

NATIONAL Assessment Centre Services.

Jan 1 Jan 001

M:NA419109507

Date In: 20/08/2019 16:22	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19014619/F	SAS e-filing		
Veh No: SMJ9629X	E-mail (to John Blue, AIC 2hrs)		
D.O.A: 14/08/2019 04:40	I-Motor Claim Form	M/1058805-001	21/08/2019
OD - TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		16:30
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: PC 4156C	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 Reminders:

- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.
- ( ) Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Recommended (as per National Assessment Centre) to be completed by:

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

Injury: \_\_\_\_\_

Driver/Owner:


NBA1906345

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
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
Ref. 1:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	DI*	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (NI1): TP (Non INC) against INC	\$20
	2) NI2: Idas 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 16:22
Date Of Accident	14/05/2019 04:40
Exact Location Of Accident	BLK 12 TELOK BLANGAH CRESCENT OPEN CARPARK.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9629X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	-
Email Address	MOTORICARZGARAGE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96233308
Alternative Phone No	OFFICE-96233308

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA NOAH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE.
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108614334
Cover Note Number	

### Driver

Name of Driver	SHAWN NG YEW SENG
NRIC No	S7114082B
Date Of Birth	25/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88144187
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 12 TELOK BLANGAH CRESENT #04-109 SINGAPORE
Postcode	090012
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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	3
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)	0

#### 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 THE 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	PC4156C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6091L
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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**

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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.

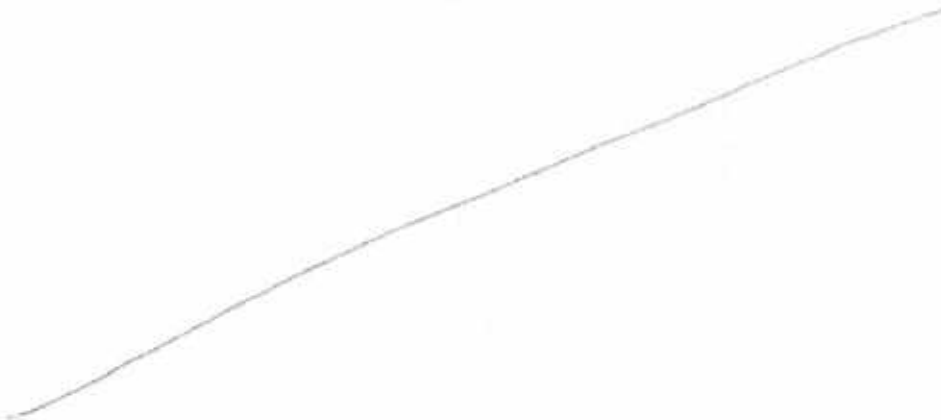
**SUPER STAR LIMO & CAR RENTAL**  
Reg. No.: 53359119L

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

I was informed by traffic police IO to go for an interview. At the interview I was informed that there were complain of me involving in an accident at the open air car park. Blok D Blok Bangsal Crescent on 14/07/19 about 4.4km. I did not remember me hitting into any vehicle at that point of time. After the interview, I received mail from TP that they will proceed with charges against me even though I had no impression of the accident. The 2 vehicle complete as follows, PCA156C and SHC6091L. I am logging in this report now so that there is a record to the authorities since the TP insists that I had committed this accident.

DECLARATION

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

SUPER STAR LIMO & CAR RENTAL  
Reg. No.: 53359119L

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
NRIC/TIN No.

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/1058805**

Policy No.	5108614334	Vehicle No.	SH9629X	GST Registration No.	
Certificate No.	5108614334-000011			Policyholder NRIC	S3359119L
Policyholder Name	SUPER STAR LIM & CAR RENTAL	Driver Type	DRIVER CLASSIC	Leading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96233308	Special Remark		eCode	No
Email Address		TCA	- No Yes	eCode Reason	
KFK	- No Yes	NCD Entitlement(%)	5	Private Hire	Yes
NCD Protection	No				
<b>Accident Details</b>					
Report Date	21/08/2019 16:22	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	14/05/2019	Time of Accident (hr:mm)	04:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	BLK 12 TELUK BLANGAH CRESCENT OPEN CARPARK				

<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	300.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

<b>Benefit</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	Yes		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 576 #12-500	Address 2	WOODLANDS DRIVE 18	Address 3	SINGAPORE 730176
Address 4		Address Type	Singapore address	Post Code	730576
Unit No.	12-500	Related Policy Number	5108614334		

<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/04/1971
Unnamed driver Name	SHAWN NG YEW SENG	Driver NRIC	S7134082B	Driving Experience	4
Register Date of Driver License	03/10/2014	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	88144187	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 12 #04-105	Address 2	TELUK BLANGAH CRESCENT	Address 3	SINGAPORE 050012
Address 4		Address Type	Foreign address	Post Code	096012
Unit No.	04-105	Driver Vehicle No.	SH9629X	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification history

Claim DB1 **New**

Claim Type *	OD-ME	Insured Name	SUPER STAR (LMO) & CAR RENTAL	Insured NRIC	S3359119L
Contact No (Mobile)		Contact No. (Home)	96233308	Contact No. (Office)	
Email Address		CI	SH9629X	TP Vehicle Number	PC413C
Claim Description	SH9629X / PC413C ON 14 May 2019				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Workshop, Name unknown	CIA Report
Damage No. Finalisation	Yes	Preferred Repair Option			Received
Date Registered	21/08/2019 16:20	Claim Close Date		Date Received	21/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

**Attachment**

Accident No.	MT/1058805	Claim No.	001																																
Last Doc. Received	Yes - No	Updated Date	21/08/2019 16:30																																
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
		Photo	Normal	Photos 2019-8-21	
		Photo	Normal	Photos 2019-8-21	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 16:30	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 16:30	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 16:30	Photos	Normal	Photos 2019-8-21
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 16:30	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 16:30	SAS	Normal	SAS 2019-8-21

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in new window    Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: 10/05/2019 (DD/MM/YYYY), TIME: 4:41 (HH:MM)  
LOCATION: BK 12 Telok Blangah Crescent open carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ 9629X  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 509224996-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Noah  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Grab work  
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: Super Star Limo 3 Car Rental (MALE / FEMALE) MSUM  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96233308  
C) ADDRESS: 576 Woodlands Drive 16 #16-500 Singapore 730576

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Shawn Ng Yew Sing (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7114092B CONTACT: 88144187  
c) ADDRESS: BK 12 Telok Blangah Crescent #04-109 Singapore 090012

\* d) DATE OF BIRTH: 25/04/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/10/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Grab

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: Traffic Police HQ

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC4156C MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHC 6091L MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passenger  
(including driver)  
(0)

# No of passenger  
(including driver)  
(0)

# No of passenger  
(including driver)  
(0)

email = [motoricarzgarage@gmail.com](mailto:motoricarzgarage@gmail.com)  
VIDEO



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="radio"/>	5108614334	5108614334-000011	SUPER STAR LIMO & CAR RENTAL	53359119L	GFM	drive CLASSIC	SMJ9629X	SMJ9629X	12/04/2019	11/04/2020

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MMA491.09507 Vehicle Registration No: SMJ9629X  
 Name (as shown in NRIC) : SHAWN NG YAN SHAN NRIC/FIN/Passport No : S7114082B  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 88144187  
 Email Address : \_\_\_\_\_  
 Date of Accident : 14/05/2019 Time of Accident : 04:40  
 Place of Accident : BLK 12 TROCK BLONDHOF CANTON OPAN CANTON  
 Insurance Company : NMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① DATE OF ACCIDENT TO 14/05/2019
- ② CERTIFICATE NUMBER IN 5108614334

Policyholder / Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name: Koh Joo Koh  
NRIC/FIN No.:  
Date: