

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA118131071

Date In: 9/10/8-16:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC8018293/24	SAS e-filing		
Veh No: SU3657M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/10/8-14:40	i-Motor Claim Form	M7/10/4994-001	9/10/8 17:54
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: J40734A

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:-

(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

NA1806462

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Est Bill

Am't (\$)

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: 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 \$5

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 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. 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	09/10/2018 16:08
Date Of Accident	08/10/2018 14:40
Exact Location Of Accident	SLIP RD PENANG RD TWDS CHIN SWEE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3657M
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	NO
Policy Number	5095299974
Cover Note Number	

Driver

Name of Driver	KOH JING WEN
NRIC No	S8737512I
Date Of Birth	17/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97475605
Fax Number	
Contact Number	OFFICE-97475605
EEmail Address	NOEMAIL

Address	BLK 845 WOODLANDS STREET 82
	#05-135
Postcode	730845
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	2
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: : -
	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

ON STATED DATE AND TIME, I WAS LANE 5 SLIP RD PENANG RD TWDS CHIN SWEE TUNNEL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD734A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: ;

GENDER: ;

DETAILS OF INJURED PERSON 1

Name

KOH JING WEN

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SLT3657M

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:

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

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

Placing x.d.

A: 567 3657M

B: 540734A

Refer to statement.

JIREH FAMILY CLINIC
BLK 883 WOODLANDS ST 82 #02-468A
SINGAPORE 730883 TEL : 63660373

Medical Certificate

Date : 09 Oct 2018
MC No. : 0000188891

This is to certify that :

Name : KOH JING WEN
NRIC : S8737512I

is UNFIT FOR WORK / SCHOOL for 2 days
from 09/10/2018 to 10/10/2018 inclusive.

Remarks : NECK MUSCLE STRAIN (ROAD TRAFFIC ACCIDENT)

DR HO YOW CHAN

DR. HO YOW CHAN
M.B., B.S. (S'PORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S87375121**
 Name: **KOH JING WEN**

Birth Date: **17 Nov 1987**
 Expiry Date: **21 May 2007**

001501140K

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S87375121**

 Name: **KOH JING WEN**
許競文

Race: **CHINESE**
 Date of birth: **17-11-1987** Sex: **M**
 Country/Place of birth: **SINGAPORE**

CLASS OF VEHICLES TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 2B	Motorcycles <= 200 CC	21 May 2007
Class 2A	Motorcycles between 201 CC and 400 CC	31 Mar 2009
Class 2	Motorcycles > 400 CC	15 Jun 2010
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	03 Apr 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	28 Sep 2009
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	30 Oct 2009

S/No. 9000125717

S87375121

Singapore No. S87375121

5923930



NRIC No. **S87375121**



Date of issue: **26-04-2018**

Address:
APT BLK 845 WOODLANDS STREET 82
#05-135
SINGAPORE 730845

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"/>	5095299974		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT3657M	SLT3657M	26/10/2017	25/10/2018

▼ Policy Information

Policy No.	5095299974	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/10/2017	Effective Date	26/10/2017 00:00	Expiry Date	25/10/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000	Young/Inexperience Driver Excess	
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5095494095-01		

▶ Insured Object: SLT3657M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/10/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Update: 1) Sect I Excess (SG) to \$1K 2) Sect I Excess (outside SG) to \$3K 3) Sect II Excess (outside SG) to \$3K
2	26/10/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Oct 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLT3657M

Continue

Cancel

Claim Handling

• Exit

Accident MT/1014994

Policy No.	5095299974	Vehicle No.	SLT3657M	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	09/10/2018 17:51	Accident Report Within 24 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/10/2018	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD PENANG RD TWOS CHIN SWEE TUNNEL				
Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5095494095-01		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/11/1987
Unnamed driver Name	KOH JING WEN	Driver NRIC	S6737512I	Driving Experience	10
Register Date of Driver License	03/04/2008	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	97475605	Contact No.(Office)	0	Address 3	SINGAPORE 730845
Address 1	BLK 845	Address 2	WOODLANDS STREET 82	Post Code	730845
Address 4		Address Type	Singapore address		
Unit No.	05-135				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		

Modification History

Claim 001 New

Claim Type *	OD-RX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		DI Vehicle Number	SLT3657M	TP Vehicle Number	SHD734A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLT3657M / SHD734A ON 8 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/10/2018 17:54	Claim Close Date		Date Received	09/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1014994	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2018 17:55
Path *		Category *	
	Browse... Clear		Please Select
	Browse... Clear		Please Select
	Browse... Clear		Please Select
	Browse... Clear		Please Select

Browse...		Clear	Please Select	N/G	Normal	
Browse...		Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	SAS	Normal	SAS 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Oct 2018 17:54	Photos	Normal	Photos 2018-10-9		Edit

Video List

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