

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119071104

Date In	31/5/19 15:23	Job description	Date & Time Completed	Done by
Ref No.	NA/INC 19009679/164	SAS e-filing		
Veh No.	SL2 755PH	E-mail (within 2hrs, AIC 2hrs)		
IP / A	30/5/19 18:30	I-Motor Claim Form	MT11047085-001	31/5/19 16:26
IP / Reporting Only		I-Motor W/O (within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Vic		

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

IP Particulars:	Veh No:	SMC 3380 M.	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 ( ) / Non-INC ( )	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	Action

NA1904065	INC ( ) / Non-INC ( )	Date & Time Completed	Done by
Comments/Particulars:	1) AIC: Accident Reporting (\$30)	30-00	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30	
And/or Comments:	6) TR: Re-Inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance	\$3	
	*NG: Repair Coordination	\$10	
	*NT: Post Repair Inspection	\$23	
	*NB: DV / Collect Excess Coordination	\$3	
	TP (NI) : TP (NI) INC against INC	\$20	
	9) NI2: Idao 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	31/05/2019 15:23
Date Of Accident	30/05/2019 18:30
Exact Location Of Accident	AIRPORT RD TWDS KPE/TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7558H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

### 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	REPORTING ONLY
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	5106937496
Cover Note Number	-

### Driver

Name of Driver	MOHD ASHIK BIN AHMAD
NRIC No	S8018712B
Date Of Birth	21/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85009251
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 547 BEDOK NORTH ST 3 #07-1446
Postcode	460547
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: : UNKNOWN
	GENDER: : FEMALE

#### 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

I WAS TRAVELLING ALONG AIRPORT RD TWDS KPE/TPE ON THE LEFT MOST LANE, THE TRAFFIC WAS CONGESTED, MY VEH ACCIDENTALLY HIT ONTO VEH B REAR LEFT PORTION. VEH B SUFFER MINOR SCRATCHED AND MY VEH WAS A DENT ON THE FRONT RIGHT PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC3380M
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)

## SKETCH PLAN

### IMPORTANT NOTICE

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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

A= SLZ 7558H  
B= SMC 3380M.

Airport Rd +w/s KPE /TPE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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.:


**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S8018712B**  
 Name: **MOHD ASHIK BIN AHMAD**  
 Birth Date: **21 Mar 1980**  
 Issue Date: **06 Aug 2013**

00221 1030D

**REPUBLIC OF SINGAPORE**


**IDENTITY CARD NO. S8018712B**


 Name: **MOHD ASHIK BIN AHMAD**  
 Race: **BOYANESE**  
 Date of birth: **21-03-1980** Sex: **M**  
 Country of birth: **SINGAPORE**

**Land Transport Authority**

**AUTO TRANSMISSION VEHICLE ONLY**

**VOCATIONAL LICENCE**


 Licence No: **S8018712B**  
 Name: **MOHD ASHIK BIN AHMAD**  
 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

**EFFECTIVE DATE**

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg **06 Aug 2013**

NP #284

Licence No: S8018712B


4561994

**NRIC No. S8018712B**


 Date of issue: **03-04-2010**  
 Address: **APT BLK 547 BEDOK NORTH STREET 3 #07-1446 SINGAPORE 460547**

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 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	08/08/2018

  
**PDVL/TDVL**  
**33 RAS BUKIT**  
**261345**

## 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:** 5106937496

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLZ7558H**  
 Chassis Number : **GB71057724**
2. Name of Policyholder : **RELIABLE RIDES PTE LTD**
3. Effective Date of Insurance : **17 May 2019**
4. Expiry Date of Insurance : **16 May 2020**
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)	: \$2,000
EXCESS (SECTION 2)	: \$2,500
WINDSCREEN EXCESS	: \$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	: TECK WEI 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 : 10 Jan 2019 08:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1047085

Policy No.	5106937496	Vehicle No.	SLZ7558H	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	20161
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81669797	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	31/05/2019 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	30/05/2019	Time of Accident hh:mm	18:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT RD TWDS KPE/TPE				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	4,000.00		
Third Party Excess	2,500.00	Outside Singapore TP Excess	4,000.00		
▼ 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	5106937496		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHD ASHIK BIN AHMAD	Driver NRIC	S80187128	Driver DOB	21/03/
Register Date of Driver License	06/08/2013	Driver Age	39	Driving Experience	5
Contact No.(Mobile)	85009251	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 547 #07-1446	Address 2	BEDOK NORTH STREET 3	Address 3	BEDOK
Address 4	SINGAPORE 460547	Address Type	Singapore address	Post Code	46054
Unit No.	07-1446				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SLZ7558H
Claim Description	SLZ7558H / SMC3380M ON 30 May 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	31/05/2019 16:25
			LIEW SHAN HUI
Print AK letter			
Save Submit			

Attachment

Accident No. Claim No.

MT/1047085

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

31/05/2019 16:26

Path \*

Choose File No file chosen

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Message Read

Clear

Category \*

Confidential

Urgency \*

Please Select

NO

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NO

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NO

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Clear

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NO

Normal

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Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:26	SAS	Normal	SAS 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:26	Photos	Normal	Photos 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:26	Photos	Normal	Photos 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:26	Photos	Normal	Photos 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:26	Photos	Normal	Photos 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:25	Photos	Normal	Photos 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:25	Photos	Normal	Photos 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:25	Photos	Normal	Photos 2019-5-31
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:25	Photos	Normal	Photos 2019-5-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 May 2019 16:25	Photos	Normal	Photos 2019-5-31

## Video List

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