

NATIONAL Assessment Centre Services. [part 1 Jan'03] **MMA119015567.**

Date In: 11/2/19 16:25	Job description	Date & Time Completed	Done by
Ref No: NA11MC19002146164	SAS e-filing		
Veh No: SLH 9968 P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3111/19 12:30	I-Motor Claim Form	MT11030537-001	11/2/19 16:44
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: 56N 5996L	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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

NA1900925		Invoice Preparation Checklist		Am (\$)	Am (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2003)			
Ref. 1:		6) TR: Re-Inspection \$75			
Ref. 2/3:		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		OD:			
		*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 (Non INC) against INC \$20			
		9) N12: Idao 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	01/02/2019 16:25
Date Of Accident	31/01/2019 12:30
Exact Location Of Accident	KIM SENG PROMENADE INFRT GREAT WORLD CITY OFFICE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9968P
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5079864471-02
Cover Note Number	-

Driver

Name of Driver	TAY PEI YUN (ZHENG PEIYUN)
NRIC No	S8338296A
Date Of Birth	01/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81632097
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 477B UPP SERANGOON VIEW #15-562
Postcode	532477
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 - CHANGE/CROSS LANE
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

PLEASE REFER TO ATTACHED STATEMENT.

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	SGN5996L
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)	

DETAILS OF INJURED PERSON 1

Name	TAY PEI YUN (ZHENG PEIYUN)
------	----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLH9968P

YES

NO

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.

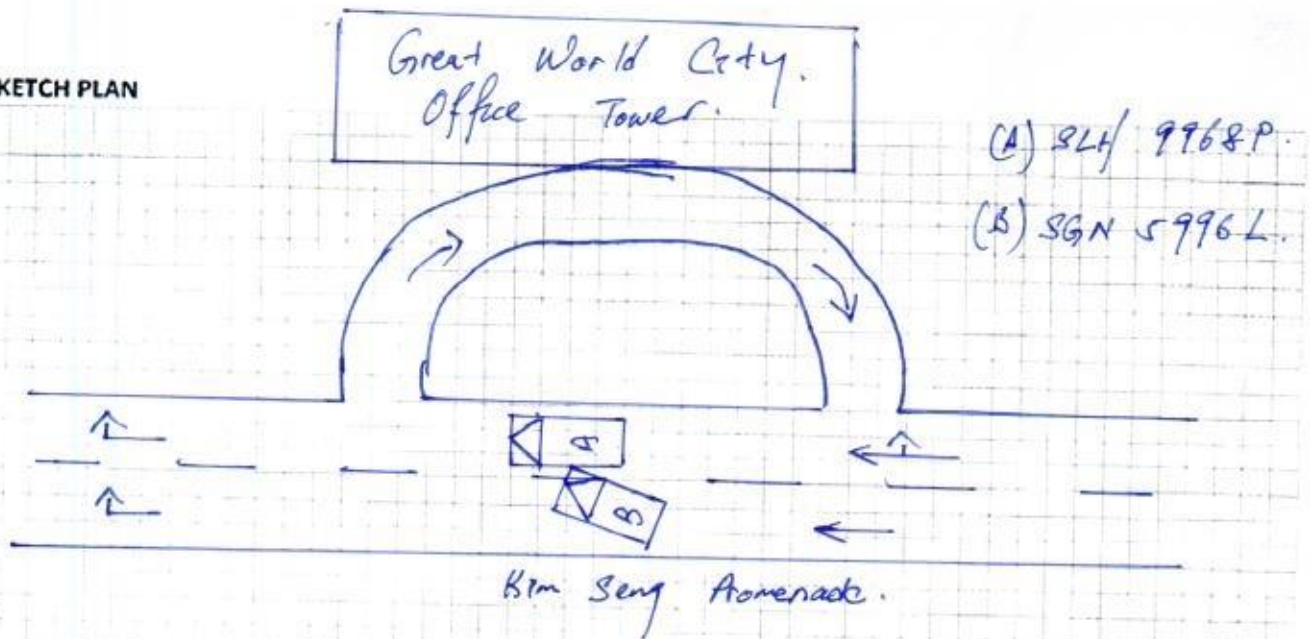


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1 Feb 19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/19 at @ 1230hrs, I ~~was~~ was driving in my vehicle (SLH/9968P) along Kim Seng Promenade on the right lane after dropping my passenger at Great World City office Tower. I was travelling straight within my lane. Suddenly, a car (SGN 5996L) stopped on the left lane, moved off and cut into my lane and collided onto the left portion of my vehicle.

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: 1 Feb'19

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

Vehicle No.	SLH 9968 P.	Model / Make	Toyota Altis.
Date of Accident	31/01/19.		
Time of Accident	1230 HRS		
Location of Accident	Kem Seng Promenade in front Great World City Office Tower.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Autobahn Rent A Car Pte Ltd.		
Telephone No.	H/P: 8608 9649	Home :	Office :
NRIC	2016079702		
Address	6001, Golden Mile Complex Tower #08-05/06		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC.		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5079864471-02		
Name of Driver	As Above If No, TAY PEI YUN.		
NRIC	S 8338296 A.	Any Passengers :	N. A.
Date of birth	01/12/1983.		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	03/04/2009.		
Gender	Male / <u>Female</u>		
Contact No.	H/P: 8163 2097.	Home :	Office :
Address	BLK 477B, Upper Serangoon View #15-562 (S) 532477		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state driver.		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	TAY PEI YUN (H/P: 8163 2097)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SGN 5996 L.	Any Passengers :	N. A.
Name of Driver			
Vehicle C No.			
Vehicle D No.			
Vehicle E no.			
Vehicle F No.			
Vehicle G No.			
Witness Name	(Provide in-car camera recording) Witness Contact: 8571 4130		
Accident Portion	Left side.		
Camera Recorder	Yes <u>No</u>		
Email Address	taypeiyun@gmail.com		
PARTICULAR WORKSHOP	Twencar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Hui XIN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8338296A**

Name: **TAY PEI YUN (ZHENG PEIYUN)**

Birth Date: **01 Dec 1983**

Issue Date: **03 Apr 2009**

001727363J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8338296A**

Name: **TAY PEI YUN (ZHENG PEIYUN)**

郑佩云

Race: **CHINESE**

Date of birth: **01-12-1983**

Country/Place of birth: **SINGAPORE**

Sex: **F**

S8338296A




Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S8338296A**

Name: **TAY PEI YUN**

Issue Date: **1/8/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence



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

PASS DATE

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

03 Apr 2009

NP 428A

Licence No: **S8338296A**



5376453

NRIC No. **S8338296A**

Date of issue: **30-10-2014**


APT BLK 477B UPPER SERANGOON VIEW #15-562
SINGAPORE 532477

NRIC No: **S8338296A** Date: **09/01/2016**




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	01/08/2014



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/01/2019 15:43"/>							
Vehicle No.(For Motor)	<input type="text" value="SLH9968P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079864471-02		AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drivo CLASSIC	SLH9968P	SLH9968P	26/04/2018	
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5079864471-02	Policyholder Name	AUTOBAHN RENT A CAR PTE. LT	Policyholder NRIC	201607970Z
Certificate No.					
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Third Party Excess	3000.00	Own damage Excess	3500.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	3322.90		
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00		
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		

► Insured Object: SLH9968P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/04/2018 00:00	Basic Information Endorsement	000001286794596	Endorsement Take Effective	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. SKD8673D 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will be adjusted against the outstanding premium.
2	18/05/2018 00:00	Basic Information Endorsement	000001286820035	Endorsement Take Effective	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. SLC6150C 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$1,747.29 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also

Claim Handling

The premium on this policy has not been collected.

Accident MT/1030537

Policy No.	5079864471-02	Vehicle No.	SLH9968P	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.				
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	20160
Contact No.(Mobile)	86089649	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Yes

Accident Details

Report Date	01/02/2019 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	31/01/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KIM SENG PROMENADE INFRT GREAT WORLD CITY OFFICE				

Excess

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

Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	199581
Unit No.	LOT38	Related Policy Number	5079864471-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/12/
Unnamed driver Name	TAY PEI YUN (ZHENG PEIYUN)	Driver NRIC	S8338296A	Driving Experience	9
Register Date of Driver License	03/04/2009	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	81632097	Contact No.(Office)		Address 3	HOUGH
Address 1	BLK 477B #15-562	Address 2	UPPER SERANGOON VIEW	Post Code	532477
Address 4	SINGAPORE 532477	Address Type	Singapore address		
Unit No.	15-562				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop, Name unknown			

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LTD.
88380101	Contact No.	
INSURANCEHAMILTONAUTOHUB	Contact No.(Home)	
SLH9968P	Vehicle Number	

SLH9968P / SGN5996L ON 31 Jan 2019

01/02/2019 16:42	Claim Close Date	
LIEW SHAN HUI		

Save Submit

Attachment

Accident No.

Claim No.

Last Doc. Received

MT/1030537

☒ Yes ☐ No

Upload Date

001

01/02/2019 16:44

Path *

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear

Please Select

NO

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NO

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NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:44	SAS	Normal	SAS 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:44	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:44	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:44	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:44	Photos	Normal	Photos 2019-2-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:42	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:42	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:42	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:42	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:42	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:42	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 16:42	Photos	Normal	Photos 2019-2-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading