

NATIONAL Assessment Centre Services.

port 1 Jan 2019 MNA 119032916.

Date In: 12/3/19 09:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/ATG 1900426169	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLS 3001K	I-Motor Claim Form		
D.O.A: 11/3/19 09:10	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/Whse		

Preferred Wksp / IRC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHD 7103A.

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: YBS () / 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: (IN/NO) (IN/NO) (IN/NO)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Action:

20/6/19.

Change Insurance company to NTUC..

21/6/19

Cancel ref, re-regn using same ref no., cancel inv, to rebill to INC.

h/c 20/6

MA1901845

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

Invoice Item	Amount (\$)	Amount (\$)
1) AIC: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For vehicle status INC Only (see 10 Jan 2019)		
6) TR: Re-inspection	\$75	
7) NI: Ideal DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (SON INC) against INC	\$20	
9) N12: Ideal 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	12/03/2019 09:15
Date Of Accident	11/03/2019 09:10
Exact Location Of Accident	AT PIE EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3001K
Insured/Policyholder	
Name Of Registered Owner	NGS MOTORSPORT PTE LTD
Co Reg No	201812604N
Email Address	NGSMOTORSPORTACCIDENT@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98800332

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106147447
Cover Note Number	-

Driver

Name of Driver	TAN KAR HING(CHEN JIAXIN)
NRIC No	S1744143D
Date Of Birth	09/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87742092
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 596A AMK ST 52 #08-315
Postcode	561596
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	CHAIN COLLISION
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	3
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: : 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

PLEASE REFER TO 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	SHD7103A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGE4284L
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

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.

Maric Car Rental Pte Ltd

Co. Reg. No.: 201620648G

9 Tagore Lane #03-04

Singapore 787472

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

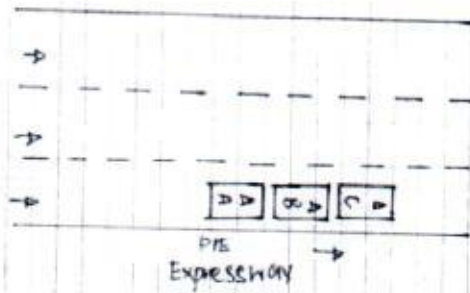
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



Vehicle A: SLS 3001 K
Vehicle B: SHD 7103 A
Vehicle C: SGE 4284 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I (Vehicle A: SLS 3001 K) was traveling straight in my lane. All of a sudden, Vehicle B (SHD 7103 A) did a jam-brake. I couldn't stop in time & collide into Vehicle B's rear portion. When I went down, I realised that I was involved in a 3 car chain collision accident. I would like to state that the traffic was clear during the time of accident.

DECLARATION

We declare the foregoing particulars are true in every respect.

Manic Car Rental Pte Ltd

Co. Reg. No.: 201620648G

9 Tagore Lane #03-04

Singapore 787472

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119032916 Vehicle Registration No: SLS3001K
Name(as shown in NRIC) : TAN KAR HING(CHEN JIAXIN) NRIC/FIN/Passport No : S1744143D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 87742092
Email Address : _____
Date of Accident : 11/03/2019 Time of Accident : 09:10
Place of Accident : AT PIE EXPRESSWAY
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND INSURANCE COMPANY TO NTUC INCOME AND POLICY HOLDER INFORMATION



Policyholder / Driver's Signature

Date: 20 June 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 20/6/19.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1744143D

Name: TAN KAR HING (CHEN JIAXIN)

Birth Date: 09 Jan 1966

Issue Date: 14 May 2003

Barcode: 809484249K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1744143D

Name: TAN KAR HING (CHEN JIAXIN)

陈加鑫

Race: CHINESE

Date of Birth: 09-01-1966

Sex: M

Country of Birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

License No: S1744143D

Name: TAN KAR HING

Please visit www.lta.gov.sg to check the status of this vocational licence

25/7/1996

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date: 25 Jul

NP 428A

License No: S1744143D

Barcode: 809484249K

NPIC No: S1744143D

Address: [REDACTED]

Blood Group: B+

Date of Issue: 07-11-1991

1596

NPIC No: S1744143D Date: 13-02-2001 No: 3953127

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	15/02/2019



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)

SLS3001K

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106147447		NGS MOTORSPORT PTE LTD	201812604N	GFT	Third Party, Fire & Theft	SLS3001K	SLS3001K	12/02/2019	

▼ Policy Information

Policy No.	5106147447	Policyholder Name	NGS MOTORSPORT PTE LTD	Policyholder NRIC	201812604N
Certificate No.					
Address	NIL				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/12/2018	Effective Date	06/12/2018 00:00	Expiry Date	04/12/2019 23:59
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		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	02-01	Related Policy Number	5108360073		

► Insured Object: SLS3001K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/12/2018 00:00	Basic Information Endorsement	000001286957662	Endorsement Take Effective	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. SMD1730U 06-12-2018 \$1,643.28 In view of this amendment, an additional premium of \$1,643.28 (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.
2	13/12/2018 00:00	Basic Information Endorsement	000001286962753	Endorsement Take Effective	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. SBL6859M 13-12-2018 \$1,611.68 In view of this amendment, an additional

Claim Handling

Accident MT/1035420

Policy No.	5106147447	Vehicle No.	SLS3001K	GST Registration No.	
Certificate No.					
Policyholder Name	NGS MOTORSPORT PTE LTD			Policyholder NRIC	20181
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	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	Not av
Accident Details					
Report Date	11/03/2019 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	11/03/2019	Time of Accident hh:mm	09:20	Country of Accident	Singap
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALONG PIE TWDS JURONG AFTER BEDOK NORTH AVE 2 EXIT				
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	12/03/2019 11:11:40 Emily Tan changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999991
Unit No.		Related Policy Number	5106147447		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 003 New

Claim Type *	OD-MX	Insured Name	NGS MOTORSPORT PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SLS3001K
Claim Description	SLS3001K / SHD7103A ON 11 Mar 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Finalisation		GIA report	Received
Date Registered			20/06/2019 14:46
Report Taken By			LIEW SHAN HUI
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1035420	Claim No.	003
Last Doc. Received	Yes No	Upload Date	20/06/2019 14:49
Choose File	No file chosen	Category *	Please Select
		Confidential	NO
		Urgency *	Normal

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

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 20 Jun 2019 14:49	SAS	Normal	SAS 2019-6-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:49	Photos	Normal	Photos 2019-6-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:49	Photos	Normal	Photos 2019-6-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:49	Photos	Normal	Photos 2019-6-20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:46	Photos	Normal	Photos 2019-6-20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:46	Photos	Normal	Photos 2019-6-20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:46	Photos	Normal	Photos 2019-6-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:46	Photos	Normal	Photos 2019-6-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Jun 2019 14:46	Photos	Normal	Photos 2019-6-20

Video List

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