

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/118 146828

Date In: 13/11/18-12-28	Job description	Date & Time Completed	Done i
Ref No: NA/INC1802058/24	SAS e-filing		
Veh No: JLV3128M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 12/11/18 - 19/12	i-Motor Claim Form	M/1019647 -001	13/11/18 18:12
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: JLP889C 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

NA1807415	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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 12:28
Date Of Accident	12/11/2018 19:20
Exact Location Of Accident	JUNC MARKET ST & CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3128M
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 1.5G HYBRID 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	REPORTING ONLY
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	5096971135
Cover Note Number	

Driver

Name of Driver	LEE HAN ZHEN, ALOYSIUS (LI HANZHEN)
NRIC No	S8717105A
Date Of Birth	16/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97662432
Fax Number	
Contact Number	OFFICE-97662432
Email Address	NOEMAIL

Address	BLK 465 UPPER SERANGOON RD #02-1211
Postcode	530465
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	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)	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 I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE 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	SKP8759C
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)	1

SKETCH PLAN

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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.**
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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.

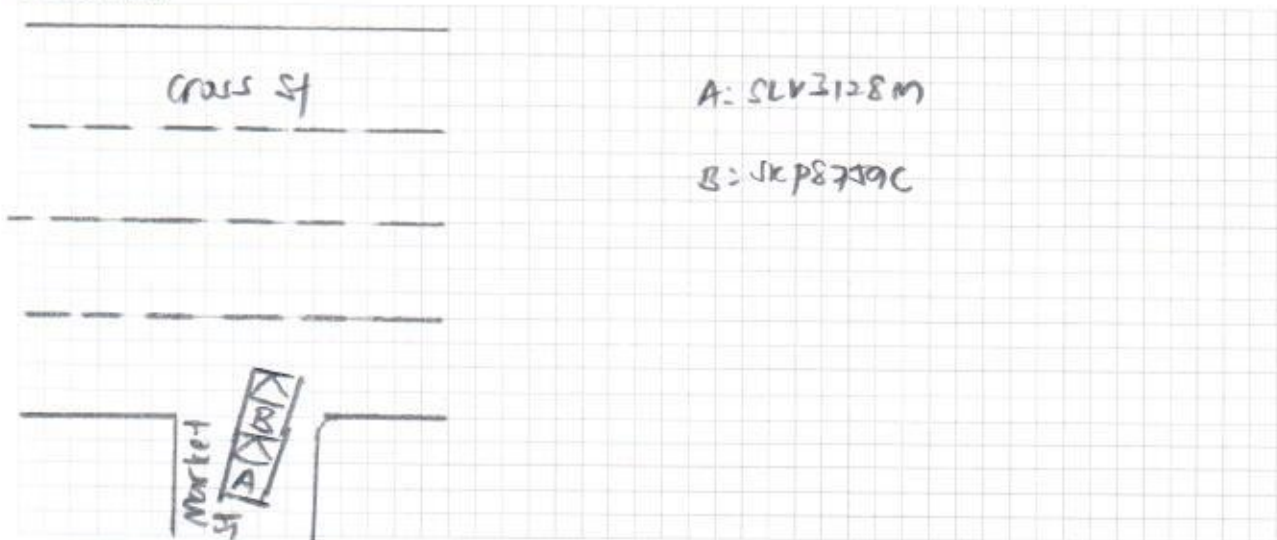


Policyholder's Signature
Date & Time:

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 Hologram.

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:

[Handwritten Signature]

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

[Handwritten Signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8717105A**

Name: **LEE HAN ZHEN, ALOYSIUS**
LI HANZHEN

Birth Date: **16 Jun 1987**
Issue Date: **05 Dec 2015**

002500044D

SG
50

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 05 Dec 2015

NP 429A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8717105A**



Name

LEE HAN ZHEN, ALOYSIUS
(LI HANZHEN)

李 涵 葵

Race

CHINESE

Date of birth

16-06-1987

Sex

M

Country/Place of birth

SINGAPORE



5845036



NRIC No. **S8717105A**



Date of issue

29-12-2017

Address

APT BLK 465 UPPER SERANGOON ROAD
#02-1211
SINGAPORE 530465

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 checked="" type="radio"/>	5096971135		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV3128M	SLV3128M	27/12/2017	26/12/2018

Policy Information

Policy No.	5096971135	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	26/12/2017	Effective Date	27/12/2017 00:00	Expiry Date	26/12/2018 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: SLV3128M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 27 Dec 2017 TO 26 Dec 2018 2. ORIGINAL REGISTRATION DATE: 27 Dec 2017 3. VEHICLE REGISTRATION NUMBER: SLV3128M
2	27/12/2017 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: 27 Dec 2017 TO 26 Dec 2018

Continue Cancel

Claim Handling

+ Exit

Accident MT/1019647

Policy No.	5095971135	Vehicle No.	SLV3128M	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
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
AKK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	13/11/2018 16:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/11/2018	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC MARKET ST & CROSS ST				
Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-00 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5095225843-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/06/1987
Unnamed driver Name	LEE HAN ZHEN, ALOYSIUS (L H	Driver NRIC	S8717105A	Driving Experience	2
Register Date of Driver License	05/12/2015	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	97562432	Contact No.(Office)	0	Address 3	SINGAPORE 530465
Address 1	BLK 465	Address 2	UPPER SERANGOON ROAD	Post Code	530465
Address 4		Address Type	Singapore address		
Unit No.	02-1211				
Does he own a Singapore registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Inebrialyzer or Blood test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-Mix	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	66351820
Email Address		OT Vehicle Number	SLV3128M	TP Vehicle Number	SKP8759C
Claim Description	SLV3128M / SKP8759C ON 12 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Printed No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	13/11/2018 18:17
Report Taken By	JACKSON			Date Received	13/11/2018 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1019647	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/11/2018 18:19
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? (CO)	Action
NAC_PAYA_LBI_80C601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	NRIC/ Driving License	?	Normal	NRIC/ Driving License 2018-11-13		Edit
	13 Nov 2018 18:19					

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>