

**NATIONAL Assessment Centre Services** [ver 1 Jan'05]

Date In: 07/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18020130/13	SAS e-filing		
Veh No: SJL 91634	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/11/18 1745	I-Motor Claim Form	07/10/18 29 -	001
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: Fax: ( )

TP Particulars: Veh No: FH7677M INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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

Claimant's Particulars:	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		for Bills	for Add'l Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments: NA1807357	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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: 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 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	07/11/2018 15:28
Date Of Accident	03/11/2018 17:45
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9163Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91129911

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5071881765-03
Cover Note Number	

#### Driver

Name of Driver	OW CHEE MENG(OU ZHIMIN)
NRIC No	S7707617D
Date Of Birth	19/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/04/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97929002
Fax Number	
Contact Number	
E-Mail Address	DESMOND_OW@HOTMAIL.COM

Address	BLK 662D JURONG WEST ST 64 #08-290
Postcode	644668
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?	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: : UNKNOWN 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

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	FH7677M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	S0740265A
Contact Number	62596930
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.
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.

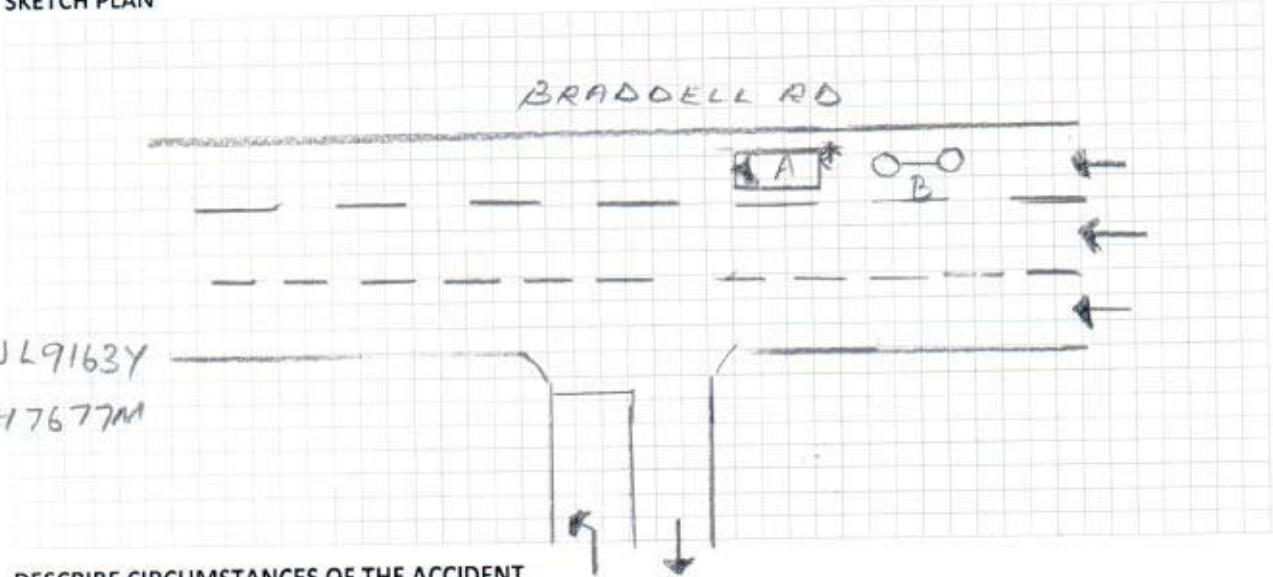


\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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

*Pls refer to the 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.:

I WAS TRAVELLING STRAIGHT ALONG BRADDELL RD ON THE EXTREME RIGHT LANE. INFRT OF MY VEH SLOW DOWN DUE TO THE 2<sup>ND</sup> AND 3<sup>RD</sup> LANE THERE WAS AN ACCIDENT ON THAT LANES AND I FOLLOWED SUIT. WHEN I HEARD A SOUND I LOOK AT MY RIGHT SIDE MIRROR I SAW THERE WAS A MOTORCYCLE LYING ON THE GROUND. I STOP MY VEH AND WENT DOWN TO CHECK. THE OLD MAN SAID THAT HE STOP HIS VEH DUE TO THE RD SURFACE WET, HE SKIDDED AN HIS MOTORCYCLE HIT ONTO MY REAR RIGHT PORTION OF MY VEH.

# ACCIDENT STATEMENT

ACCIDENT DATE: 03/11/2018 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: Braddell Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL9163Y  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 201431292H  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA ALTIS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: OSCARS LEASING PRIVATE LIMITED (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91129911  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: OW CHEE MENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S770767A CONTACT: 99929002  
c) ADDRESS: BK (2) WONG WBS7 ST64 #08-290  
S (644625)  
\*d) DATE OF BIRTH: 19/03/1997 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 07/04/1999  
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SA 767H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: SUN KWONG PAOK  
c) NRIC/FIN/PASSPORT: S0740265A CONTACT: 62596930

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(2)

UNKNOWN - F

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

03/11/18

wanting for  
company stamp

Email = desmond\_ow@hotmail.com

fax =

video =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7707617D



Name  
**OW CHEE MENG**  
**(OU ZHIMIN)**  
**歐志民**  
Race  
**CHINESE**  
Date of birth **19-03-1977** Sex **M**  
Country of birth  
**SINGAPORE**

4069665



NRIC No. **S7707617D**



Date of issue  
**10-07-2007**

**APT BLK 662D JURONG WEST STREET 64 #08-260**  
**SINGAPORE 644662**

NRIC No: **S7707617D** Date: **03/09/2014**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7707617D**  
Name

**OW CHEE MENG**  
**(OU ZHIMIN)**

Birth Date **19 Mar 1977**  
Issue Date **03 Apr 2003**



000349869F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors  $\leq$  2500 kg

Class 4 Heavy motor cars and motor tractors  $>$  2500 kg

PASS DATE

07 Apr 1999

19 May 2009

S7707617D

S / No. 9000107114

NP 426A



Licence No: S7707617D

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7707617D**

Name: **OW CHEE MENG**

Issue Date: **14/6/2017**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	14/06/2017





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"/>	5071881765-03		OSCARS LEASING PRIVATE LIMITED	201431292N	GFT	Third Party	SJL9163Y	SJL9163Y	01/06/2018	

Continue

**Claim Handling**

The premium on this policy has not been collected.

Accident MT/1018829

Policy No.	5071881765-03	Vehicle No.	SJL9163Y	GST Registration No.
Certificate No.				
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91129911	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ **Accident Details**

Report Date	08/11/2018 10:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/11/2018	Time of Accident hh:mm	17:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BRADDELL ROAD			

▼ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
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	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5071881765-03	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	OW CHEE MENG(OU ZHIMIN)	Driver NRIC	S7707617D	Driving Experience
Register Date of Driver License	07/04/1999	Driver Age	41	Contact No.(Home)
Contact No.(Mobile)	97929002	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 668D	Address 2	JURONG WEST STREET 64	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-290			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	--

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	OSCAR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJL916
Claim Description	SJL9163Y / FH7677M ON 3 Nov 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/11/2018 10:54	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

[Print AK letter](#)

[Save](#) [Submit](#)

**Attachment**

Accident No.	MT/1018829	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/11/2018 00:00
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> <input type="text"/> NO
<a href="#">Message Read</a>			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		NRIC/ Driving License	Normal	NRIC/ Driving I
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		SAS	Normal	SAS 2
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 10:53		Photos	Normal	Photos

**Video List**

Uploaded By/Date	Folder Date	File Name
------------------	-------------	-----------

[Display in New Window](#) [Scan and uploading](#)