

NATIONAL Assessment Centre Services

Form 1 (Jan 2015)

29 MAY 2019 93763

Date In: 17/07/2019 17:58	Job description	Date & Time Completed	Done by
Ref No: NAA/INCL101281314	SAS e-filing		
Veh No: 8LC 65201	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 05/07/2019 15:30	I-Motor Claim Form	M11052555-002	18/07/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		09:54
	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: SUM 5783E 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: (\$) 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

Client's Particulars:	Invoice Preparation Checklist:	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditor's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-Inspection \$75		
Cal. 1:	7) NI: Issue DA + SMRT Survey \$160		
Cal. 2/3:	8) NTUC Additional Services:		
1 / 1 '8	* NI: Courtesy Car / Tpt Allowance \$5		
	* NI: Repair Co-ordination \$10		
	* NI: Post Repair Inspection \$25		
	* NB: DV / Collect Excess Coordination \$5		
	* TP (N11): TP (Non-INC) against INC \$20		
	* NI: Issue Notice \$0		
	Invoice date: _____ Pen Charged _____		
	_____ 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	17/07/2019 17:58
Date Of Accident	05/07/2019 15:30
Exact Location Of Accident	SLIP ROAD FROM WHAMPOA WEST TOWARDS BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6520T
Insured/Policyholder	
Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	201843281R
Email Address	RYANSTYLE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97641690
Alternative Phone No	OFFICE-97641690

Vehicle Particulars

Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108216963
Cover Note Number	

Driver

Name of Driver	XIE SHENG GUO
NRIC No	S8006362H
Date Of Birth	03/03/1980
Occupation	INDOOR
Date Of Driving Pass	07/07/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97641690
Fax Number	
Contact Number	OFFICE-97641690
Email Address	RYANSTYLE@GMAIL.COM

Address	BLK 16 CANTONMENT CLOSE #25-47
Postcode	080016
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

PLEASE REFER TO SKETCH PLAN

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	SLM5783E
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82993335
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.



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) SLC 6520T
- B) SLM 5783E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1) Slip Road Wilampor West toward Benoham Rd.
- 2) CAR B is in front, flashing out. I am behind
- 3) AS CAR B starts to move off, I also move off
- 4) For some reasons, CAR B ~~move~~ slip, and I stop immediately
- 5) But not in time, I Brake and touch the rear of CAR B
- 6) Speed is approx 10-15 km/h
- 7) Both of us went down to assess car, CAR B bumper have no issues.
- 8) We exchange phone numbers and took photos.
- 9) I am waiting for Car B to call me to settle (if any)
- 10) No call received.
- 11) I am absent from 8-14 July.
- 12) Today, 17 July, my car rental informed there is a claim against me

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]
18/07/2019
Reporting Centre Personnel's Signature
Name: *[Handwritten Name]*
NRIC/FIN No.:

Claim Handling

Accident NT/1052555

Policy No.	5108219963	Vehicle No.	SLC6520T	GST Registration No.	
Certificate No.	5108219963-003R11			Policyholder NRIC	201843281R
Policyholder Name	HJ CAR RENTAL PTE LTD	Cover Type	Hiwa PREMIUM	Leading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	No	eCode Reason	
KFK	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	09/07/2019 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	05/07/2019	Time of Accident (hh:mm)	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WHAMPOA WEST TOWARDS BENDERER RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2,000.00				

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	6051 BEACH ROAD	Address 2	#08-06 GOLDEN HILE TOWER	Address 3	SINGAPORE 190589
Address 4		Address Type	Singapore address	Post Code	199586
Unit No.	09-04	Related Policy Number	5108219963		

01 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 1	
Address 1		Address 2		Address 2	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-PR	Insured Name	HJ CAR RENTAL PTE LTD	Insured NRIC	201843281R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		01 Vehicle Number	SLC6520T	TP Vehicle Number	SLM5763E
Claim Description	SLC6520T / SLM5763E ON 5 Jul 2019				
Preferred Workshop		Insured Liability	Fully at Fault	01A report	Received
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	18/07/2019 09:48
Date Registered				Date Received	16/07/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	NT/1052555	Claim No.	002
Last Doc. Received	Yes No	Upload Date	18/07/2019 09:54
Path *		Category *	Confidential
Choose File	No file chosen	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		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:54	SAS	Normal	SAS 2019-7-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-18	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:49	Photos	Normal	Photos 2019-7-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:49	Photos	Normal	Photos 2019-7-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:48	Photos	Normal	Photos 2019-7-18
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 09:48	Photos	Normal	Photos 2019-7-18

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 07 / 2019) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: Abor Great world City toward Bandomeer Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 6520T
b) INSURANCE COMPANY: HWIC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Audi A3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
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: HW CAR RENTAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 6001 Beach Road #08-06
Golden mile tower

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: XIE SHENG GUO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S80063624 CONTACT: 97641690
c) ADDRESS: 161 Cantonment close #25-47
S(080016)

* d) DATE OF BIRTH: (07 / 07 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2/7/19

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rented car

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
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: 2M 5783E MODEL: NISSAN
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8299 3335

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()



email = Ryanstyk@gmail.com
VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8006362H**



Name

For LKK/NAC Use Only

XIE SHENG GUO

谢 圣 国

Race

CHINESE

Date of birth

03-03-1980

Sex

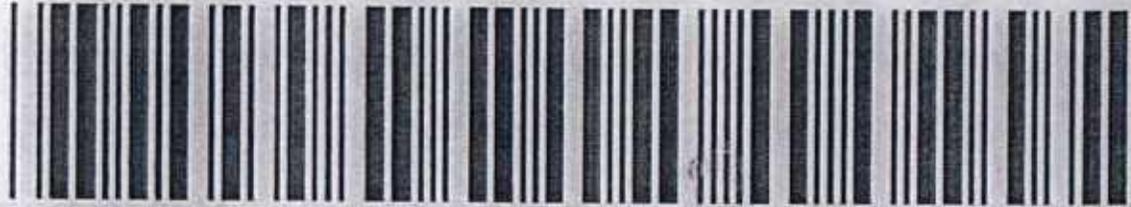
M

Country of birth

SINGAPORE

S8006362H

4681270



NRIC No. **S8006362H**

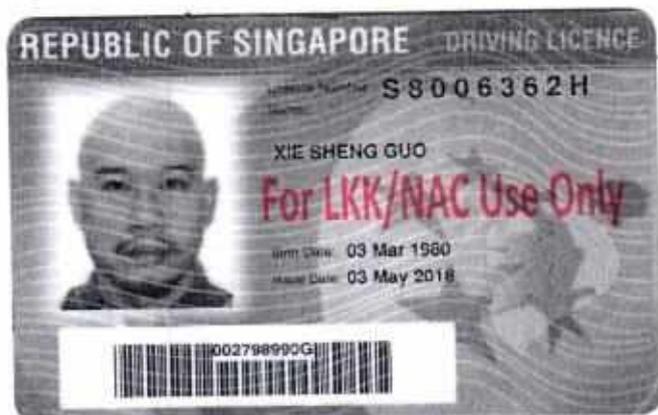
For LKK/NAC Use Only

Date of issue

16-02-2011

APT BLK 16 CANTONMENT CLOSE #25-47
SINGAPORE 080016

NRIC No: **S8006362H** Date: **11/03/2018**



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

	EFFECTIVE DATE
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Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	07 Jul 2000
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For LKK/NAC Use Only

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[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="checkbox"/>	5108216963	5108216963-000011	HJ CAR RENTAL PTE LTD	201843281R	GFM	drive PREMIUM	SLC6520T	SLC6520T	14/03/2019	13/01/2020