

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 119124653

Date In: 20/9/19 12:02	Job description	Date & Time Completed	Done by
Ref No: MMA/INC19016632/h4	SAS e-filing		
Veh No: STW 6325J	E-triall (within 3hrs, AIC 2hrs)		
DDA: 19/9/19 22:40	I-Motor Claim Form	MT/1063266 ⁰⁰¹	20/9/19 13:56
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GU 9345C	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

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	PAH (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	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 (Non INC) against INC \$20		
	9) N12: Idao 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	20/09/2019 12:02
Date Of Accident	19/09/2019 22:40
Exact Location Of Accident	BLK 527 BEDOK NORTH ST 3 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6325J
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440777

Vehicle Particulars

Manufacturer	KIA
Model	KOUP
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110751486
Cover Note Number	-

Driver

Name of Driver	JASON NOAH NEO CHIN HWEE
NRIC No	S7016419A
Date Of Birth	09/05/1970
Occupation	INDOOR
Date Of Driving Pass	22/11/1990
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92222002
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 230 HOUGANG AVE 1 #06-200
Postcode	530230
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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: : MELVIN LIM 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

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	GU9345C
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 INJURED PERSON 1

Name	JASON NOAH NEO CHIN HWEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW6325J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:


Signature

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

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streetdirectory.com

HDB Bedok, 527 Bedok North Street 3 460527

Location
of Company

HDB Bedok
527 Bedok North Street 3
(5)460527

Map Directions

Map

Building Directory

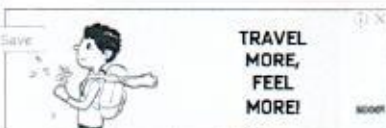
What's Nearby

Get Tips

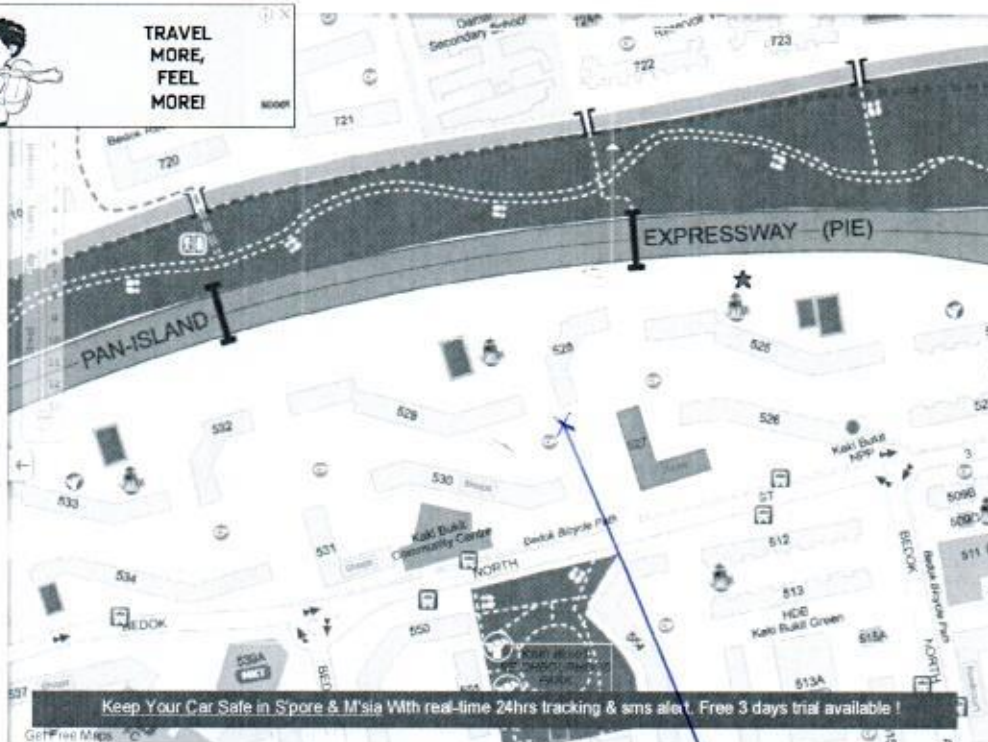
Getting Here



5 Things You Shouldn't Do
If He's Cheating On You



TRAVEL
MORE,
FEEL
MORE!



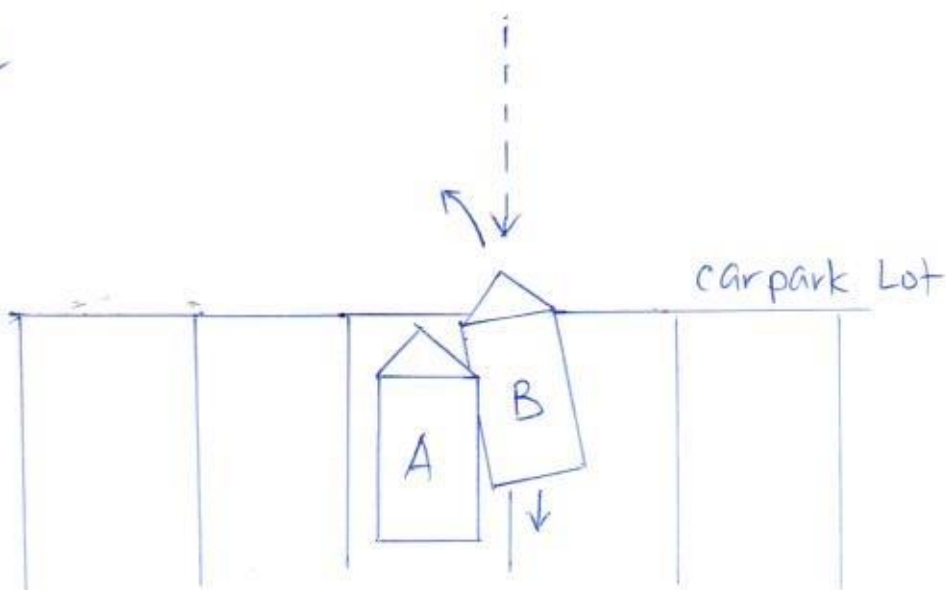
Keep Your Car Safe in Spore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Accident site

A - SJW6325J

B - GU9345C

Ramadhan
570649A



Accident Statement

On 19th of September 2019, at around 2240hrs, I parked my vehicle (SJW6235J) at Blk 527 Bedok North Street 3 carpark . Suddenly a vehicle from the front opposite carpark lot reverses to the lot on right side to my vehicle, so closely that hit my right side of my vehicle, instantly in a swift movement the said vehicle drove forward and with the left trusting direction and driving the side of the said vehicle into my vehicle's front portion further damaged my vehicle. I wish to state that throughout this incident, I am seated in the car to total stationary position. After hitting my car, the driver apologetically informed that he failed to notice my vehicle. I am making a claim against third party. .



Name: Jason Noah Neo Chin Hwee
NRIC: S7016419A

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: 5110751486-000012

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJW6325J**
 Chassis Number : KNAFW611MA5224563
2. Name of Policyholder : CARWAY LEASING & RENTAL
3. Effective Date of Insurance : 30 Aug 2019
4. Expiry Date of Insurance : 29 Aug 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue : 27 Jun 2019 15:04 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/1063266

Policy No.	5110751486	Vehicle No.	SJW6325J	GST Registration No.	
Certificate No.	5110751486-000012				
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	67440777	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	20/09/2019 13:52	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	19/09/2019	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 527 BEDOK NORTH ST 3 CARPARK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	20/09/2019 13:54:15 System changed GST Status Verified from No to Yes
GST Registration Date	
GST Status Verified	Yes

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	03-01	Related Policy Number	5110754147		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JASON NOAH NEO CHIN HWEE	Driver NRIC	S7016419A	Driver DOB	09/05/1970
Register Date of Driver License	22/11/1990	Driver Age	49	Driving Experience	28
Contact No.(Mobile)	92222002	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 230 #06-200	Address 2	HOUANG AVENUE 1	Address 3	SINGAPORE 530230
Address 4		Address Type	Singapore address	Post Code	530230
Unit No.	06-200				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CARWAY LEASING & RENTAL	Insured NRIC	53264813K
Contact No.(Mobile)	98627777	Contact No. (Home)		Contact No. (Office)	657444
Email Address		CI		TP	
Claim Description		Vehicle Number	SJW6325J	Vehicle Number	GU934
Preferred Workshop	0	Name of Preferred Workshop			
Insured Liability	Not at Fault				
Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	20/09/2019 13:55	Claim Close Date		Date Received	20/09/2019
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1063266	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/09/2019 13:56			
Path *		Category *	Confidential	Urgency *	Desci	
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	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:56	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-9-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:56	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-9-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:56	SAS		Normal	SAS 2019-9-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:56	Photos		Normal	Photos 2019-9-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:56	Photos		Normal	Photos 2019-9-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:56	Photos		Normal	Photos 2019-9-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:55	Photos		Normal	Photos 2019-9-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:55	Photos		Normal	Photos 2019-9-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Sep 2019 13:55	Photos		Normal	Photos 2019-9-20	

Video List

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