

NATIONAL Assessment Centre Services [wef 1 Jan 05] MMA 118135042

Date In: 17/10/18 17:11	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18018908/14.	SAS e-filing		
Veh No: SJM 2016 E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 13/10/18 12:40.	i-Motor Claim Form	MT/1016074-001	17/10/18 17:53.
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: SKQ 426 K. 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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Date 1:	For claiming against UNQ Only (wef 10 Jan 2005)			
Date 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac 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: 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	17/10/2018 17:11
Date Of Accident	13/10/2018 12:40
Exact Location Of Accident	THOMSON RD SLIP RD INTO PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2016E
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64770777

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5067526313-04
Cover Note Number	-

Driver

Name of Driver	MOHD KAMAL BIN DAHLAN
NRIC No	S1717746Z
Date Of Birth	24/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/07/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81498047
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 34 CIRCUIT RD #10-396
Postcode	370034
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	RAINING
Road Surface	WET

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?	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)	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

I WAS TRAVELLING ALONG THOMSON RD WHILE APPROACHING THE SLIP RD TWDS PIE(CHANGI), VEH B (BEARING NO SKQ426K) WHICH WAS INFRONT OF ME SUDDENLY STOP BEFORE THE ZEBRA CROSSING, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR 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	SKQ426K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU ZHE
NRIC/Passport Number	S8263336G
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.
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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
- for complying with requirements under any regulations, laws or court orders.

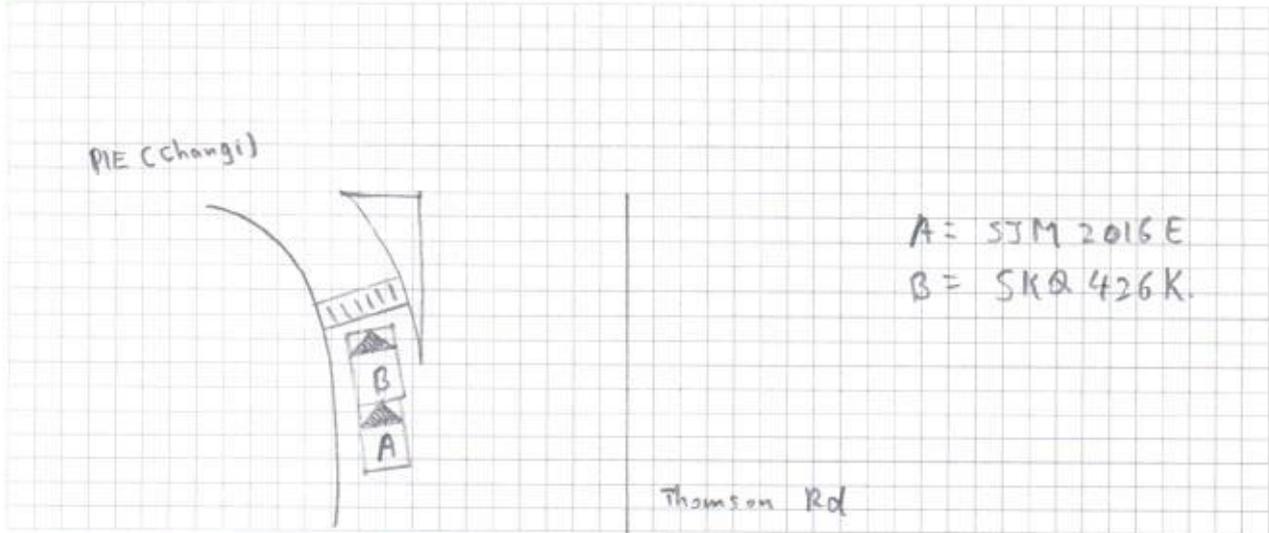


Policyholder's Signature
Date & Time:

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

Please 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 DRIVING LICENCE



License Number **S1717746Z**
 Name
MOHD KAMAL BIN DAHLAN

Birth Date **24 Jul 1965**
 Issue Date **13 Sep 2003**

000828803H

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1717746Z**



Name
MOHD KAMAL BIN DAHLAN

محمد کامل بن داهلان
 Race
MALAY

Date of birth **24-07-1965** Sex **M**
 Country of birth
SINGAPORE

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

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

PASS DATE **28 Jul 1994**

NP 423A

Licence No: S1717746Z

4739396



NRIC No: **S1717746Z**



Date of issue
30-05-2011

APT BLK 34 CIRCUIT ROAD #10-396
 SINGAPORE 370034

NRIC No: **S1717746Z** Date: **30/07/2018**

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: 5067526313-04

Cover : Third Party

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SJM2016E |
| Chassis Number | : KMHDU41BR9U648373 |
| 2. Name of Policyholder | : CARWAY LEASING & RENTAL |
| 3. Effective Date of Insurance | : 27 Jun 2018 |
| 4. Expiry Date of Insurance | : 26 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	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MARLENE VEHICLES TRADING
SUM INSURED	: N/A

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)

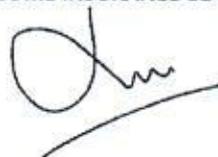
Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
 Date of Issue : 27 Jun 2018 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1016074

Policy No.	5067526313-04	Vehicle No.	SJM2016E	GST Registration No.	
Certificate No.					
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264E
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	64770777	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	17/10/2018 17:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	13/10/2018	Time of Accident hh:mm	12:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD SLIP RD INTO PIE(CHANGI)				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40893
Unit No.	03-01	Related Policy Number	5100862310-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHD KAMAL BIN DAHLAN	Driver NRIC	S1717746Z	Driver DOB	24/07/
Register Date of Driver License	28/07/1994	Driver Age	53	Driving Experience	24
Contact No.(Mobile)	81498047	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 34 #10-396	Address 2	CIRCUIT ROAD	Address 3	BALAM
Address 4	SINGAPORE 370034	Address Type	Singapore address	Post Code	37003
Unit No.	10-396				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CARWAY LEASING & RENTAL
Contact No.(Mobile)	98627777	Contact No.(Home)	
Email Address		O1 Vehicle Number	SJM2016E
Claim Description	SJM2016E / SKQ426K ON 13 Oct 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GJA report	Received
Report Taken By		Claim Close Date	17/10/2018 17:52

Print AK letter

Save Submit

Attachment

Accident No. Claim No.

MT/1016074

001

Last Doc. Received

Yes No

Upload Date

17/10/2018 17:53

Path *

- No file chosen

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	SAS	Normal	SAS 2018-10-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	Photos	Normal	Photos 2018-10-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	Photos	Normal	Photos 2018-10-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	Photos	Normal	Photos 2018-10-17
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	Photos	Normal	Photos 2018-10-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	Photos	Normal	Photos 2018-10-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Oct 2018 17:53	Photos	Normal	Photos 2018-10-17

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"/>			