

NATIONAL Assessment Centre Services

(Form 1 Jan 2019)

Date In: 06/06/2019 15:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC19009975/K4	E-mail (within 3hrs, AIG 2hrs):		
Veh No: SKZ 7928K	i-Motor Claim Form	NT/1047928-001	7/6/19 1038
D.O.A: 04/06/2019 18:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: Reporting Only	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: SGW 232T	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: (\$)	Landing: \$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
7/6/19	FORGET TO PRINT E-BID ✓

NA1904093	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add'l Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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 (wef 10 Jan 2019)		
Est. J:	6) TR: Re-inspection \$75		
Est. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/18	8) NTUC Additional Services:		
	9) N12: Idm Mobile \$0		
	10) N12: Idm Mobile \$0		
	11) N12: Idm Mobile \$0		
	12) N12: Idm Mobile \$0		
	13) N12: Idm Mobile \$0		
	14) N12: Idm Mobile \$0		
	15) N12: Idm Mobile \$0		
	16) N12: Idm Mobile \$0		
	17) N12: Idm Mobile \$0		
	18) N12: Idm Mobile \$0		
	19) N12: Idm Mobile \$0		
	20) N12: Idm Mobile \$0		

07-MAY-2019 16:39

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 willful 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	06/06/2019 15:08
Date Of Accident	04/06/2019 18:10
Exact Location Of Accident	JUNC OF TAN TOCK SENG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7928K
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-94508445

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5083195710-02
Cover Note Number	

Driver

Name of Driver	CHEOK PENG YAM
NRIC No	S7835633B
Date Of Birth	06/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97665724
Fax Number	
Contact Number	OTHERS-97665724
EMail Address	NOEMAIL

Address	BLK 417 ANG MO KIO AVENUE 10 #04-1031
Postcode	560417
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?	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

PLS REFER TO THE ATTACHED 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	SGW232T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8523640G
Contact Number	85882277
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.

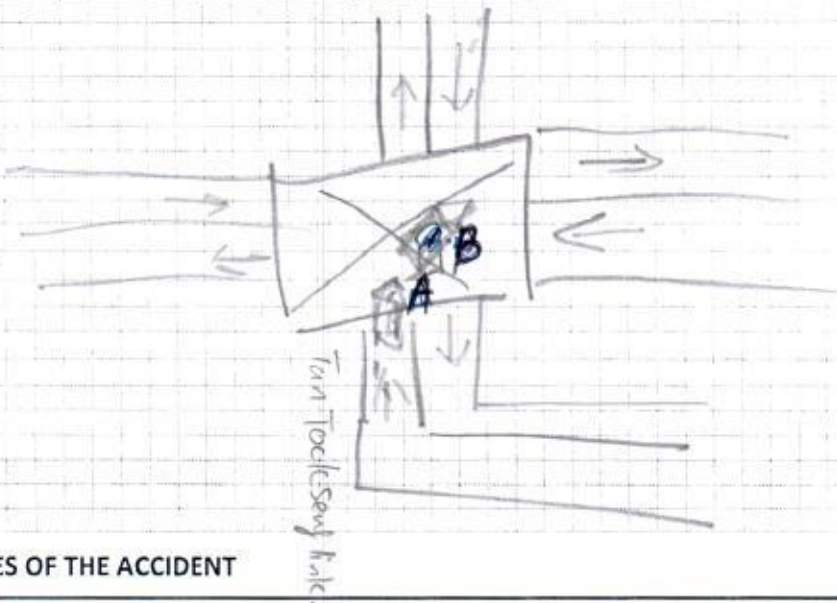

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

B: SGW232T
A: SKZ7928K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

the Traffic light turn Green and every car move off the light suddenly SGW232T suddenly stop so I E-Broke but was not in time so I ~~hit~~ hit his left side back. veh B And ~~front~~ Front bumper dented Veh A

DECLARATION

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



Policyholder's Signature
Date & Time:

Bin

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

6/6/2019

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

Annex

Transaction ref 20190321131453780943

Please check that the owner and vehicle details are correct:

1. Name	: KARZ-TA LEASING
2. Identification No. Type	: Business
3. Identification No.	: 53318368E
4. Country/Region	: -
5. Vehicle Registration No.	: SKZ7928K
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 21 Mar 2019
8. Original Registration Date	: 15 Feb 2006
9. First Registration Date	: 15 Feb 2006
10. Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: COROLLA 1.6
17. Year of Manufacture	: 2006
18. Primary Colour	: Silver
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: MR053ZEC107112809 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: 3ZZ4544353 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 1598 / -
25. Maximum Power Output(kW/bhp)	: 81.0 / 108
26. Unladen Weight(kg)	: 1115
27. Maximum Laden Weight(kg)	: 1600
28. Open Market Value	: \$16,950.00
29. PARF Eligibility	: Forfeited
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 4

Reported on 6/6/2019
@ 1345 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (04/06/2019) (DD/MM/YYYY), TIME: (18:10) (HH:MM)
LOCATION: Tan Tock Seng Link.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 7928 K
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER: 5083195710-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Hirer
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: Karata Leasing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53318368 E CONTACT: 94508445
c) ADDRESS: 317 Outram Road #B1-02 Concorde
Shopping Centre (Holiday Inn S (169075))

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEOK PENG YAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7835633B CONTACT: 9766 5724
c) ADDRESS: B1K 417 Ang Mo Kio Ave 10 #04-1031
S (560417)

* d) DATE OF BIRTH: (06/12/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/12/1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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

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: SGW 232 T MODEL: Attrage
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: S85236409 CONTACT: 85882277

9. THIRD PARTY VEHICLE

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

email = karataleasing@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7835633B



Name

CHEOK PENG YAM

石炳炎

Race

CHINESE

Date of birth

06-12-1978

Sex

M

Country of birth

SINGAPORE

S7835633B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7835633B

Name

CHEOK PENG YAM

Birth Date 06 Dec 1978

Issue Date 16 Dec 2002



000011275D

4326857



NRIC No. S7835633B



Date of issue

24-12-2008

APT BLK 417 ANG MO KIO AVENUE 10 #04-1031
SINGAPORE 560417

NRIC No: S7835633B

Date: 07/05/2014

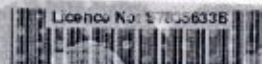
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS

Class 2B	Motorcycles not exceeding 200 cc	29 Nov 1999
Class 2A	Motorcycles between 201 cc and 400 cc	22 Apr 2003
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	17 Dec 1998

S7835633B

S / No. 9000014215



Licence No: S7835633B

NP 428A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5083195710-02"/>	Date of Accident	<input type="text" value="04/06/2019 18:10"/>							
Vehicle No.(For Motor)	<input type="text" value="SKZ7928K"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083195710-02		KARZ-TA LEASING	53318368E	GFT	Third Party	SKZ7928K	SKZ7928K	22/03/2019	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5083195710-02	Policyholder Name	KARZ-TA LEASING	Policyholder NRIC	53318368E
Certificate No.					
Address	317 OUTRAM ROAD #B1-03 CONCORDE SHOPPING CENTRE SINGAPORE 169075				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/07/2018	Effective Date	18/08/2018 00:00	Expiry Date	17/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1000	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	242.21		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1000		Young/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-03 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	B1-03	Related Policy Number	5083195710-02		

Insured Object: SKZ7928K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/08/2018 00:00	Basic Information Endorsement	000001286871504	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. SJP2883C 18-08-2018 \$1,276.94 In view of this amendment, an additional premium of \$1,276.94 (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	18/08/2018 00:00	Basic Information Endorsement	000001286871761	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJJ1538M 18-08-2018 \$1,276.94 In view of this amendment, a refund of \$1,276.94 (inclusive of GST) will be adjusted against the outstanding premium.</p>
3	18/08/2018 00:00	Basic Information Endorsement	000001286884436	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKP4739L 18-08-2018 \$1,276.94 In view of this amendment, a refund of \$1,276.94 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the</p>