		

Insured Object: SJL9429G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	21/06/2018 00:00	Basic Information Endorsement	000001286844348	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJG466J 24-05-2018 \$1,568.03 In view of this amendment, a refund of \$1,568.03 (inclusive of GST) will be adjusted against the outstanding premium.
2	21/06/2018 00:00	Basic Information Endorsement	000001286844012	Endorsement Take Effective	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. SJR356K 21-06-2018 \$1,660.40 In view of this amendment, an additional premium of \$1,660.40 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made

Claim Handling

Accident MT/1014367

Policy No.	5088543387-01	Vehicle No.	SJL9429G	GST Registration No.	
Certificate No.					
Policyholder Name	PROLEASE PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drvo CLASSIC	Loading	
Contact No.(Mobile)	92211075	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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	04/10/2018 17:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	03/10/2018	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS				
▼ 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	BLK 2021 #04-228	Address 2	BUKIT BATOK STREET 23	Address 3	
Address 4	SINGAPORE 659526	Address Type	Singapore address	Post Code	
Unit No.	04-228	Related Policy Number	5088543387-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHIN ZHI HAO JOSEPH	Driver NRIC	S8971532F	Driver DOB	
Register Date of Driver License	29/04/2014	Driver Age	29	Driving Experience	
Contact No.(Mobile)	92211075	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 109	Address 2	BEDOK NORTH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#04-2298				
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		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	PROLEASE PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJL9429G	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJL9429G / SLN7887X ON 3 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	04/10/2018 17:27	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1014367	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/10/2018 17:20

Path *	Category *	Confidential	Urgency
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	SAS	Normal	SAS 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	Photos	Normal	Photos 2018-10-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:25	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:24	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:24	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:24	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:24	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:24	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 17:24	Photos	Normal	Photos 2018-10-4

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"/>