NATIONAL Assessment Centre Services (wef 1 Jan'05) MW A1190990B5

Date In: 29/3/19-16:11	Job description	Date & Time Completed	Done by
Ref No: WA/INC/1901337/19	SAS e-filing		
Veh No: JLS3776D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 25/3/19-17:00	i-Motor Claim Form	M1/1055553-001	29/3/19 21:51
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: JLA 2973K 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

NA1505636

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/07/2019 17:39

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 wilful misrepresentation or witholding 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	29/07/2019 16:11
Date Of Accident	25/07/2019 13:00
Exact Location Of Accident	31 JLN BUNGA RAMPAI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS3226D
Insured/Policyholder	
Name Of Registered Owner	STEALTH WORKZ
Co Reg No	53273632W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85889959
Alternative Phone No	OFFICE-85889959
Vehicle Particulars	
Manufacturer	RENAULT
Model	FLUENCE 1.5 DCI 110 A/T SR
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110612206
Cover Note Number	
Driver	
Name of Driver	ARISTOTLE LIM TENG XUE
NRIC No	S9773039C
Date Of Birth	06/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90402112
Fax Number	
Contact Number	OFFICE-90402112
EMail Address	NOEMAIL

Address	31 JALAN BUNGA RAMPAI
Postcode	538413
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

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	SLA2293K
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:

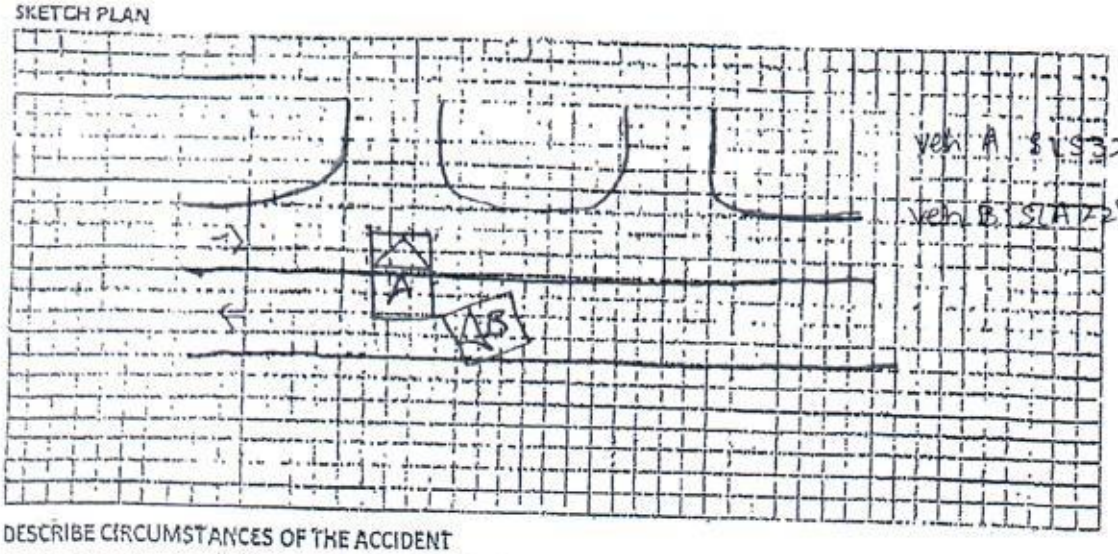
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

STEALTH WORKZ * 53273623M *

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25th July 2019 at 1:00 I was driving my vehicle SLS3226D to ferry my sister back to my house whereby I was a resident too at 31 Jalan Bunga Rampai. The place is a school zone being just opposite the School gate and was a residential estate with lowered speed limits. I stopped my car in the middle of the road outside my house gate. The position of my car was perpendicular and was positioned in the middle of the road outside my house gate. I was completely Stationary as I checked my surroundings. As my house gate opening was only of suitable width for a wide angle turn in. Hence the position of my car in the middle section of the road. I was from the major road turning in to my house gate, I proceeded to switch from drive to reverse gear while having checked my right, left and rear. Acknowledging that on my right was a blue mercedes at some distance away, and deemed that there was insufficient space for oncoming traffic to pass me from behind, and appropriate to reposition the car to enter my house. Despite my car being in the middle of the road and with my reverse lights displayed other party took the risk, speeded up and I felt a huge impact following the collision into my right corner rear bumper. After the incident, third party also mentioned she was in a rush to the hospital and hoped I let her off in advance. My Car position is as off where the accident occurred.

DECLARATION

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

STEALTHWORKZ * 53273832W *

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.:

Date of Accident : 25 July 2019 Accident Time: 1pm (24-HR-Format)

Accident Place : 31 Jln Bunga Rampai

Vehicle Reg. No. (Car Plate No.) : SLS3226D

Vehicle Make/Model : Renault Fluence 1.5 DC1

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : Stealth Workz 53273632W

Owner or Company Contact No. : 85889959 Owner's Hp Company Tel

DRIVER'S Name / IC No. : Aristotle Lim Teng Xue S9773039C

DRIVER'S Date Of Birth : 06-12-1997 DRIVER'S License Pass Date 24 Jun 2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Rental

DRIVER'S Address : 31 Jalan Bunga Rampai S'(538413).

DRIVER'S Contact No./ Alt No. : 1) 90402112 2)

DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (e.g. working inside or outside office)

Email Address : Admin@Mycar.sg

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): 1 No. injuries.

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: SLA2293K

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

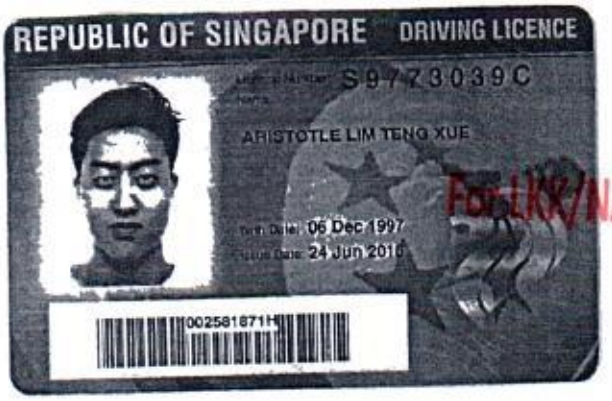
Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:



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

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg	24 Jun 2016

NP 428A

Licence No:S9773039C

5185912

NRIC No. S9773039C

Date of issue
24-06-2013

Address
31 JALAN BUNGA RAMPAI
SINGAPORE 538413


eBaoTech
GeneralClaim
Hello, NAC_PAYA_UBI_800601
Change Language
Change Password
Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
Date of Accident
25/07/2019 13:00
Vehicle No.(For Motor)
SLS3226D
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5110612206
STEALTH WORKZ
53273632W
GPC
drivo CLASSIC
SLS3226D
SLS3226D
25/06/2019
24/06/2020
Continue

Policy Information

Policy No.	5110612206	Policyholder Name	STEALTH WORKZ	Policyholder NRIC	53273632W
Certificate No.					
Address	BLK 129 #03-324 LORONG AH SOO SINGAPORE 530129				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/06/2019	Effective Date	25/06/2019 00:00	Expiry Date	24/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	INXURE NETWORK SERVICES	Agent Tel.	62956108	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 129 #03-324	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530129
Address 4		Address Type	Singapore address	Post Code	530129
Unit No.	03-324	Related Policy Number	5110612206		

Insured Object: SLS3226D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling · Exit

Accident MT/1055530

Policy No.	5110612206	Vehicle No.	SLS3226D	GST Registration No.	
Certificate No.					
Policyholder Name	STEALTH WORKZ			Policyholder NRIC	53273632W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	85889959	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Accident Details

Report Date	29/07/2019 21:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	25/07/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	31 JLN BUNGA RAMPAI				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	29/07/2019 21:51:02 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 129 #03-324	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530129
Address 4		Address Type	Singapore address	Post Code	530129
Unit No.	03-324	Related Policy Number	5110612206		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ARISTOTLE LIM TENG XUE	Driver NRIC	S9773039C	Driver DOB	06/12/1997
Register Date of Driver License	24/06/2016	Driver Age	21	Driving Experience	3
Contact No.(Mobile)	90402112	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	31 JALAN BUNGA RAMPAI	Address 2	SINGAPORE 538413	Address 3	
Address 4		Address Type	Singapore address	Post Code	538413
Unit No.					
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	STEALTH WORKZ	Insured NRIC	53273632W
Contact No.(Mobile)	83589585	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLS3226D	TP Vehicle Number	SLA2293K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLS3226D / SLA2293K ON 25 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/07/2019 21:51	Claim Close Date		Date Received	29/07/2019 00:00
Report Taken By	Jackson				

[✓] Print AK letter

Save Submit

Attachment

Accident No.	MT/1055530	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	29/07/2019 21:52

Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	No	Normal	


Browse...
Clear
Please Select
NO
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jul 2019 21:52
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-7-29
Edit
SAS
SAS 2019-7-29
Photos
Photos 2019-7-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jul 2019 21:51
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading