

NATIONAL Assessment Centre Services. [ref: J0000] *MAY 4 9036179*

Date In: <i>18/03/2009 19:27</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC/9004902/9</i>	SAS e-filing		
Veh No: <i>SME 8280U</i>	E-mail (to/for 2hrs, A/C 2hrs)		
D.O.A: <i>17/03/2009 13:25</i>	I-Motor Claim Form	<i>MT1036445-001</i>	<i>18/03/2009 19:40</i>
OID <input checked="" type="checkbox"/> 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/Whsr		

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: Veh No: *8CM 6738S* 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 ()

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

<i>NA1902021</i>	1) AR: Accident Reporting (\$30)	
Claimant's Particulars	2) DA: Damage Assessment (\$100)	INC (\$50)
Driver/Owner:	3) TP: Towing Fee	\$40/\$45
Contact No:	4) FT: Follow-Through Survey	\$120
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engi-In-Charge):	For claiming against INC Only (ref 10 Jan 2009)	
	6) TR: Re-inspection	\$75
	7) NI: Idaho DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	Oil	\$1
	* NS: Courtesy Car / TP Allowance	\$1
	* NR: Not Repair Coordination	\$10
	* NR: Post Repair Inspection	\$25
	* NR: DV / Collect Excess Coordination	\$5
	TP (NI): TP (S-in INC) against INC	\$5
	9) NI: Idaho 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	18/03/2019 19:27
Date Of Accident	17/03/2019 13:25
Exact Location Of Accident	PIE (TUAS) THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8230U
Insured/Policyholder	
Name Of Registered Owner	KURUMA RENTAL PTE. LTD.
Co Reg No	201704079C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94883119
Alternative Phone No	OFFICE-94883119

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

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	5101396299
Cover Note Number	

Driver

Name of Driver	GWEE KANG HOCK
NRIC No	S1768578C
Date Of Birth	26/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883119
Fax Number	
Contact Number	OTHERS-94883119
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 235 BUKIT PANJANG RING ROAD #07-23
Postcode	670235
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	CHAIN COLLISION
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	3
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

PLEASE REFER TO SKETCH PLAN

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	SKM6738S
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT9409Y
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Vehicle Make/Model/Colour	NISSAN
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)	

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.

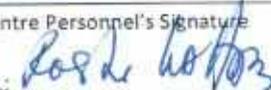


Policyholder's Signature
Date & Time:

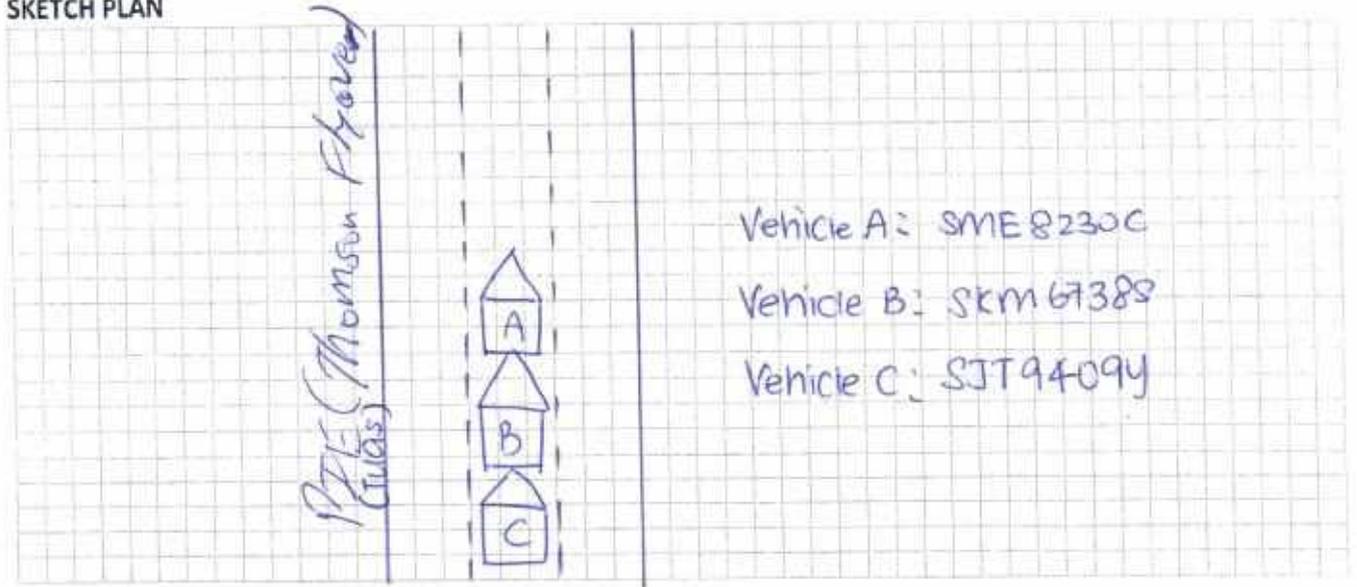


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE (Tuas) Thomson Flyover on 17.03.19
 at about 1323hrs.

The vehicle in front of me stopped so I followed. Vehicle B
 then came from behind and hit onto me. When I got off the car,
 I realised it was a 3-vehicle collision.

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:

A

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

18/03/2019
Rashid
18032019

Claim Handling

Accident #**HY1036448**

Policy No.	5101396200	Vehicle No.	5HE0230U	GST Registration No.	
Certificate No.					
Policyholder Name	KURUMA RENTAL PTE. LTD.	Case Type	Third Party, Fire & Theft	Policyholder NRIC	201704079C
Product Code	FLEET INSURANCE	Contact No.(Office)		Leading	0
Contract No.(Mobile)	94882118	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
ATA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details					
Report Date	18/03/2019 19:33	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	17/03/2019	Time of Accident(h:mm)	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (THIAS) THOMSON FLYOVER				

Excess					
Own Damage Excess	0.00	Additional Excess	0	Whittaker Excess	0.00
Uninsured 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 Status Verified	Yes
GST Registration No.					
Notification History					

Policyholder Mailing Address					
Address 1	BLK 1001 #01-49	Address 2	BUKIT MERAH LANE 3	Address 3	ALSIANDRA VILLAGE INDUSTRIE
Address 4	SINGAPORE 159718	Address Type	SINGAPORE ADDRESS	Post Code	159718
Unit No.	01-49	Related Policy Number	5101396200		

OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/04/1986
Unnamed driver Name	DAVE KING HOCK	Driver NRIC	S1166579C	Driving Experience	15
Register Date of Driver License	01/04/2003	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	94882118	Contact No.(Office)		Address 1	SINGAPORE 810235
Address 1	BLK 225 #01-23	Address 2	BUKIT RANJANG ROAD	Address 3	
Address 4		Address Type	Foreign address	Post Code	672201
Unit No.	07-23	Driver Vehicle No.	5HE0230U	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Diagnosis					
BrakeMaster or Road Test Reading?	0 mg	Any injury?	Yes - No		

Notification History

Claim 001 **NEW**

Claim Type *	OD-MK	Insured Name	KURUMA RENTAL PTE. LTD.	Insured NRIC	201704079C
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OT Vehicle Number	5HE0230U	TP Vehicle Number	SK0467385
Claim Description	5HE0230U / SK0467385 ON 17 MAR 2019				
Preferred Workshop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Insured Liability	<input type="checkbox"/> ROL <input checked="" type="checkbox"/> ROL at Fault	STIA report	<input type="checkbox"/> Received <input checked="" type="checkbox"/>
Date Registered	18/03/2019 19:40	Claim Date	DAVE	Date Received	18/03/2019 00:00
Report Taken By	ROSLI WANAB				

Print All text

Save Submit

Attachment

Accident No.	HY1036448	Claim No.	001
Last Del. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/03/2019 19:40
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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 Send			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18	
	NAC_BUKIT_MERAH_910878 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18	

	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	SAS	Normal	SAS 2019-3-18
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 19:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-18

Video List

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

PERSONAL PARTICULARS

Date of Accident: 17/03/2019 Time of Accident: 13:23 (24Hrs)
Vehicle No: SME8230U Vehicle Make/Model: NISSAN Sylphy (1498cc)
Exact Location of Accident: PIE (TUAS) Thomson Flyover
Owner's Name/NRIC: Kuruma Rental Pte Ltd 201704079C
Driver's Name/NRIC: Gwee kang Hock / S1768578C
Driver's Contact: 94883119 Insurance Co & Policy No: NUC
Driver's Email Address: hancarrepairs@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer/Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station?

The Other Party (Vehicle B) Details

Driver's Name/IC: Vehicle No: SKM6738S

Insurance Company: Driver's Contact:

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): SJT94094 (NISSAN)

Independent Witness (if Any): Contact:

Preferred Workshop (if Any): Contact:

* If no proper document are produced, IDAC should not file the report.
* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE



GWEE KANG HOCK

Birth Date: 26 Apr 1966
Issue Date: 03 Apr 2003

000350767A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1768578C**



NAME
GWEE KANG HOCK

魏江福

RACE
CHINESE

DATE OF BIRTH
26-04-1966 SEX
M

COUNTRY OF BIRTH
SINGAPORE



1691029



S1768578C



07-05-1994

APT BLK 235 BUKIT PANJANG RING ROAD #07-23
SINGAPORE 670235

NRIC No: S1768578C Date: 24-12-2002 No: 4403404

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Apr 2003

NP 426A

Licence No: S1768578C



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: 5101396299

Cover : Third Party, Fire & Theft

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SME8230U |
| Chassis Number | : JN1BAAG11Z0110131 |
| 2. Name of Policyholder | : KURUMA RENTAL PTE. LTD. |
| 3. Effective Date of Insurance | : 17 Dec 2018 |
| 4. Expiry Date of Insurance | : 16 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)	: 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	: 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 : JG MOTOR AGENCY (00000613374)

Date of Issue : 12 Jun 2018 14:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive