

NATIONAL Assessment Centre Services (wef 1 Jan 05) MNA118 N8943

Date In: 13/11/18 - 14:50	Job description	Date & Time Completed	Done by
Ref No: 118/INC18020556/24	SAS e-filing		
Veh No: JLV5431C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 13/11/18 - 13:00	i-Motor Claim Form	M/1019644-001	13/11/18 18:04
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: 6X1934P	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

<p>NA1805421</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Int. 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 : Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QD:				
* N5: Courtesy Car / Tpl 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	13/11/2018 14:50
Date Of Accident	13/11/2018 13:00
Exact Location Of Accident	HENDERSON RD AFTER JUNC AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5403K
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	FREED HYBRID 1.5G 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	5096390014
Cover Note Number	

Driver

Name of Driver	TAN ENG SOON
NRIC No	S1753761Z
Date Of Birth	13/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1986
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87550070
Fax Number	
Contact Number	OFFICE-87550070
Email Address	NOEMAIL

Address	BLK 121A EDGEDALE PLAINS #07-221
Postcode	821121
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	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)	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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG STATED VENUE AS IN FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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	GX1934P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI GUOLONG
NRIC/Passport Number	G8668830T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TAN ENG SOON
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SLU5403K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

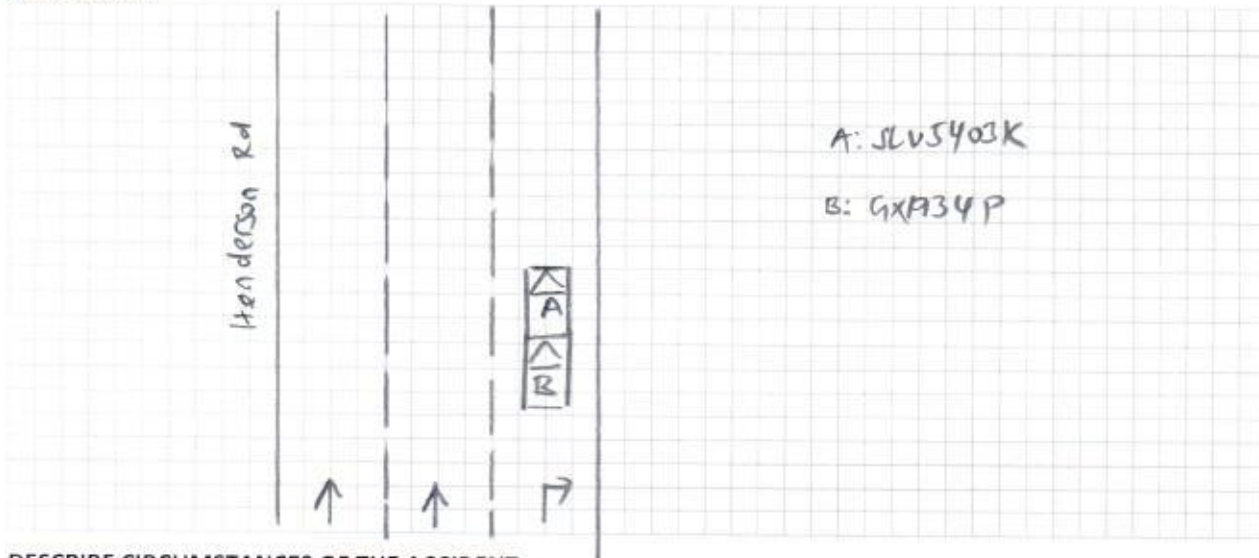


Policyholder's Signature
Date & Time:

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

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

Portrait photo of Tan Eng Soon

License Number: **S1753761Z**

Name: **TAN ENG SOON**

Birth Date: **13 Apr 1966**

Issue Date: **20 Nov 2013**

Barcode: 002247370K

REPUBLIC OF SINGAPORE

Identity Card No. **S1753761Z**

Portrait photo of Tan Eng Soon

Name: **TAN ENG SOON**

Chinese Name: **陳永順**

Race: **CHINESE**

Date of birth: **13-04-1966**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Coat of arms of Singapore

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

17 Jun 1986

NP 428A

Barcode: Licence No: S1753761Z

5606677

Barcode

NRIC No: **S1753761Z**

Fingerprint

Date of issue: **01-06-2016**

Address: **APT BLK 121A EDGEDALE PLAINS
#07-221
SINGAPORE 821121**

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"/>	5096390014		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU5403K	SLU5403K	05/12/2017	04/12/2018

Policy Information

Policy No.	5096390014	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	01/12/2017	Effective Date	05/12/2017 00:00	Expiry Date	04/12/2018 23:59				
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						
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	5096225843-01		

Insured Object: SLU5403K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 05 Dec 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 05 Dec 2017 TO 04 Dec 2018 2. VEHICLE REGISTRATION NUMBER : SLU5403K
2	05/12/2017 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 05 Dec 2017 TO 04 Dec 2018

[Continue](#)
[Cancel](#)

Claim Handling

Accident MT/1019644

Policy No.	5095390014	Vehicle No.	SLU5403K	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611327N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
CFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	13/11/2018 18:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/11/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HEXDERSON RD AFTER JUNG AVE				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	3,500.00	Outside Singapore TP Excess	3,000.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	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	5096225843-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN ENG SOON	Driver NRIC	S17537612	Driver DOB	13/04/1966
Register Date of Driver License	17/06/1986	Driver Age	52	Driving Experience	32
Contact No.(Mobile)	87550570	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 121A	Address 2	EDGE DALE PLAINS	Address 3	PUNGGOL EDGE
Address 4	SINGAPORE 621121	Address Type	Singapore address	Post Code	621121
Unit No.	07-221				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611327N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		01 Vehicle Number	SLU5403K	TP Vehicle Number	GX1934P
Claim Description	SLU5403K / GX1934P ON 13 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Claim Close Date	13/11/2018 18:04	Date Received	13/11/2018 00:00
Report Taken By	JACKSON				

Print A/C letter

Save Submit

Attachment

Accident No.	MT/1019644	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/11/2018 18:06
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 6	13 Nov 2018 18:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-13		Edit

