

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MWA19081334

Date In: 21/6/19 - 14:30	Job description	Date & Time Completed	Done by
Ref No: 44/INC 19011075/24	SAS e-filing		
Veh No: 5J7236E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/6/19 - 15:30	i-Motor Claim Form	M/105 0108 -001	21/6/19 1443
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: 5J7236E	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 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

MWA1904650	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Ref 1:

Ref 2 / 3:

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	22/06/2019 14:30
Date Of Accident	21/06/2019 15:30
Exact Location Of Accident	KILLINEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2136E
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83184681
Alternative Phone No	OFFICE-83184681

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN LUX
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5094576865-01
Cover Note Number	

Driver

Name of Driver	LENNARD LIM BOON KHIM (LENNARD LIN WENQIN)
NRIC No	S7806479Z
Date Of Birth	07/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97158857
Fax Number	
Contact Number	OFFICE-97158857
Email Address	NOEMAIL

Address	BLK 270 YISHUN STREET 22 #12-48
Postcode	760270
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 - OPENING DOOR OF VEHICLE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SJG3863B
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND ANG
NRIC/Passport Number	S6805341B
Contact Number	82903933
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LENNARD LIM BOON KHIM (LENNARD LIN WENQIN)
------	--

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJT2136E

YES

NO

SKETCH PLAN

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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.

3. 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 situated 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) 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:

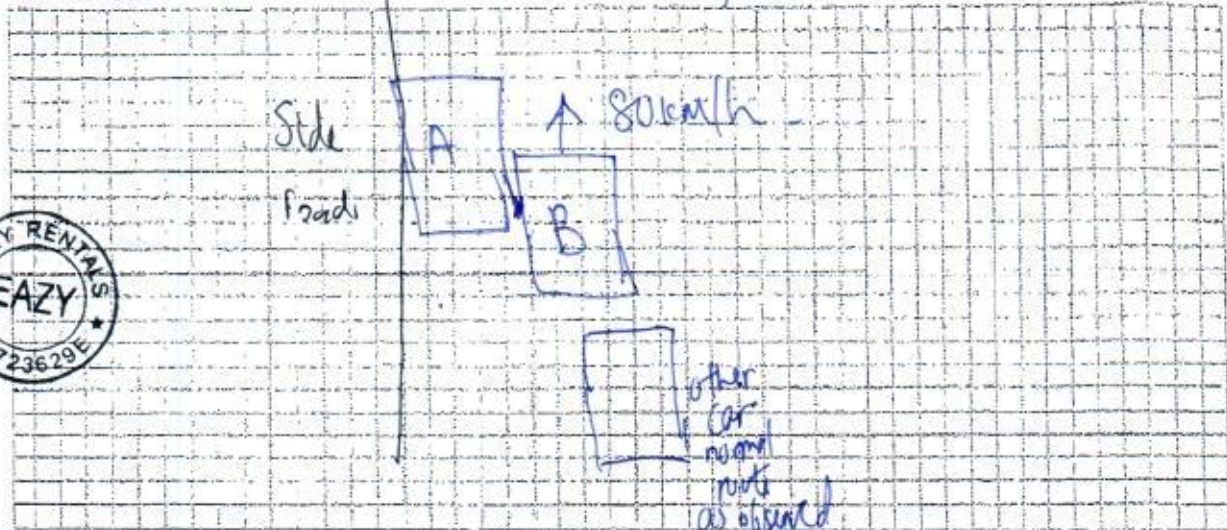
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Veh A - SJT2136E

Veh B - SJL3863B

ALONG Killiney ROAD

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SJT 2136 was having problems with the engine and ignition and flashing warning signal. I was along Killiney Rd and had to pull over. (Before that my uncle sent a video of car light flashing to workshop on whatsapp to mechanic) I stopped safely at the side as engine was having problem, jerking continuously and could not drive!

As I looked out of window, there was no car. I had barely opened the car door when the oncoming vehicle banged my door. It was less than 2cm and worse of all, he was speeding along the small Killiney Rd at about 80km/h.

It did not maintain a safety distance to my stationary vehicle and collided with my door at high speed.

He drove off but later pulled over at the corner coffeshop and I took down his contact. He mentioned he was aiming to hit his incentive so he was rushing. of 180 trips

DECLARATION

(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 Person's Signature
Name:
NRIC/FIN No.:

Date of Accident : 21/06/19 Accident Time: 1530 (24-HR-Format)
Accident Place : KILLING ROAD
Vehicle Reg. No. (Car Plate No.) : SJ7 2136E
Vehicle Make/Model : MAZDA3
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : EASY RENTAL
Owner or Company Contact No. : 83184681 Owner's Hp 8 Company Tel _____
DRIVER'S Name / IC No. : LENNARD LIM BOON KHIM
DRIVER'S Date Of Birth : 07/03/78 DRIVER'S License Pass Date 09/10/03
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: hires
DRIVER'S Address : 81K 270 YISHUN ST 22 #12-48
DRIVER'S Contact No. / Alt No. : 1) 9715 8857 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : PLATINUM WERKE @ GMAIL.COM
Weather & Road Surface : CLEAR \ DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJ0 SJG 3863B

Vehicle Reg. No: _____

Vehicle Make/Model: TOYOTA

Vehicle Make/Model: _____

Name Driver: Desmond ANG

Name Driver: _____

IC No. Driver: 568033418

IC No. Driver: _____

Driver's Contact & Add: 8290 3933

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7806479Z



Name

LENNARD LIM BOON KHIM
(LENNARD LIN WENQIN)

林文欽

CHINESE

Date of birth
07-03-1978

Sex

M

Country of birth
SINGAPORE

S7806479Z

For LKK/NAC Use Only

4860058



NRIC No. S7806479Z



For LKK/NAC Use Only

Date of issue
13-04-2012

APT BLK 270 YISHUN STREET 22 #12-48
SINGAPORE 760270

NRIC No. S7806479Z

Date: 12/10/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7806479Z**
Name:

LENNARD LIM BOON KHIM
(LENNARD LIN WENQIN)

Birth Date: 07 Mar 1978
Issue Date: 09 Oct 2003

For LKK/NAC Use Only

000907734G




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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Sep 1998

For LKK/NAC Use Only

NP 428A

Licence No: S7806479Z



eBaoTech

General Claim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094576865-01		EAZY RENTALS PTE LTD	201723629E	GFT	drive CLASSIC	SJT2136E	SJT2136E	26/09/2018	

Policy Information

Policy No.	5094576865-01	Policyholder Name	EAZY RENTALS PTE LTD	Policyholder NRIC	201723629E
Certificate No.					
Address	10 BUROH STREET #02-20 WEST CONNECT BUILDING SINGAPORE 627564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/09/2018	Effective Date	26/09/2018 00:00	Expiry Date	25/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	831.49		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILDING	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		

Insured Object: SJT2136E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/09/2018 00:00	Basic Information Endorsement	000001286908786	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. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (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> <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. SJP6523U 09-10-2018 \$1,281.61 2. SME5126H 09-10-2018 \$1,281.61 In view of this amendment, an additional premium of \$2,563.22 (inclusive of GST) is payable under your policy. Please</p>
		Basic Information		Endorsement Take	

Claim Handling

The premium on this policy has not been collected.

> Exit

Accident MT/1050108

Policy No.	5094576865-01	Vehicle No.	SJT2136E	GST Registration No.	
Certificate No.					
Policyholder Name	EASY RENTALS PTE LTD			Policyholder NRIC	201723629E
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83184682	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		#Code	<input type="text"/>
KPK	<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

Report Date	22/06/2019 14:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/06/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KILLINEY RD				

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Address 1	10 BURCH STREET	Address 2	#02-20 WEST CONNECT BUILD	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/03/1978
Unnamed driver Name	LENNARD LIM BOON KHEM (LEN	Driver NRIC	S7806479Z	Driving Experience	20
Register Date of Driver License	24/09/1998	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	97158857	Contact No.(Office)	0	Address 3	SINGAPORE 760270
Address 1	BLK 270	Address 2	YISHUN STREET 22	Post Code	760270
Address 4		Address Type	Singapore address		
Unit No.	12-48				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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 *	CO-PK	Insured Name	EASY RENTALS PTE LTD	Insured NRIC	201723629E
Contact No.(Mobile)	86694660	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	SHAWN.APEXAUTOMOTIVE@GM	D1 Vehicle Number	SJT2136E	TP Vehicle Number	5JG3863B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT2136E / 5JG3863B ON 21 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/06/2019 14:43	Claim Close Date		Date Received	22/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					



















Attachment

Accident No.	MT/1050108	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2019 14:44
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Browse...	Clear	Please Select	TV	Normal
Browse...	Clear	Please Select	TV	Normal
Browse...	Clear	Please Select	TV	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:44	SAS	Normal	SAS 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:44	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:44	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:44	Photos	Normal	Photos 2019-6-22		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:43	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2019 14:43	Photos	Normal	Photos 2019-6-22		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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