

NATIONAL Assessment Centre Services. [ver 1 Jan'03] : MMA 11910 7552.

Date In: 16/1/19 16:09	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19014307164	SAS e-filing		
Veh No: SGS 53162	E-mail (within 8hrs, AIC 2hrs)		
DDA: 16/1/19 14:45.	I-Motor Claim Form	MT/1058011 ⁰⁰¹	16/1/19 16:45.
QD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkst		

Preferred Wkst / INC Assign Wkst / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMM 4221 E	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 repolrer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC 19014307164)

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

Injury: _____

Date/Time	Action

NA1906049		Invoice No: NA1906049		AMT (\$)		PAID (\$)	
Claimants Particulars:		1) AR: Accident Reporting (\$30);		30.00			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)					
Contact No:		3) TP: Towing Fee \$40/\$45					
Damaged Portion:		4) PT: Follow-Through Survey \$120					
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30					
Auditors Comments:		For claiming against INC Only (ver 10 Jan 2003)					
Tel: 11		6) TR: Re-Inspection \$75					
		7) NI: Idao 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 (N11) against INC \$20					
		9) N12: Idao Mobile 30					
		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	16/08/2019 16:09
Date Of Accident	16/08/2019 14:45
Exact Location Of Accident	JUNC OF CHANGI SOUTH LANE & UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS5316Z
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
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	5106937496
Cover Note Number	-

Driver

Name of Driver	ONG CHONG LIM
NRIC No	S2646594Z
Date Of Birth	11/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94788080
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 255 YISHUN RING RD #08-1109
Postcode	760255
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

I WAS TRAVELLING ALONG CHANGI S LN WHILE APPROACHING JUNC WITH UPP CHANGI RD, I WAS ON THE RIGHT LANE FILTER TO LEFT LANE, SUDDENLY VEH B COME FROM LEFT LANE, AS THE RESULT, MY VEH HIT ONTO VEH B RIGHT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM4221E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KIAT SOON
NRIC/Passport Number	S0023084G
Contact Number	98266211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

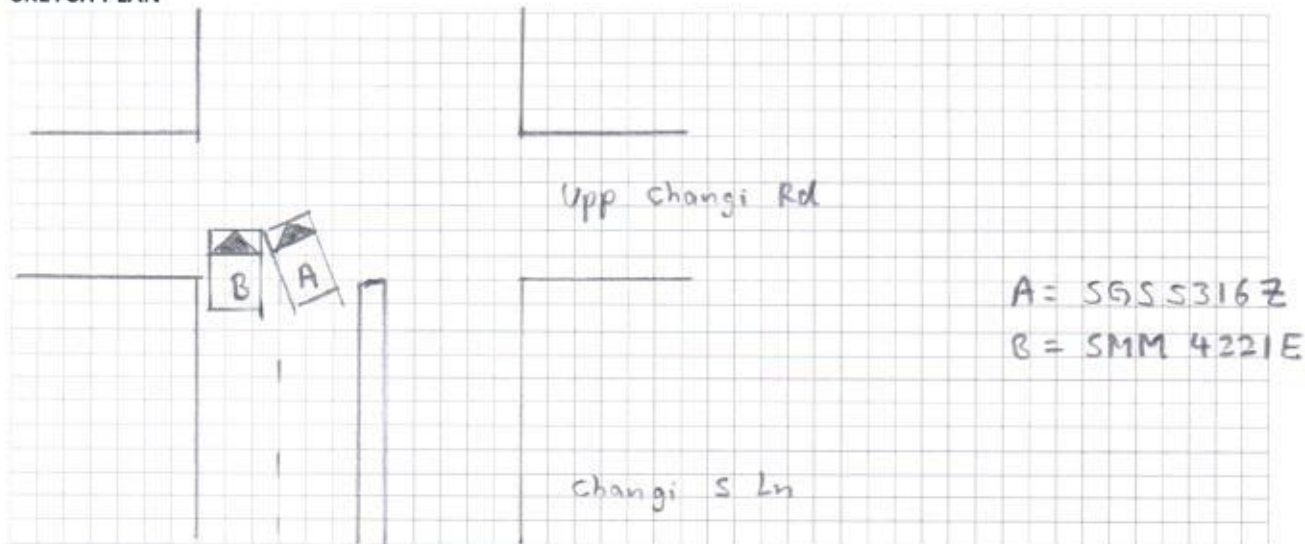


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

I/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 Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2646594Z**

Name **ONG CHONG LIM**

Birth Date: **11 Aug 1966**

Issue Date: **30 Nov 2004**

001303224K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2646594Z**

Name **ONG CHONG LIM**

翁忠林

Race **CHINESE**

Date of Birth **11-08-1966**

Sex **M**

Country of Birth **MALAYSIA**

Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S2646594Z**

Name : **ONG CHONG LIM**

PDVL/TDVL
33 888 8888
299426

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

For LKK/NAC Use Only

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

Class 9 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg

PASS DATE: **30 Nov 2004**

Licence No: **S2646594Z**

NP 428A

For LKK/NAC Use Only

3386444

S2646594Z

Blood Group: Date of issue: **19-08-2003**

Address: **APT BLK 255 YISHUN RING ROAD
#08-1109
SINGAPORE 760255**

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	10/08/2018

For LKK/NAC Use Only



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106937496

Cover : drive CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SG55316Z |
| Chassis Number | : ZNE100350872 |
| 2. Name of Policyholder | : RELIABLE RIDES PTE LTD |
| 3. Effective Date of Insurance | : 16 Mar 2019 |
| 4. Expiry Date of Insurance | : 15 Mar 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue : 10 Jan 2019 08:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1058011

Policy No.	5106937496	Vehicle No.	SG55316Z	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81669797	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	16/08/2019 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	16/08/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF CHANGI SOUTH LANE & UPP CHANGI RD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	4,000.00		
Third Party Excess	2,500.00	Outside Singapore TP Excess	4,000.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG CHONG LIM	Driver NRIC	S2646594Z	Driver DOB	11/08/1966
Register Date of Driver License	30/11/2004	Driver Age	53	Driving Experience	14
Contact No.(Mobile)	94788080	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 235 #08-1109	Address 2	YISHUN RING ROAD	Address 3	YISHUN SUNSHINE
Address 4	SINGAPORE 750255	Address Type	Singapore address	Post Code	760255
Unit No.	08-1109				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N		
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	86351820		
Email Address		OI Vehicle Number	SG55316Z	TP Vehicle Number	SMM4221E		
Claim Description	SG55316Z / SMM4221E ON 16 Aug 2019				Name of Preferred Workshop		
Preferred Workshop	0	Insured Liability	Fully at Fault				
GAIA No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GAIA report	Received		
Date Registered				Claim Close Date	16/08/2019 16:44	Date Received	16/08/2019 01
Report Taken By	LIEW SHAN HUI						
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

Attachment

Accident No.	MT/1058011	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/08/2019 16:45			
Path *		Category *	Confidential	Urgency *	Description	
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	

8/16/2019

Claim Handling(accident reporting Claim Task)

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:45	SAS	Normal	SAS 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:45	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:45	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:45	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:45	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:44	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:44	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:44	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:44	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 16:44	Photos	Normal	Photos 2019-8-16	

Video List

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

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

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