

# NATIONAL Assessment Centre Services

[Ref: Jan 05]

NA1806716

Date In: 10/10/2018 11:54	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1806716			
Veh No: SJM 594/P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/2018 16:55	i-Motor Claim Form	NA1806716-001	16/10/2018
OD: TP - Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:58
	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: SKU 1771K

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

NA1806716

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 (\$)

Am't (\$)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

\*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	16/10/2018 11:54
Date Of Accident	15/10/2018 16:55
Exact Location Of Accident	KALLANG WAVE FLYOVER (TOWARDS SIMS AVENUE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5941P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KURUMA RENTAL PTE. LTD.
Co Reg No	201704079C
Email Address	KURUMARENTALPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94883119
Alternative Phone No	OFFICE-94883119

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101396299
Cover Note Number	

### Driver

Name of Driver	GWEE KANG HOCK
NRIC No	S1768578C
Date Of Birth	26/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883119
Fax Number	
Contact Number	OFFICE-94883119
Email Address	KURUMARENTALPL@GMAIL.COM



Address	BLK 235 BUKIT PANJANG RING ROAD #07-23
Postcode	670235
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	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)	2
Passenger 1	NAME: : PASSENGER 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

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	SKU1771K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KAI LING
NRIC/Passport Number	
Contact Number	92224984
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Vehicle No: \_\_\_\_\_  
DOA: \_\_\_\_\_

**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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
    - (II) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

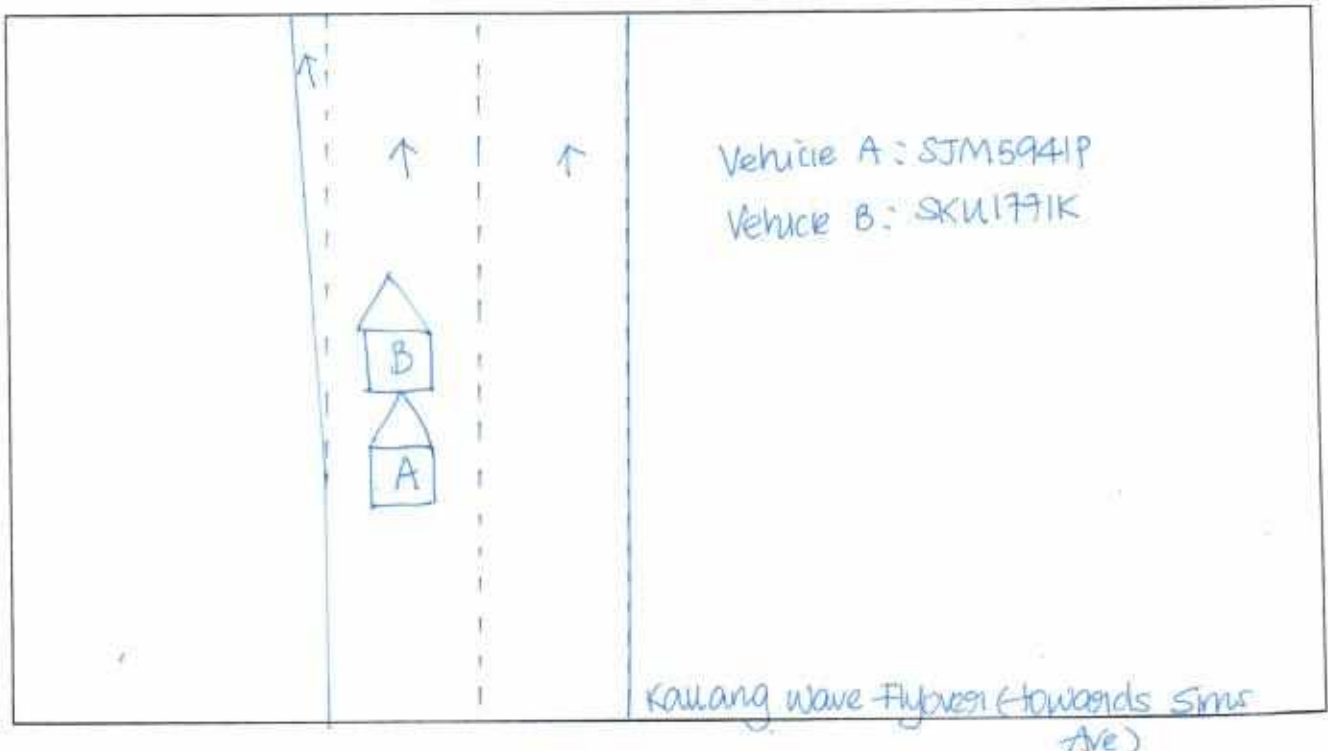
Policyholder's Signature  
Date & Time



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

Witnessed by Reporting Center  
Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I was travelling Kallang Wave Flyover (towards Sims Ave) on 15/10/18 at about 1657Hrs.

Traffic was smooth. As I was travelling along smoothly, Vehicle B suddenly stopped and I hit onto it as I cannot stop in time due to the sudden action by Vehicle B.

**Declaration**

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



Policyholder's Signature  
Date & Time

*A*

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

*[Signature]* 15/10/2018

Witnessed by Reporting Centre  
Personnel



Accident #17/1015847

### Modification History

Claim 801	New
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Claim Type *	CC-MX	Insured Name	KUMUHA RENTAL PTE. LTD.	Insured NRIC	26170	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL	
Email Address		Vehicle Number	SJM5941P	Vehicle Number	SKU17	
Claim Description	SJM5941P / SKU17716 ON 15 Oct 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	OS6 report	Received	
Renewal No. Finalisation	Yes	Preferred Workshop	Name unknown			
Date Registered		Claim Close Date	16/10/2018 12:57	Date Received	16/10/2018	
Report Taken By	ROSLI WAHAR					
<input checked="" type="checkbox"/> Print All letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

**Attachment**

Accident No.	MT/1015847	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2018 12:58

Path *		Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select *	<input checked="" type="radio"/> NO <input type="radio"/> YES	<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select *	<input checked="" type="radio"/> NO <input type="radio"/> YES	<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select *	<input checked="" type="radio"/> NO <input type="radio"/> YES	<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select *	<input checked="" type="radio"/> NO <input type="radio"/> YES	<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select *	<input checked="" type="radio"/> NO <input type="radio"/> YES	<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select *	<input checked="" type="radio"/> NO <input type="radio"/> YES	<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select *	<input checked="" type="radio"/> NO <input type="radio"/> YES	<input checked="" type="radio"/> Normal <input type="radio"/> Urgent	
<input type="button" value="Message Read"/>					

Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	
NAC_BUKIT_MERAH_BO0678( NATIONAL ASSESSMENT) CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58		Photos	Normal	Photos 2018-10-16	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	Photos	Normal	Photos 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	SAS	Normal	SAS 2018-10-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 12:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-16

Video List

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

Scan and uploading

**PERSONAL PARTICULARS**

Date of Accident: 15/10/2015

Time of Accident: 16:57 (24Hrs)

Vehicle No: SJM5941P

Vehicle Make/Model: Nissan Sylphy

1 Driver  
1 passenger  
(male)

Exact Location of Accident: Kallang Wave Flyover (towards Sims Ave)

Owner's Name/NRIC: Kuruma Rental Pte Ltd (201704079C)

Driver's Name/NRIC: Gwee Kang Hock / S1768578C

Driver's Contact: 94883119

Insurance Co & Policy No: NTUC Income

Driver's Email Address: Kurumarentalpl@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer / Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Koh Kai Ling

Vehicle No: SKU1771K

Insurance Company: \_\_\_\_\_

Driver's Contact: 9222 4984

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.



REPUBLIC OF SINGAPORE DRIVING LICENCE

GWEE KANG HOCK

Birth Date: 26 Apr 1966  
Issue Date: 03 Apr 2003

000350767A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1768578C

GWEE KANG HOCK

魏江福

RACE  
CHINESE

Date of Birth: 26-04-1966 Sex: M

Country of Birth  
SINGAPORE

1991559

S1768578C

07-05-1994

APT BLK 235 BUKIT PANJANG RING ROAD #07-23  
SINGAPORE 670235

NRIC No: S1768578C Date: 24-12-2002 No: 4403404

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 03 Apr 2003

NP 426A

Licence No: S1768578C

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5101396299

**Cover :** Third Party, Fire & Theft

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJMS941P</b>         |
| Chassis Number  | : JN1BAAG1120107129       |
| 2. Name of Policyholder   | : KURUMA RENTAL PTE. LTD. |
| 3. Effective Date of Insurance  | : 15 Jun 2018             |
| 4. Expiry Date of Insurance   | : 14 Jun 2019             |
| 5. Persons or Classes of Persons entitled to drive#   |                           |
| (a) The Policyholder.   |                           |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                           |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                           |
| 6. Limitations as to Use#   |                           |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business:  |                           |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JG MOTOR AGENCY (00000613374)

Date of Issue : 12 Jun 2018 14:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive