

NATIONAL Assessment Centre Services. [ver 1 Jan 09] MMA 119053991

Date In: 26/4/19 13:29	Job description	Date & Time Completed	Done by
Ref No: NA1 INC19007384164	SAS e-filing		
Veh No: SMA 3959E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/4/19 15:50	I-Motor Claim Form	MT1041831-001	26/4/19 14:28
OD: <input checked="" type="checkbox"/> 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/Whse		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: PC3434G	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 No: 07384164)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA1903038

Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: 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 claimant against INC Only (see 10 Jan 2005)	
	6) TR: Re-Inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI1): TP (Non INC) against INC \$20	
	9) NI2: Idea 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	26/04/2019 13:29
Date Of Accident	25/04/2019 15:50
Exact Location Of Accident	T JUNC OFCOMMONWEALTH AVE & NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3959E
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87779974

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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	5101203584
Cover Note Number	-

Driver

Name of Driver	TAN WEI ZHONG
NRIC No	S8929074J
Date Of Birth	16/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97549455
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 632C PUNGGOL DR #08-669
Postcode	823632
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3434G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LIOW CHOI
NRIC/Passport Number	S1829295E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN WEI ZHONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMA3959E

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.

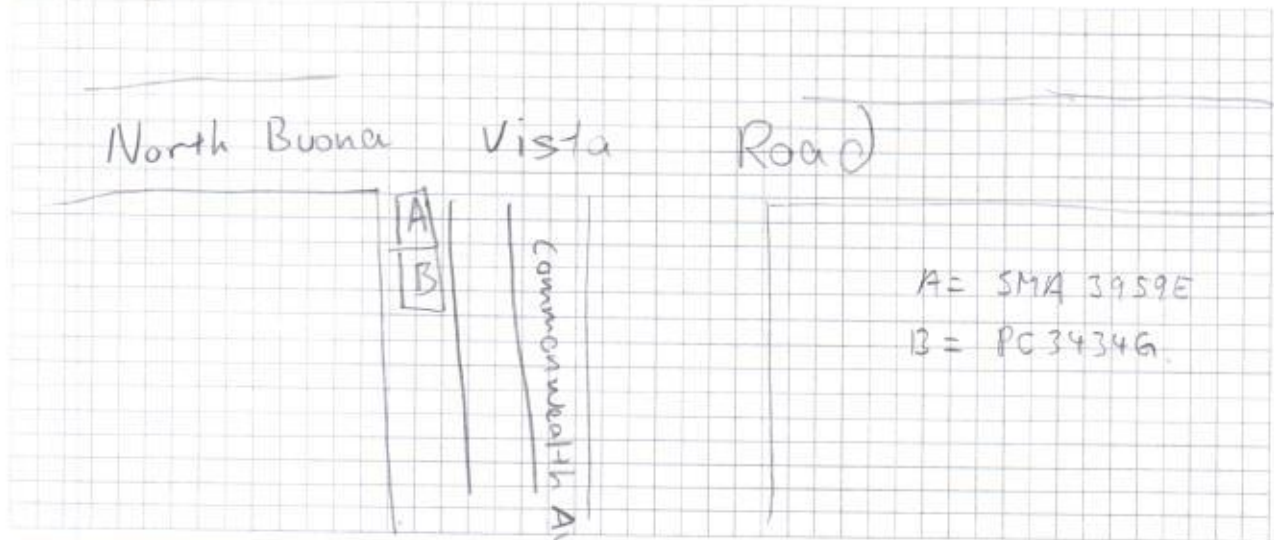


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Police Officer's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



F/20190426/7013

1 of 2

POLICE REPORT (NP299)

Report No. F/20190426/7013

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 26/04/2019 12:35		Vide Report No.		Station Diary No.	
Name Of Informant TAN WEI ZHONG		Address APT BLK 632C PUNGGOL DRIVE #08-669 SINGAPORE 823632			
ID Type / ID No. NRIC NO / S8929074J		Contact No. Home/Office: Mobile: 97549455			
Nationality SINGAPORE CITIZEN		Email Address csp.erick@gmail.com			
Occupation Chauffeur		Sex Male	Age 29	Date of Birth 16/08/1989	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 25/04/2019 15:50 - 25/04/2019 16:05		Location Of Incident APT BLK 632C PUNGGOL DRIVE #08-669 SINGAPORE 823632			

Brief details.

On 25 April 2015 at commonwealth ave t junction of North Buona Vista road. My vehicle SMA3959E was station at the traffic light. A private bus PC3434G hit my back of my vehicle

Subjects Involved	
Victim	
Person Name	TAN WEI ZHONG
Signature Of Officer Recording The Report: Not applicable	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	
Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Date/Time: 26/04/2019 12:35	
Classification Of Case:	



**SINGAPORE
POLICE FORCE**



F/20190426/7013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190426/7013

ID Type	NRIC NO	ID No	S8929074J
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Chauffeur	Address Type	
Address	APT BLK 632C PUNGGOL DRIVE #08-669 SINGAPORE 823632	Mobile No	97549455
Is Informant A Victim?	Yes		
Person Name	TAN WEI ZHONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

26/04/2019 12:35

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8929074J



Name
TAN WEI ZHONG

陳 韋 仲

Race
CHINESE

Date of birth
16-08-1989

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8929074J

Name
TAN WEI ZHONG

Birth Date: 16 Aug 1989
Issue Date: 10 Dec 2015



002501600G



3603989



TWIC No. S8929074J



Date of issue
24-08-2004

APT BLK 632C PUNGGOL DRIVE #08-669
SINGAPORE 823632

TWIC No. S8929074J Date: 07-02-2007 No: 5619091


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

EFFECTIVE DATE
05 Nov 2012


Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

NP 428A

Licence No: S8929074J



Land Transport Authority



VOCATIONAL LICENCE
Licence No : S8929074J
Name : TAN WEI ZHONG
Card Issue Date : 27/03/2018
Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sui Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	27/03/2018



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: 5101203584

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMA3959E**
Chassis Number : GB71063523
2. Name of Policyholder : **RELIABLE RIDES PTE LTD**
3. Effective Date of Insurance : 06 Jun 2018
4. Expiry Date of Insurance : 05 Jun 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)	
EXCESS (SECTION 2)	
WINDSCREEN EXCESS	
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	: THINK ONE CREDIT PTE LTD
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 : TAN INSURANCE BROKERS PTE LTD (00000690287)
Date of Issue : 05 Jun 2018 09:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1041831

Policy No.	5101203584	Vehicle No.	SMA3959E	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	20161
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87779974	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	26/04/2019 14:23	Accident Report Within 24 hrs.	Yes	Accident Type	Collision
Date of Accident	25/04/2019	Time of Accident hh:mm	15:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	T JUNC OFCOMMONWEALTH AVE & NORTH BUONA VISTA RD				
Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	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	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	415871
Unit No.	05-50	Related Policy Number	S106937496		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN WEI ZHONG	Driver NRIC	S89290743	Driver DOB	16/08/
Registrar Date of Driver License	05/11/2012	Driver Age	29	Driving Experience	6
Contact No.(Mobile)	97549455	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 632C #08-669	Address 2	PUNGGOL DRIVE	Address 3	EDGED
Address 4	SINGAPORE B23632	Address Type	Singapore address	Post Code	823632
Unit No.	08-669				
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		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	SMA3959E
Claim Description	SMA3959E / PC3434G ON 25 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1041831	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

26/04/2019 14:28

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 *

Confidential

Urgency *

Please Select

NO

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

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:28	SAS	Normal	SAS 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:28	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:28	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:28	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:28	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:27	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:27	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:27	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:27	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:27	Photos	Normal	Photos 2019-4-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Apr 2019 14:27	Photos	Normal	Photos 2019-4-26

Video List

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

Scan and uploading