

NATIONAL Assessment Centre Services [wef 1 Jan'05] MJA 1190 43854

Date In: 4/4/19 15:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC19005985/24	SAS e-filing		
Veh No: JMD77631C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/3/19 - 19:00	i-Motor Claim Form	M71038810-001	4/4/19 15:20
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: SJPA98146 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

NA1902439	Invoice Preparation Checklist	Ant (\$) Inc Bill	Ant (\$) Add Bill
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Dat. 1: Dat. 2 / 3:	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) FT: 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:-		
	QJ*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	04/04/2019 15:06
Date Of Accident	29/03/2019 19:00
Exact Location Of Accident	HOUGANG AVE 3 AFTER BUS STOP: 63089
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7763K
Insured/Policyholder	
Name Of Registered Owner	OZ CAR RENTAL PTE LTD
Co Reg No	201826382N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	YES
Policy Number	5103542066
Cover Note Number	

Driver

Name of Driver	YEO REN NING
NRIC No	S8741236I
Date Of Birth	20/12/1987
Occupation	INDOOR
Date Of Driving Pass	28/10/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84680709
Fax Number	
Contact Number	OFFICE-84680709
EEmail Address	NOEMAIL

Address	BLK 18 TELOK BLANGAH CRESCENT #12-146
Postcode	090018
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

REFER TO 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	SJP9814G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROGER
NRIC/Passport Number	
Contact Number	98600214
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.

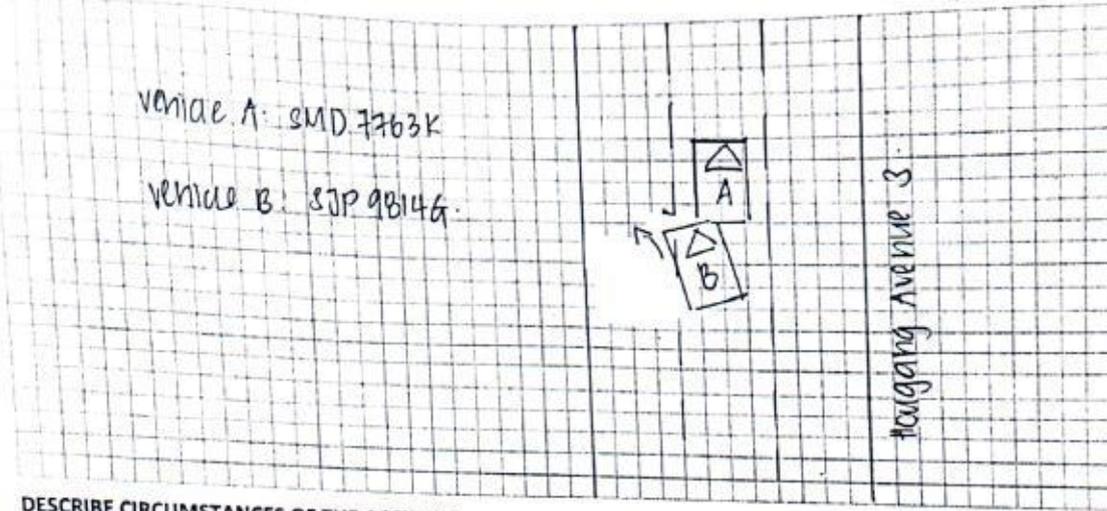


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SMD 7763K, was stationary on the stated venue due to heavy traffic. Suddenly, I felt an impact and heard a grate on my vehicle's rear portion. I then saw from my rear view mirror and side mirror that vehicle 'B', SJP 98146 had hit onto my vehicle. Before I could alight to exchange particulars, he sped off into the carpark after the temple. I then gave a chase and confronted him.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder Name:
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29/03/2019 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: Along Hougang Avenue 3, After Busstop 63089

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 7763K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Civic
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: DE CAR RENTAL PTE LTD (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 201826382N CONTACT: _____
C) ADDRESS: 25 Kaki Bukit Road 4, #01-52 S(417800)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YEO Ren Ning (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6741236I CONTACT: 8468 0709
c) ADDRESS: 16 Telok Blangah Crescent #12-146 S(1090018)

* No of passenger
(Including driver)
(02)

male passenger

* d) DATE OF BIRTH: 20/12/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STP 98144
b) DRIVER'S NAME: Roger MODEL: _____
c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ CONTACT: 9860 0214
e) DRIVER'S NAME: _____ MODEL: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(01)

* No of passenger
(Including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 7 4 1 2 3 6 1**

Name:

YEO REN NING

Birth Date: **20 Dec 1987**

Issue Date: **28 Oct 2015**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S87412361**



Name

YEO REN NING



杨 人 宁

Race

CHINESE

Date of Birth

20-12-1987

Sex

M

Country of Birth

SINGAPORE



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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **28 Oct 2015**

NP 428A



3 2 8 5 5 8 8



NRIC No. S8741236I



Blood Group Date of issue
- 30-12-2002

Address

**APT BLK 18 TELOK BLANGAH CRESCENT
#12-146
SINGAPORE 090018**

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"/>	5103542066		OZ CAR RENTAL PTE. LTD.	201826382N	GFT	Third Party, Fire & Theft	SMD7763K	SMD7763K	10/10/2018	

Continue

 Policy Information

Policy No.	5103542066	Policyholder Name	OZ CAR RENTAL PTE. LTD.	Policyholder NRIC	201826382N	
Certificate No.						
Address	25 KAKI BUKIT ROAD 4 #01-52 SYNERGY @ KB SINGAPORE 417800					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N
Policy Issue Date	03/09/2018	Effective Date	29/08/2018 00:00	Expiry Date	28/08/2019 23:59	
Excess Type	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess		
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

 Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#01-52 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	01-52	Related Policy Number	5106887946		

 Insured Object: SMD7763K

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/08/2018 00:00	Basic Information Endorsement	000001286920091	Endorsement Take Effective	<p>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. SMD7763K 10-10-2018 \$1,382.44 In view of this amendment, an additional premium of \$1,382.44 (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 make payment at any of our branches by cash or NETS.</p>
2	23/11/2018 00:00	Basic Information	000001286949404	Endorsement Take	<p>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. SJL5395X 23-11-2018 \$1,194.12 In view of this amendment, an additional premium of \$1,194.12 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

Claim Handling

• Exit

Accident MT/1038810

Policy No.	S103542066	Vehicle No.	SMD7763K	GST Registration No.	
Certificate No.					
Policyholder Name	OZ CAR RENTAL PTE. LTD.			Policyholder NRIC	201826382N
Product Code	FLBET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	04/04/2019 15:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/03/2019	Time of Accident h:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 3 AFTER BUS STOP: 67089				

Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
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	25 KAKI BUKIT ROAD 4	Address 2	#01-52 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	01-52	Related Policy Number	S106887946		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YEO REN NING	Driver NRIC	S87412361	Driver DOB	20/12/1987
Register Date of Driver License	28/10/2015	Driver Age	31	Driving Experience	3
Contact No.(Mobile)	94880709	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 18	Address 2	TELOK BLANGAH CRESCENT	Address 3	MOUNT FABER VIEW
Address 4	SINGAPORE 090018	Address Type	Singapore address	Post Code	090018
Unit No.	12-146				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	OZ CAR RENTAL PTE. LTD.	Insured NRIC	201826382N	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL	
Email Address		O1 Vehicle Number	SMD7763K	TP Vehicle Number	SJP9814G	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SMD7763K / SJP9814G ON 29 Mar 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/04/2019 15:20	Claim Close Date		Date Received	04/04/2019 00:00	
Report Taken By	Jackson					

Print AX letter

Save Submit

Attachment

Accident No.	MT/1038810	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	04/04/2019 15:20

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Browse...
Clear
Please Select
NO
Normal

Browse...
Clear
Please Select
NO
Normal

Upload
 Send Message
Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	SAS	Normal	SAS 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Apr 2019 15:20	Photos	Normal	Photos 2019-4-4		Edit

Video List

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