

# NATIONAL Assessment Centre Services

Date In: <b>20/08/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC19014508/1?</b>	SAS e-filing		
Veh No: <b>SLR8781P</b>	E-mail (Within 8hrs, AIC 2hrs)		
DOA: <b>20/08/19 0850</b>	i-Motor Claim Form	<b>MM/1058663 - 001</b>	
OD: TP <b>Reporting Only</b>	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( **RELIABLE** ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GBE7629R** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	7) N1 : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	20/08/2019 10:44
Date Of Accident	20/08/2019 08:50
Exact Location Of Accident	ALONG ADMIRALTY RD WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8781P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	RELIABLECARZPL@GMAL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65919999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093829189-01
Cover Note Number	

### Driver

Name of Driver	SURIANI BINTE AHMAD
NRIC No	S8324904H
Date Of Birth	22/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97809076
Fax Number	
Contact Number	
Email Address	E.I.R.I.A.N2283@GMAIL.COM

Address	BLK 331 SEMBAWANG CLOSE #11-367
Postcode	750331
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBE7629R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANI BALAMURALI
NRIC/Passport Number	G8123940T
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.

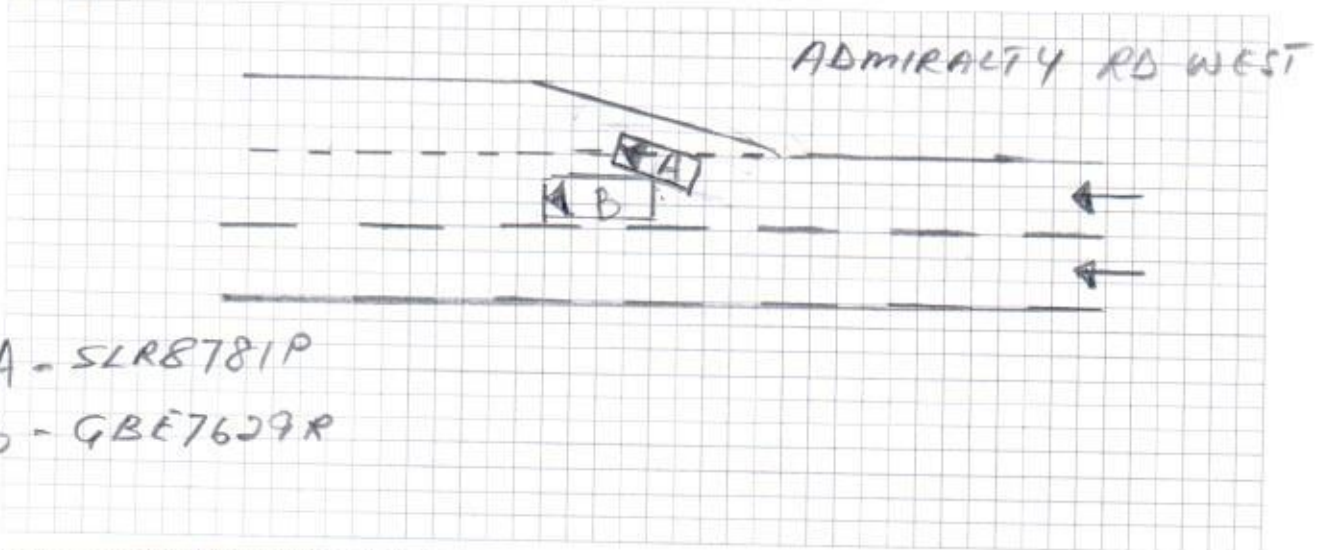


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A - SLR8781P  
B - GBE7629R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FILTERING RIGHT TO MAKE A U-TURN AHEAD BUT COLLIDE ON MY CAR LEFT FRONT SIDE WITH VEHICLE B BACK RIGHT SIDE.

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: 20/8/19

Reporting Centre Personnel's Signature  
Name: slym 20/08/19  
NRIC/FIN No.:



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S8324904H**



Name  
**SURIANI BINTE AHMAD**  
 سورياتي بنت احمد

Race  
**MALAY**

Date of birth  
**22-08-1983**

Country/Place of birth  
**SINGAPORE**

*For LKK/NAC Use Only*




REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8324904H**

**SURIANI BINTE AHMAD**

*For LKK/NAC Use Only*

Birth Date: **22 Aug 1983**  
 Issue Date: **11 Jun 2019**

**002943528A**

5225329



NRIC No. **S8324904H**

*For LKK/NAC Use Only*

Date of issue  
**02-10-2013**

**APT BLK 331 SEMBAWANG CLOSE #11-367  
 SINGAPORE 750331**

NRIC No: **S8324904H** Date: **07/11/2018**



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


**EFFECTIVE DATE**

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 **25 Mar 2004**

*For LKK/NAC Use Only*

NP 428A

Licence No: **S8324904H**



Name: Sufani Binte Ahmad

NRIC: S8324904H

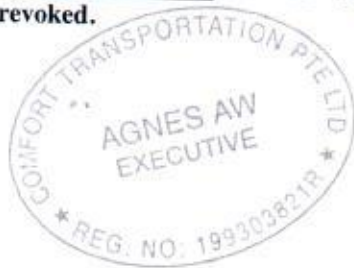
**TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE**

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL)

**PDVL Commencement Date:** 18 AUG 2019

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL. You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**



Kwan Mei Fong  
Assistant Registrar of Vehicles  
Land Transport Authority of Singapore

This Temporary PDVL is handed to you by \_\_\_\_\_ (centre officer name),  
(centre officer designation), of \_\_\_\_\_ (centre name).



**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:** 5093829189-01


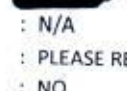
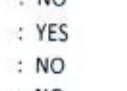
**Cover :** drivo CLASSIC

- |   |                          |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLR8781P               |
| Chassis Number  | : ZVW518038636           |
| 2. Name of Policyholder   | : RELIABLE RIDES PTE LTD |
| 3. Effective Date of Insurance  | : 30 Aug 2018            |
| 4. Expiry Date of Insurance   | : 29 Aug 2019            |
| 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)	
EXCESS (SECTION 2)	
WINDSCREEN EXCESS	
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	: MAYBANK
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 : 31 Jul 2018 18:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

**Claim Handling**

**Accident MT/1058663**

Policy No.	5093829189-01	Vehicle No.	SLR8781P	GST Registration No.
Certificate No.				
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	0	Contact No.(Office)	65919999	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

**Accident Details**

Report Date	20/08/2019 18:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/08/2019	Time of Accident hh:mm	08:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ADMIRALTY RD WEST			

**Excess**

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00	

**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
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-50	Related Policy Number	S106937496	

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SURIANI BINTE AHMAD	Driver NRIC	S8324904H	Driving Experience
Register Date of Driver License	25/03/2004	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	97809076	Contact No.(Office)	0	Address 3
Address 1	BLK 331	Address 2	SEMBAWANG CLOSE	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#11-367			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

**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 OD-MX

New

Claim Type \*

Contact No.(Mobile)		Insured Name	RELIAB
Email Address		Contact No.(Home)	
Claim Description		OI Vehicle Number	SLR878
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	20/08/2019 18:48
Report Taken By		Workshop Repairer	ROSLINDA

Print AK letter



Save Submit

Attachment

Accident No. MT/1058663 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 20/08/2019 00:00

- 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
- Choose File No file chosen
- Message Read

Path \*

Category \*

Confidential

Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:48	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:48	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:47	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:47	Photos	Normal	Photos

Video List

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