

NATIONAL Assessment Centre Services

(Rev. 12/1/05)

Date In: 03/01/2019 12:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000118/K4	SAS e-filing		
Veh No: SLV 3110M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/12/2018 18:50	i-Motor Claim Form	MT/1026121-002	4/1/19 09:55
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: SFK 311P 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)

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

NA1900090	Invoice Preparation Checklist		Unit (\$)	Unit (\$)	
Client's Particulars:	1) AR: Accident Reporting (\$30);		In Bill	Add Bill	
	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: Idno DA + SMRT Survey \$160				
	8) NTUC Additional Services:-				
	OD:				
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tp Allowance \$5				
	*N6: Repair Co-ordination \$10				
	*N7: Post Repair Inspection \$25				
	*N8: DV / Collect Excess Coordination \$5				
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20				
Dat. 1:	9) N12: Idno Mobile 30				
Dat. 2/3:	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	03/01/2019 12:50
Date Of Accident	31/12/2018 18:50
Exact Location Of Accident	JUNC OF PASIR RIS CENTRAL TWDS PASIR RIS DR 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV3110M
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96852836
Alternative Phone No	OFFICE-96852836
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED 1.5G HYBRID AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5096971297-01
Cover Note Number	
Driver	
Name of Driver	WONG KHAI YUEN
NRIC No	S7044637E
Date Of Birth	29/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96852836
Fax Number	
Contact Number	OTHERS-96852836
Email Address	NOEMAIL

Address	BLK 467 HOUGANG AVENUE 8 #05-1512
Postcode	530467
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	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFK3111P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HAN LI, TITUS
NRIC/Passport Number	S9440376F
Contact Number	92991902
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**.
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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.

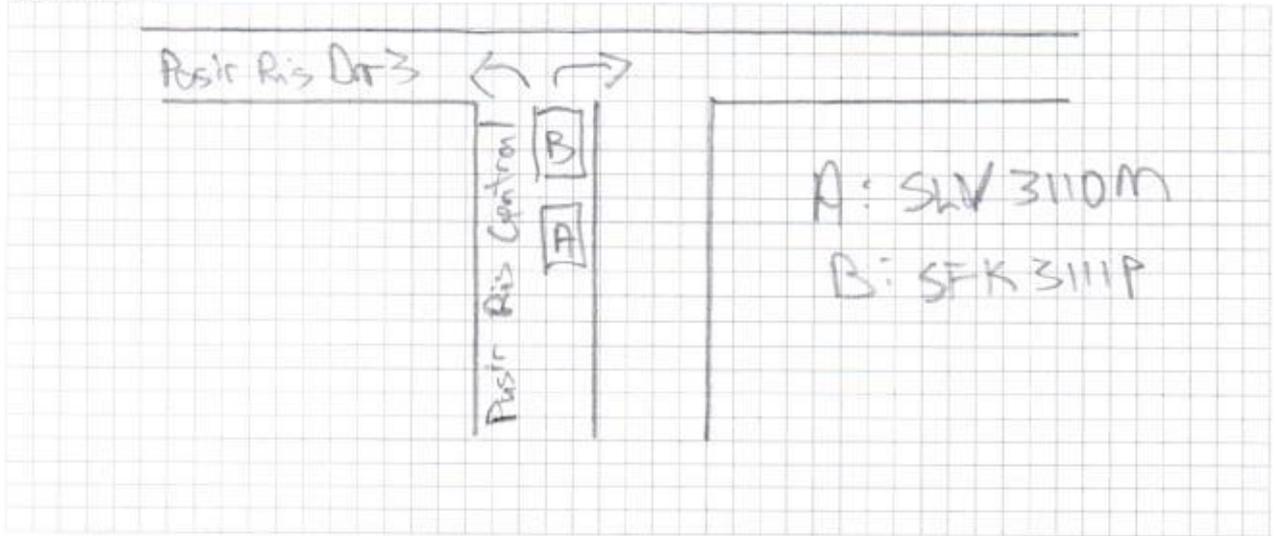
Policyholder's Signature
Date & Time:



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

Vehicle A was driving along Pasir Ris Central and stopped behind Vehicle B at the traffic junction of Pasir Ris Dr 3. Both vehicle A + B were at complete stop. When traffic lights turned green, I just release the foot brake and vehicle A rolled forward. However Vehicle B has not moved yet and vehicle A bumped into the left rear of vehicle B. Vehicle B suffered a slight dent on the left rear bumper. There was no injuries suffered by both parties.

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.:

[Signature]
- 3/1/2019

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7044637E**
 Name
WONG KHAI YUEN

Birth Date **29 Nov 1970**
 Issue Date **12 May 2003**

000473293D



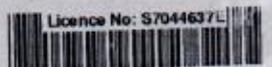

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

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

PASS DATE
21 Jun 1998

NP 428A

Licence No: S7044637E



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7044637E**

Name
WONG KHAI YUEN
 黄 啟 源

Race
CHINESE

Date of birth
29-11-1970 Sex **M**

Country of birth
SINGAPORE




4517074

NRIC No. **S7044637E**

Date of issue
27-01-2010

APT BLK 467 HOUGANG AVENUE 8 #05-1512
 SINGAPORE 530467

NRIC No: **S7044637E** Date: **29/05/2017**




Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S7044637E**
 Name : **WONG KHAI YUEN**

Card issue Date : **02/04/2018**

Please visit 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 LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	02/04/2018



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: 5096971297-01

Cover : drivo CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLV3110M |
| Chassis Number | : GB71045566 |
| 2. Name of Policyholder | : RELIABLE RIDES PTE LTD |
| 3. Effective Date of Insurance | : 27 Dec 2018 |
| 4. Expiry Date of Insurance | : 26 Dec 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)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: THINK ONE CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : TAN INSURANCE BROKERS PTE LTD (00000690287)

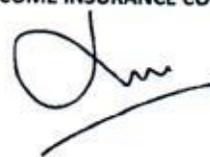
Date of Issue : 26 Nov 2018 12:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5096971297-01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV3110M	SLV3110M	27/12/2018	26/12/2019

Continue

Claim Handling

[Task Transfer](#) [Exit](#)
[Accident MT/1026121](#)
[LOS](#) [SAL](#) [SUB](#)

Policy No.	5096971297-01	Vehicle No.	SLV3110M	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

[Accident Details](#)

Report Date	03/01/2019 10:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/12/2018	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS CENTRAL ST 3 TOWARDS PASIR RIS CENTRAL				

[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 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	5106475991		

[OI Driver Info](#)

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1026121

Policy No.	5096971297-01	Vehicle No.	SLV3110M	GST Registration No.
Certificate No.				
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	03/01/2019 10:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/12/2018	Time of Accident hh:mm	18:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PASIR RIS CENTRAL ST 3 TOWARDS PASIR RIS CENTRAL			

Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess
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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History	04/01/2019 09:48:52 Deborah Mui changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-50	Related Policy Number	5106475991	

O1 Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	RELIAB
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	SLV311
Claim Description	SLV3110M / SFK3111P ON 31 Dec 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/01/2019 09:54
		Workshop Repairer	

Print AK letter

