

NATIONAL Assessment Centre Services. [wef 1 Jan'09] MWA 119019625

Date In: 12/12/19 16:00	Job description	Date & Time Completed	Done by
Ref No: NA/119019002497/1h4.	SAS e-filing		
Veh No: SLN 4330E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/12/19 08:15	I-Motor Claim Form	MT/1031688-001	12/12/19 16:32
OD: <input checked="" type="radio"/> 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: Vch No: SL2 2024P. 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)

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

Claimant's Particulars:	Invoice Itemization	Amount (\$)	Remarks (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: 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 (N11 INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Ref: 11			
11/3			

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	12/02/2019 16:00
Date Of Accident	12/02/2019 08:15
Exact Location Of Accident	SLIP RD OF SIN MING AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4330E
Insured/Policyholder	
Name Of Registered Owner	FAST RENTAL CAR PTE LTD
Co Reg No	201617492M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97380171

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AUTO ABS AIRBAG 2WD 4DR
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090862208-01
Cover Note Number	-

Driver

Name of Driver	TEO KWEE ENG (ZHANG GUIYING)
NRIC No	S8210996Z
Date Of Birth	06/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97380171
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 469B SENGKANG WEST WAY #12-618
Postcode	792469
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

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	SLZ2024P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG YAO GUANG
NRIC/Passport Number	S8601626E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO KWEE ENG (ZHANG GUIYING)
------	------------------------------

Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	SLN4330E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

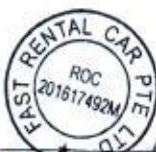
SKETCH PLAN

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:

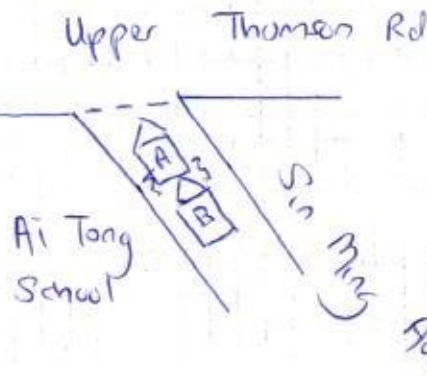
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DOA: 12/2/19

A: SLN 4330 F

B: SLZ 2024 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for the main road to be clear,
suddenly my veh rear portion being collided
by veh B.

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.:

Personal Particulars

Date of Accident: 12/2/19 Time of Accident: 8:15 am
Exact Location of Accident: Slip Road off Sin Ming Ave
Owner's Name: Fast Rental Car Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Teo Kwee Eng NRIC No: S820996D HP No: 92380171
Date of Birth: 6/4/1987 Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor Indoor
Address: 469B Sengkang West Way #12-618 C792489
Relationship of Driver with Insured: Hirer Email Address: _____
Vehicle No: SLN 4330E Make & Model: Hyundai
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5090862208-01

- *Purpose of Reporting? ☒ Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
- *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work
- *Weather Condition? ☒ Clear / Raining / Others: _____ Wet / ☒ Dry / Others: _____
- *Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B: 1+0 C: _____ D: _____
- *Was Anybody Injured? (☒ Yes / ☐ No) If yes,
Name / NRIC / In Vehicle: Teo Kwee Eng neck & back
- *Was The Accident Reported To The Police?
☒ No ☐ Yes, Which Police Station? _____
- *Does the Driver Own Any Other Vehicle?
☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____
- *Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____
- *Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: SLZ 2024P Make & Model: _____
Driver's Name: Yong Yao Guang NRIC No: S8601626E HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

5188589



NRIC No. S8210996Z



Date of Issue
03-07-2013

APT BLK 489B SENGKANG WEST WAY #12-818
SINGAPORE 792499

NRIC No: S8210996Z
Date: 19/10/2015

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8210996Z



Name



TEO KWEE ENG
(ZHANG GUIYING)

张桂英

Race

CHINESE

Date of birth

06-04-1982

Country/Place of birth

SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S 82 10996Z

TEO KWEE ENG
(ZHANG GUIYING)

Birth Date 06 Apr 1982
Issue Date 27 Dec 2013



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

Class 3A Motor cars without clutch pedals (Auto) -< 3000kg
with < 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals -< 2500kg

EFFECTIVE DATE

27 Dec 2013

NP 423A

License No: S4310996Z



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: 5090862208-01

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : drive CLASSIC |
| Chassis Number | : SLN4330E |
| 2. Name of Policyholder | : KMH DU418MAU861968 |
| 3. Effective Date of Insurance | : FAST RENTAL CAR PTE LTD |
| 4. Expiry Date of Insurance | : 24 May 2018 |
| 5. Persons or Classes of Persons entitled to drive# | : 23 May 2019 |
| (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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
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	: N/A
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 : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 09 May 2018 16:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1031688

Policy No.	5090862208-01	Vehicle No.	SLN4330E	GST Registration No.	
Certificate No.					
Policyholder Name	FAST RENTAL CAR PTE LTD			Policyholder NRIC	201611
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97380171	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	12/02/2019 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	12/02/2019	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD OF SIN MING AVE				

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 Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 161 #03-148	Address 2	BISHAN STREET 13	Address 3	BISHAN
Address 4	SINGAPORE 570161	Address Type	Singapore address	Post Code	570161
Unit No.	03-148	Related Policy Number	5105741834		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO KWEE ENG (ZHANG GUYIN)	Driver NRIC	S8210996Z	Driver DOB	06/04/
Register Date of Driver License	27/12/2013	Driver Age	36	Driving Experience	5
Contact No.(Mobile)	97380171	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 469B #12-618	Address 2	SENGKANG WEST WAY	Address 3	FERNV.
Address 4	SINGAPORE 792469	Address Type	Singapore address	Post Code	792469
Unit No.	12-618				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
-------------------------------------	------	-------------	---

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	Claim Close Date	
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			12/02/2019 16:31	
Date Registered						LIEW SHAN HUI	
Report Taken By							

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1031688

Claim No. 001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

12/02/2019 16:32

Path *

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

Choose File No file chosen

Message Read

Clear

Category *

Please Select ▼

Confidential

NO ▼

Urgency *

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼



Clear

Please Select ▼

NO ▼

Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	SAS	Normal	SAS 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2019 16:31	Photos	Normal	Photos 2019-2-12

Video List

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