

NATIONAL Assessment Centre Services

Date In <u>21/01/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/INC19001313/13</u>	SAS e-filing		
Veh No <u>SSQ 1874E</u>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A <u>19/01/19</u> <u>1715</u>	i-Motor Claim Form	<u>NT/1028936-001</u>	
OD <u>(TP)</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>SDA18095</u>	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)	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

<u>NA1900690</u>	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	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) iT : 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:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	21/01/2019 16:08
Date Of Accident	19/01/2019 17:15
Exact Location Of Accident	BUKIT TIMAH RD U-TURN INTO DUNEARN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ1874E
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88580162
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806-01
Cover Note Number	
Driver	
Name of Driver	SHANE PAUL CHITTY
NRIC No	S8126071J
Date Of Birth	26/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97813389
Fax Number	
Contact Number	
Email Address	SHANECHITTY5761@GMAIL.COM

Address	BLK 334A ANCHORVALE CRESCENT #04-116
Postcode	541334
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 (including own vehicle) 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

I WAS TRAVELLING FROM BUKIT TIMAH RD U-TURN INTO DUNEARN RD. I STOP MY VEH AT GIVEWAY LINE AND WHEN THERE'S NO VEH I PROCEED TO MOVE OFF. SUDDENLY THERE WAS ONCOMING VEH FROM THE EXTREME LEFT CUT INTO THE XTREME RIGHT LANE AND I JAMMED BRAKE TO AVOID COLLISION. VEH B FROM BEHIND CAN'T STOP ON TIME AND HIT ONTO MY REAR PORTION OF MY VEH.

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	SDA1829S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM ENK NG
NRIC/Passport Number	S0310412E
Contact Number	98732872
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SHANE PAUL CHITTY
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJQ1874E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

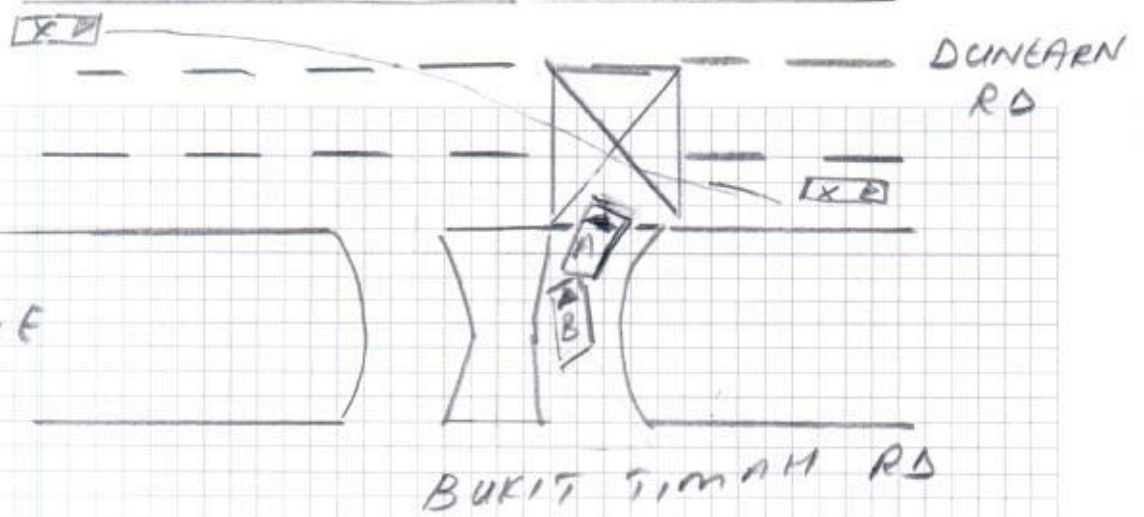
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A - SJQ1874E

B - SDA1809S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pb 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:

Signature 21/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8126071J**



Name: **SHANE PAUL CHITTY**

Race: **INDIAN**

Date of birth: **26-08-1981** Sex: **M**

Country of birth: **SINGAPORE**

40822



NRIC No. **S8126071J**



Date of issue: **13-08-2007**

**APT BLK 334A ANCHORVALE CRESCENT #04-116
SINGAPORE 541334**

NRIC No: **S8126071J** Date: **03/08/2014**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8126071J**

Name: **SHANE PAUL CHITTY**

Birth Date: **26 Aug 1981**

Issue Date: **08 May 2012**



002060625K

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

EFFECTIVE DATE


Class	Description	Effective Date
Class 2B	Motorcycles <= 150 CC	02 Jan 2004
Class 2A	Motorcycles between 201 CC and 400 CC	16 Oct 2007
Class 2	Motorcycles >= 401 CC	05 Oct 2016
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	26 Jan 2012

S / No. 9000252428

NRIC No. **S8126071J**



Land Transport Authority




VOCATIONAL LICENCE

Licence No: **S8126071J**

Name: **SHANE PAUL CHITTY**


Issue Date: **9/6/2015**

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

Type	Description	Issue Date
02	TAXI VL	09/06/2015



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: 5094921806-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **SJQ1874E**

Chassis Number

: MR053HY9305108565

2. Name of Policyholder

: ACCURATE LEASING PTE LTD

3. Effective Date of Insurance

: 09 Oct 2018

4. Expiry Date of Insurance

: 08 Oct 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)

: N/A

EXCESS (SECTION 2)

: S\$1,500

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: TAI THONG LEE TRADING 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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue : 10 Oct 2018 18:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1028936

Policy No.	5094921806-01	Vehicle No.	SJQ1874E	GST Registration No.
Certificate No.				
Policyholder Name	ACCURATE LEASING PTE LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	88580162	Contact No.(Office)	0	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	22/01/2019 10:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/01/2019	Time of Accident hh:mm	17:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT TIMAH RD U-TURN INTO DUNEARN RD			
▼ 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	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-33	Related Policy Number	5094921806-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SHANE PAUL CHITTY	Driver NRIC	S8126071J	Driving Experience
Register Date of Driver License	26/01/2012	Driver Age	37	Contact No.(Home)
Contact No.(Mobile)	97813389	Contact No.(Office)	0	Address 3
Address 1	BLK 334A	Address 2	ANCHORVALE CRESCENT	Post Code
Address 4	SINGAPORE 541334	Address Type	Singapore address	
Unit No.	#04-116			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ACCURATE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJQ187
Claim Description	SJQ1874E / SDA1829S ON 19 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSINDA	Workshop Repairer	
		Claim Close Date	

Print AK letter

Save Submit















Attachment




Accident No.	MT/1028936	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/01/2019 11:04

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Message Read	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:04	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 11:03	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
			
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>