

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MNA119085353

Date In: 117/19 15:09	Job description	Date & Time Completed	Done by
Ref No: MNA119085353	SAS e-filing		
Veh No: SJU 8486A	E-mail (within 3hrs; AIC 2hrs)		
DDA: 3016/19 18:45	I-Motor Claim Form	MTH1051353 ⁰⁰¹	117/19 16:59
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Vksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJS 5369K	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: MTH1051353001)

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

Injury: ()

Date/Time	Actions

MNA1904851

Claimant's Particulars:	Invoice Information Checklist	AMT (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	10.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TK: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*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 (Inc in INC) against INC \$20		
	9) N12: Idas Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	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	01/07/2019 15:09
Date Of Accident	30/06/2019 18:45
Exact Location Of Accident	JALAN SINGAPORE - SULTAN ISKANDAR CIQ JB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8486A
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98331075

Vehicle Particulars

Manufacturer	HONDA
Model	CRV
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110029694
Cover Note Number	-

Driver

Name of Driver	PAN HUAGANG
NRIC No	S8264548I
Date Of Birth	14/12/1982
Occupation	INDOOR
Date Of Driving Pass	26/12/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98331075
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 702 WOODLANDS DR 40 #10-100
Postcode	730702
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 - CHANGE/CROSS LANE
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)	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

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	SJS5369K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NURHIDAYAT BIN SULAIMAN
NRIC/Passport Number	S8317088C
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.
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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:

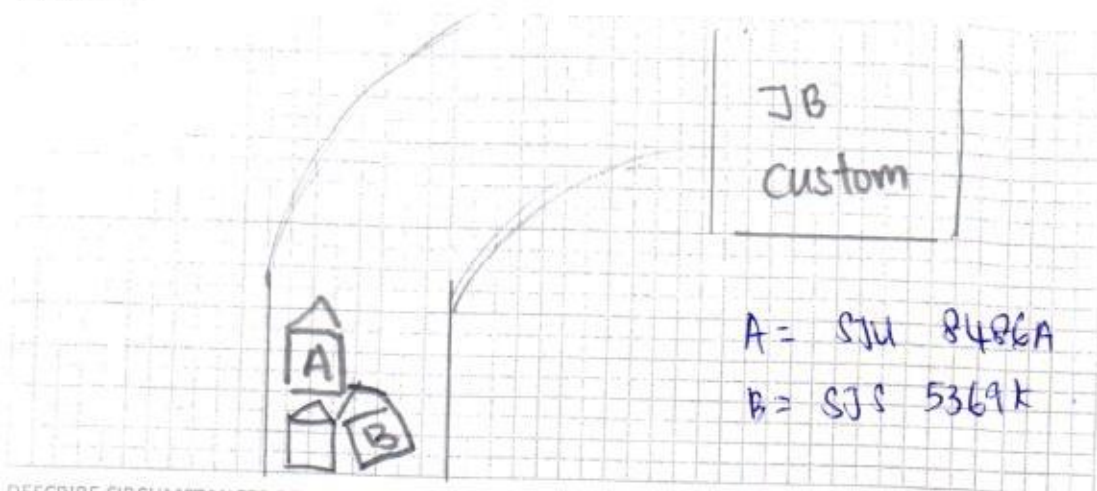
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



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

I was traveling along woodlands checkpoint. Around 6:45 PM, the traffic was Jam. I was stationing at the queue. Suddenly I felt an impact from my rear portion. Which SJS 5369K hit on my rear RH portion. After we change particular vehicle B ask me to claim my own insurance.

DECLARATION

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

Policy
Date



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

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

VEHICLE NO: SJU 8486A

MAKE & MODEL: Honda CRV

DATE OF ACCIDENT	30 / 06 / 2019	
TIME OF ACCIDENT	6 45 AM (PM)	
LOCATION OF ACCIDENT	Jalan Singapore - Sultan Iskandar CICA JB	
Exact Purpose use during accident		
NAME OF OWNER	Aurora Car Rental & Leasing Singapore	
TELP NO		
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u>	
INSURANCE CO.	NTUC Income	
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft	
POLICY NO.	5100196759-01	
NAME OF DRIVER	As above / If No: Pan Hua Gang	
NRIC	S82645481 Any passengers:	
DATE OF BIRTH	14 / 12 / 1982	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	26 / 12 / 2013	
GENDER	<u>Male</u> / Female	
CONTACT NO.	9833 1075 Office: Home:	
ADDRESS	BLK 702 Woodlands Drive 40 #10-100 (S) 730702	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
VEHICLE B NO.	SJ8 3369K Any Passenger:	
NAME	Nurhidayat Bin Sulaiman S8317038C	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit Ave 6 #02-15	
CONTACT PERSON	Autobay @ Kaki Bukit	
FAX NO.	Singapore 417883	
	Tel: 67476106 (6 lines)	
	6 Speed Autowerkz Pte Ltd	
	68 Kaki Bukit Avenue 6	
	#02-05 ARK @ KB, Singapore 417896	
	Tel: 6384 7037 Fax: 6384 7039	
	Email: 6speedautowerkz@gmail.com	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S82645481



Name
PAN HUAGANG
潘 华 刚
Race
CHINESE
Date of birth
14-12-1982
Country of birth
CHINA

Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S82645481

PAN HUAGANG

Birth Date: 14 Dec 1982
Issue Date: 26 Dec 2013



002259371F

9153512



NRIC No. S82645481



Nationality
CHINESE
Date of issue
10-02-2012

APT BLK 702 WOODLANDS DRIVE 40 #10-100
SINGAPORE 730702
NRIC No: S82645481 Date: 21/09/2017

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 2B Motorcycles <= 300 CC	26 Dec 2013
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	26 Dec 2013
Class 4 Heavy motor cars and motor tractors > 2500 kg	03 Oct 2016

S / No. 9000252360

82645481

Licence No: S82645481

NP 428A

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
☐	5110029694	5110029694-000029	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD	201914185K	GFM	Third Party	SJU8486A	SJU8486A	19/06/2019	29/05/2020

Claim Handling

The premium on this policy has not been collected.

Accident MT/1051353

Policy No.	5110029694	Vehicle No.	SJU8486A	GST Registration No.	
Certificate No.	5110029694-000029				
Policyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD			Policyholder NRIC	201914
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98331075	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	01/07/2019 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	30/06/2019	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN SINGAPORE - SULTAN ISKANDAR CIQ JB				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	01/07/2019 16:54:02 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 79B #29-17	Address 2	TOA PAYOH CENTRAL	Address 3	CENTRAL
Address 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
Unit No.	29-17	Related Policy Number	5110029694		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PAN HUAGANG	Driver NRIC	S82645481	Driver DOB	14/12/
Register Date of Driver License	26/12/2013	Driver Age	36	Driving Experience	5
Contact No.(Mobile)	98331075	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 702 #10-100	Address 2	WOODLANDS DRIVE 40	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	730701
Unit No.	10-100				
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	AURORA CAR RENTAL & LEASING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJU8486A
Claim Description	SJU8486A / SJSS369K ON 30 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/07/2019 16:58
			LIEW SHAN HUI
☒ Print AK letter			

Save Submit

Attachment

Accident No.	MT/1051353	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	01/07/2019 16:59
Path *		Category *	Confidential
Choose File	No file chosen	Clear Please Select	NO Normal
Choose File	No file chosen	Clear Please Select	NO Normal
Choose File	No file chosen	Clear Please Select	NO Normal
Choose File	No file chosen	Clear Please Select	NO Normal
Choose File	No file chosen	Clear Please Select	NO Normal
Choose File	No file chosen	Clear Please Select	NO Normal
Message Read		Clear Please Select	NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:59	SAS	Normal	SAS 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:59	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:58	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:58	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:58	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:58	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:58	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:58	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 16:58	Photos	Normal	Photos 2019-7-1

Video List

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