

NATIONAL Assessment Centre Services Wef 1 Jan 05 MHA 118153017

Date In: 26/11/18-14:39	Job description	Date & Time Completed	Done by
Ref No: NA/14C1802355/24	SAS e-filing		
Veh No: JUC29D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/11/18-21:40	i-Motor Claim Form	M/1021481-001	26/11/18 20:05
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: Vch No: PC1942A 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

NA 807701	Invoice Preparation Checklist	Amt (\$)	Amt (\$)	
		In Bill	Add Bill	
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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			
Driver/Owner:	8) NTUC Additional Services:-			
	QJ*:			
Contact No:	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
Damaged Portion:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments:-	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Pat 1

Pat 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	26/11/2018 14:39
Date Of Accident	25/11/2018 21:40
Exact Location Of Accident	BUKIT MANIS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK239D
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
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	YES
Policy Number	5078818993-02
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN MOHD
NRIC No	S1681052E
Date Of Birth	15/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92469899
Fax Number	
Contact Number	OFFICE-92469899
EMail Address	NOEMAIL

Address	BLK 766 YISHUN AVENUE 3 #06-299
Postcode	760766
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	SIDE SWIPE
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?	
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. VEHICLE B WAS TOO CLOSE TO MY VEHICLE. AS A RESULT, MY VEHICLE AND VEHICLE B INTACT TO EACH OTHER.

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	PC1940A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TAN KIAN CHUAN
NRIC/Passport Number	S1614931D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1681052E



Name
ABDUL AZIZ BIN MOHD

Race
MALAY
Date of birth
15-06-1964 Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1681052E**

Name
ABDUL AZIZ BIN MOHD

Birth Date **15 Jun 1964**

Issue Date **07 Dec 2012**



4916900



NRIC No **S1681052E**



Date of issue
07-12-2012

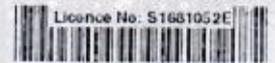
APT BLK 706 YISHUN AVENUE 3 #06-299
SINGAPORE 760766

NRIC No: **S1681052E** Date: **05/10/2014**

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 Sep 1984



NP 428A

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"/>	5078818993-02		H & H CAR RENTAL & LEASING	53331980C	GFT	drive CLASSIC	SLK239D	SLK239D	28/03/2018	

Policy Information

Policy No.	5078818993-02	Policyholder Name	H & H CAR RENTAL & LEASING	Policyholder NRIC	53331980C
Certificate No.					
Address	61 UBI AVENUE 2 #04-12 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	27/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	389.23		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAF	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5078818993-02		

Insured Object: SLK239D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/03/2018 00:00	Basic Information Endorsement	000001286783202	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLH503G 28-03-2018 \$1,176.42 2. SLN731H 28-03-2018 \$1,076.30 3. SGY385A 28-03-2018 \$1,076.30 4. SGY4788U 28-03-2018 \$1,076.30 5. SLS5380C 28-03-2018 \$1,176.42 In view of this amendment, a refund of \$5,581.74 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJE6937M 02-05-2018 \$1,063.61 In view of this amendment, a refund of \$1,063.61 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLR8973E 10-05-2018 \$949.50 In view of this amendment,</p>
2	03/05/2018 00:00	Basic Information Endorsement	000001286809556	Endorsement Take Effective	

Claim Handling

The premium on this policy has not been collected.

[EXIT](#)

Accident MT/2021481

Policy No.	5078818993-02	Vehicle No.	SLK239D	GST Registration No.	
Certificate No.					
Policyholder Name	H & H CAR RENTAL & LEASING	Cover Type	drive CLASSIC	Policyholder NRIC	53331980C
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	26/11/2018 20:02	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/11/2018	Time of Accident hh:mm	21:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT MANIS ROAD				
Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAF	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5078818993-02		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/06/1964
Unnamed driver Name	ABDUL AZIZ BIN MOHD	Driver NRIC	S1681052E	Driving Experience	24
Register Date of Driver License	17/09/1984	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	92469899	Contact No.(Office)	0	Address 3	SINGAPORE 760766
Address 1	BLK 766	Address 2	YISHUN AVENUE 3	Post Code	760766
Address 4		Address Type	Singapore address		
Unit No.	06-299	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 [New](#)

Claim Type *	OD-MX	Injured Name	H & H CAR RENTAL & LEASING	Injured NRIC	53331980C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		01 Vehicle Number	SLK239D	TP Vehicle Number	PC1940A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLK239D / PC1940A ON 25 Nov 2018				
Preferred Workshop Contact No.		Injured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/11/2018 20:05	Claim Close Date		Date Received	26/11/2018 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AC letter					
Save Submit					
Attachment					

Accident No.	MT/2021481	Claim No.	001
Last Doc. Received:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/11/2018 20:06
Path *		Category *	
	Browse... Clear Please Select	Confidential	Normal
	Browse... Clear Please Select	Confidential	Normal
	Browse... Clear Please Select	Confidential	Normal

