

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 118 132657

Date In: 12/10/18 - 15:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1808570/24	SAS e-filing		
Veh No: JKA 6052A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 9/10/18 - 08:00	i-Motor Claim Form	MT 1015414-001	12/10/18 15:36
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: JKA 3565U	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

NA 1806524	Invoice Preparation Checklist		Ant (\$) Inc Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Pat 1:	6) TR: Re-inspection \$75			
Pat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QJ*			
	*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 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 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	12/10/2018 15:39
Date Of Accident	04/10/2018 08:00
Exact Location Of Accident	BLK 213 PUNGGOL WALK MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6052A
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64750261

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
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	YES
Policy Number	5079864471-02
Cover Note Number	

Driver

Name of Driver	CHONG BUI LEUNG
NRIC No	S8662181I
Date Of Birth	26/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88188977
Fax Number	
Contact Number	OFFICE-88188977
Email Address	NOEMAIL

Address	BLK 404 JURONG WST STREET 42 #03-567
Postcode	640404
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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, MY VEHICLE WAS STATIONARY ONTO THE PARKING LOT OF BLK 213 PUNGGOL WALK MULTISTORY CARPARK. I RECEIVED A MESSAGE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT 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	SGQ3565U
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

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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



A: JKA 602A

B: 59035650

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8662181I



Name

CHONG BUI LEUNG

张 维 隆

Race
CHINESE

Date of birth
26-02-1986

Sex
M

Country/Place of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number G7829316R

CHONG BUI LEUNG

Birth Date: 26 Feb 1986

Issue Date: 22 Feb 2016

Valid Till 21/02/2021



9500586



NRIC No. S8662181I



Nationality
MALAYSIAN
Date of issue
21-09-2018

Address

APT BLK 404 JURONG WEST STREET 42
#03-567
SINGAPORE 640404

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 22 Feb 2016

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 checked="" type="radio"/>	5079864471-02		AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drive CLASSIC	SKA6052A	SKA6052A	26/04/2018	

Continue

Policy Information

Policy No.	5079864471-02	Policyholder Name	AUTOBAHN RENT A CAR PTE. LT	Policyholder NRIC	201607970Z
Certificate No.					
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	3000.00	Own damage Excess	3500.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	24311.03		
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00		Young/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		

Insured Object: SKA6052A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/04/2018 00:00	Basic Information Endorsement	000001286794596	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. SKD8673D 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will be adjusted against the outstanding premium.
2	18/05/2018 00:00	Basic Information Endorsement	000001286820188	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. SLC514B 18-05-2018 \$1,747.29 2. SLC6456X 18-05-2018 \$1,747.29 3. SLC693S 18-05-2018 \$1,747.29 4. SLD363P 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$6,989.15 (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.

Claim Handling

The premium on this policy has not been collected.

Accident MT/1015414

Exit

Policy No.	5079864471-02	Vehicle No.	SKA6052A	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.				
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	2016079702
Contact No.(Mobile)	0	Contact No.(Office)	64750261	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
▼ Accident Details			Private Hire		
Report Date	12/10/2018 15:54	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/10/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 213 PUNGOL WALK MULTISTORY CARPARK				
▼ Excess					
Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00		
Third Party Excess	3,000.00	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	5001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/02/1986
Unnamed driver Name	CHONG BUI LEUNG	Driver NRIC	S86621811	Driving Experience	2
Register Date of Driver License	22/02/2016	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	88188977	Contact No.(Office)	0	Address 3	HONG KAH COURT
Address 1	BLK 404	Address 2	JURONG WEST STREET 42	Post Code	640404
Address 4	SINGAPORE 640404	Address Type	Singapore address		
Unit No.	03-567				
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 New

Claim Type *	OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NRIC	2016079702
Contact No.(Mobile)	88380101	Contact No.(Home)		Contact No.(Office)	64751946
Email Address	INSURANCEHAMILTONAUTOHIRE	OI Vehicle Number	SKA6052A	TP Vehicle Number	SGQ3565U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKA6052A / SGQ3565U ON 4 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	12/10/2018 15:56	Claim Close Date		Date Received	12/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1015414	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/10/2018 15:57
Path *			
	Browse...	Category *	Confidential
	Browse...	Urgency *	Normal
	Browse...	Description *	

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:57	SAS	Normal	SAS 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:57	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:57	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:57	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:57	Photos	Normal	Photos 2018-10-12		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:57	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:56	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:56	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:56	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:56	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Oct 2018 15:56	Photos	Normal	Photos 2018-10-12		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"/>	