

NATIONAL Assessment Centre Services [wef 1 Jan 05] MHA 119045346

Date In: 6/4/19-15:23	Job description	Date & Time Completed	Done by
Ref No: 14/INC 19006198/24	SAS e-filing		
Veh No: JG9718C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/4/19-11:30	i-Motor Claim Form	M71026823-001	8/4/19 22:32
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: JG9249B 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

MHA 119045346	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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:-			
	Q1:			
	*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: Idac 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	08/04/2019 15:23
Date Of Accident	05/04/2019 11:30
Exact Location Of Accident	JUNC AMK AVE 5 & AMK AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT9318C
Insured/Policyholder	
Name Of Registered Owner	RENTAL KAKI
Co Reg No	53253268J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96477300
Alternative Phone No	OFFICE-96477300
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107542357
Cover Note Number	
Driver	
Name of Driver	CHEONG BOON KIT
NRIC No	S9042510B
Date Of Birth	01/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231373
Fax Number	
Contact Number	OFFICE-90231373
E-Mail Address	NOEMAIL

Address 12 ANG MO KIO AVENUE 2
#11-13

Postcode 567697

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? YES

If Yes, Please state which Police Station

Police Station Name KEBUN BARU NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190405/2146.

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 SLE9239B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RAHMAT BIN KASIM

NRIC/Passport Number S1553054E

Contact Number 87691338

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name CHEONG BOON KIT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT9318C

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.

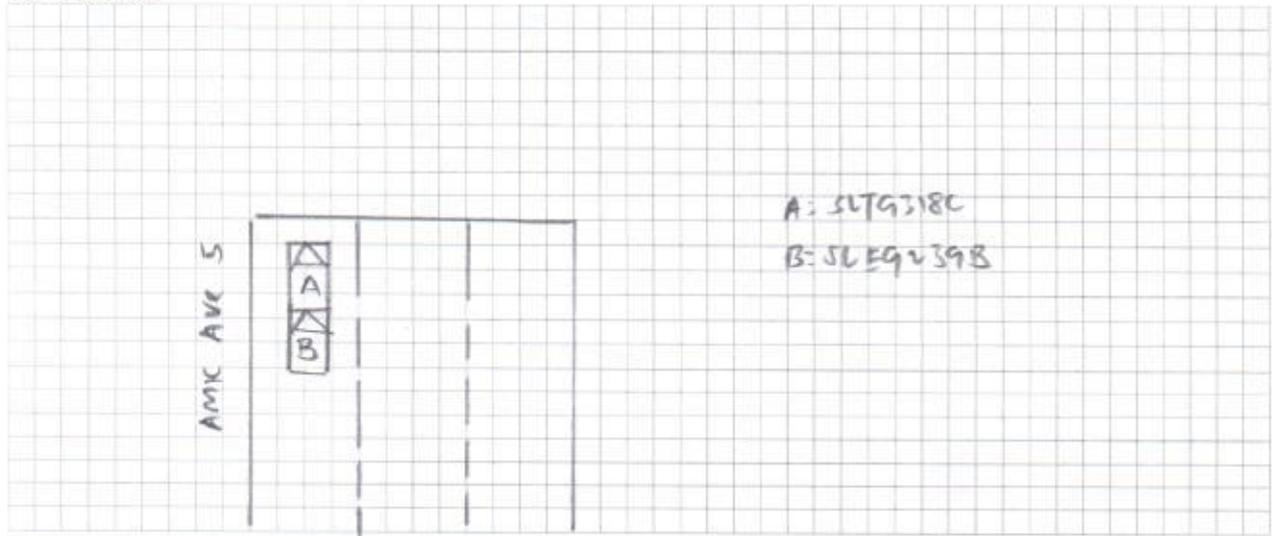
Wong Chu Yi
S8738480B
Rental Kaki / Durian Kaki
Tel : (65) 9647 7300

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

refer to police report - 1/20190425/2146.

(The rest of the form is crossed out with a diagonal line.)

DECLARATION

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

Wong Chu Yi
S8738480B

Rental Kaki / Durian Kaki

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 4 / 19.) (DD/MM/YYYY), TIME: (11:30) (HH:MM)

LOCATION: Junc Amk Ave 5 & Amk Ave 2.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL7978C
b) INSURANCE COMPANY: HTUL
c) POLICY NUMBER: 5107542357
d) POLICY TYPE: () COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
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: Rental Kaji (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 53253266J CONTACT: 9647 7300
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Cheong Boon Kit (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9042510 B CONTACT: 90231373
c) ADDRESS: B11c Iv Ang Mo Kio Avenue 2 #11-13 (567697)
11 1490

*d) DATE OF BIRTH: (21 / 10 / 2013) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Driver

f) YEARS OF DRIVING EXPERIENCE: 21/10/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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) NO
7. a) REPORTED TO POLICE (YES / NO) YES
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL69239B MODEL: _____
b) DRIVER'S NAME: Rahmat Bin Kasim
c) NRIC/FIN/PASSPORT: 0122054E CONTACT: 87641338

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

Ng ee seng 4 towers @ hotmail.com
Email = cheongboonkit@gmail.com

fax = 67439006

VIDEO = /



**SINGAPORE
POLICE FORCE**



T/20190405/2146

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20190405/2146

CONTINUATION OF REPORT

Name	RAHMAT BIN KASIM		ID No.	S1553054E
Related Vehicle	SLE9239B (Car)		Contact No.	87691338
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHEONG BOON KIT		ID No.	S9042510B
Related Vehicle	SLT9318C (Car)		Contact No.	90231373
Hospital/Clinic	HEALTHLINK MEDICAL CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	05/04/2019		Date Discharge	05/04/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 05/04/2019 at about 11.30am, I was driving my vehicle of vehicle registration number SLT9318C along Ang Mo Kio Avenue 5 waiting at the traffic light junction of Ang Mo Kio Avenue 5 and Avenue 2. I was waiting for the traffic light to turn green when out of a sudden, I felt an impact from the rear. I went down to make a check and the other party also came down.

The vehicle, SLE9239B had hit onto the rear of my vehicle. We exchanged our particulars and decided to go for our own insurance action. I felt nauseous from the hit. I went home to rest however I am still feeling unwell and thus decided to go see a doctor.

I was given three days MC by the doctor and was assessed to have low back pain and whiplash injury to neck.



**SINGAPORE
POLICE FORCE**



T/20190405/2146

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20190405/2146

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 IZWAN BIN SANI	<i>ds</i>
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Signature Of Informant:	<i>[Signature]</i>
Date/Time:	05/04/2019 16:54
Classification Of Case:	

Authentication Stamp
NP168

ds

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9042510B**

Name: **CHEONG BOON KIT**

Birth Date: **01 Nov 1990**

Issue Date: **21 Oct 2013**

002237016J




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9042510B**

Name: **CHEONG BOON KIT**

張文傑

Race: **CHINESE**

Date of birth: **01-11-1990**

Sex: **M**

Country of birth: **SINGAPORE**





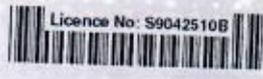

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: **21 Oct 2013**

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

NP 428A

Licence No: **S9042510B**



3795716



NRIC No: **S9042510B**



Date of issue: **14-11-2005**

12 ANG MO KIO AVENUE 2 #11-13
SINGAPORE 567897

NRIC No: **S9042510B** Date: **23/10/2018**

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="05/04/2019 11:30"/>
Vehicle No.(For Motor)	<input type="text" value="SLT9318C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107542357		RENTAL KAKI	53253268J	GPC	drivo CLASSIC	SLT9318C	SLT9318C	15/02/2019	14/02/2020

Policy Information

Policy No.	5107542357	Policyholder Name	RENTAL KAKI	Policyholder NRIC	53253268J
Certificate No.					
Address	BLK 228 #03-35 BUKIT BATOK CENTRAL SINGAPORE 650228				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/02/2019	Effective Date	15/02/2019 00:00	Expiry Date	14/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	2099.21		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 228 #03-35	Address 2	BUKIT BATOK CENTRAL	Address 3	SINGAPORE 650228
Address 4		Address Type	Singapore address	Post Code	650228
Unit No.	03-35	Related Policy Number	5107584828		

Insured Object: SLT9318C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1039323

Policy No.	5107542357	Vehicle No.	SLT9318C	GST Registration No.	
Certificate No.					
Policyholder Name	RENTAL KAKI	Policyholder NRIC	S3253268J		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96477300	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes

Accident Details

Report Date	08/04/2019 20:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/04/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC AMK AVE 5 & AMK AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
DD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED DD Excess		YIED TP Excess			
Additional Excess	0.00	Total DD Excess Applicable			
		Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/04/2019 20:31:57 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 228 #03-35	Address 2	BUKIT BATOK CENTRAL	Address 3	SINGAPORE 650228
Address 4		Address Type	Singapore address	Post Code	650228
Unit No.	03-35	Related Policy Number	5107584828		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/11/1990
Unnamed driver Name	CHIBONG BOON KIT	Driver NRIC	S9042510B	Driving Experience	5
Register Date of Driver License	21/10/2013	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	90231373	Contact No.(Office)	0	Address 3	SINGAPORE 567697
Address 1	12 ANG MO KIO AVENUE 2	Address 2	THE PANORAMA	Post Code	567697
Address 4		Address Type	Singapore address		
Unit No.	11-13	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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 *	DD-MX	Insured Name	RENTAL KAKI	Insured NRIC	S3253268J
Contact No.(Mobile)	86602387	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SLT9318C	TP Vehicle Number	SLF92398
Claimant Type Claimant Type *	Please Select	Type of benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLT9318C / SLF92398 ON 5 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/04/2019 20:32	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1039323	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2019 20:34

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	

