

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

Date In: 14/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9018061/13	SAS e-filing		
Veh No: 5MD8702E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/09/19 1300	i-Motor Claim Form	MT/1064920-002	
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: UNKNOWN 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

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	14/10/2019 14:44
Date Of Accident	26/09/2019 13:00
Exact Location Of Accident	MAJU AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD8702E
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	201914185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110029694
Cover Note Number	
Driver	
Name of Driver	LIN DA
NRIC No	S9073903D
Date Of Birth	01/07/1990
Occupation	INDOOR
Date Of Driving Pass	10/01/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88621837
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 38 LORONG 5 TOA PAYOH #03-479
Postcode	310038
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)	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

PLS REFER TO THE ATTACHED 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	UNKNOWN
Vehicle Make/Model/Colour	VAN(PETS STATION)
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)	

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:

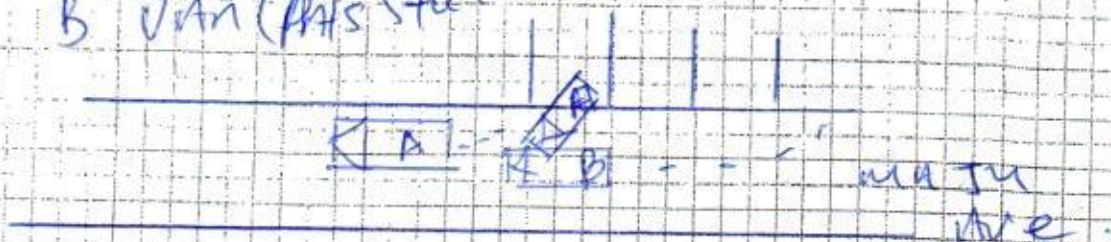


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

A SMD 8702E

B VAN (PETS station)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/9/2019 at around 1:00pm, my vehicle SMD 8702E was making a reserve parking along main Ave. I had checked my rear and was clear. While I was making my reserve parking suddenly a vehicle (VAN PETS station) came out of others lot and my front left hit onto the van right side door. After the accident the driver exchange HP number with me saying the company will contact me for private settlement. On 27/9/2019 an unknown call representing PETS station call and asking for \$500 for the damage. I agreed to pay him cos my excess is higher if claim insurance. After 27/9/19 they didn't contact me anymore. After about 3 days still didn't receive any call from them as I had lost all the contact in my phone I sent my car repair for \$400. I thought that they didn't call me cos the van driver also at fault.

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.:

afym 14/10/19

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9073903D



Name

LIN DA

林 达

Race

CHINESE

Date of birth

01-07-1990

Country of birth

CHINA

Sex

M



S9073903D

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S9073903D

Name: LIN DA

Birth Date: 01 Jul 1990

Issue Date: 10 Jan 2017



002646382B

5049512



NRIC No. S9073903D



Date of issue

15-06-2012

Address

APT BLK 38 LORONG 5 TOA PAYOH

#03-479


SINGAPORE 310038

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 10 Jan 2017

NP 428A



Licence No: S9073903D

Name: LIN PA

NRIC: S9073903D

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 (PDV)

PDVL Commencement Date: 30 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).

VEHICLE NO: SMD 8702E

MAKE & MODEL : mercedes

14/10/19
company
Stamp

DATE OF ACCIDENT	26 / 09 / 2019	
TIME OF ACCIDENT	1 : 00 AM / PM	
LOCATION OF ACCIDENT	Major Ave.	
Exact Purpose use during accident		
NAME OF OWNER	Aurora Car Rental & Leasing Singapore Pte Ltd	
TELP NO		
NRIC		
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>	
PRIVATE HIRE	<u>YES</u> / NO ?	
INSURANCE CO.	NTUC	
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5	
NAME OF DRIVER	As above / If No: Linda	
NRIC	S90739030	Any passengers:
DATE OF BIRTH	10 / 07 / 1990	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	10 / Jan / 2017	
GENDER	<u>Male</u> / Female	
CONTAC NO.	8862 1837 Office: Home:	
ADDRESS	BLK 38 Lor 5 Toa Payoh #03-479 (S) 310038	
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:	
RELATIONSHIP	Employee / If No: <u>HIRER</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other :	
ROAD SURFACE	<u>Dry</u> / Wet / Other :	
ANY INJURIES	No / If yes : Who?	
CONTAC NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	<u>VAN (PES station)</u>	Any Passenger :
NAME		
CONTAC NO.		Any Passenger :
VEHICLE C NO.		Any Passenger :
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	6 Speed Autowerkz Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15	68 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit	#02-05 ARK @ KB, Singapore 417886
FAX NO.	Singapore 417883	Tel: 6384 7037 Fax: 6384 7039
	Telp : 67476106 (6 lines)	Email: 6speedautowerkz@gmail.com
	Fax: 67442368	

Richardyeo1980@yahoo.com.sg

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: 5110029694-000001

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SMD8702E**
Chassis Number : WDD2120472A161105
2. Name of Policyholder : **AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD**
3. Effective Date of Insurance : **30 May 2019**
4. Expiry Date of Insurance : **29 May 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 : ALPINE FINANCIAL PTE. LTD. (00000610144)
Date of Issue : 30 May 2019 17:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1064920

Policy No.	5110029694	Vehicle No.	SMD8702E	GST Registrat
Certificate No.	5110029694-000001			
Policyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details				
Report Date	01/10/2019 15:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/09/2019	Time of Accident hh:mm	12:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG MAJU AVE SERANGOON GARDENS			

▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				

▼ Policyholder Mailing Address				
Address 1	BLK 79B #29-17	Address 2	TOA PAYOH CENTRAL	Address 3
Address 4	SINGAPORE 312079	Address Type	Singapore address	Post Code
Unit No.	29-17	Related Policy Number	5110029694	

▼ OI Driver Info				
Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(I
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SMD8702E / UNKNOWN ON 26 Sept 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	15/10/2019 12:32
		Workshop Repairer	ROSINDA
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.

MT/1064920

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

15/10/2019 00:00

Path *

Category *

Confid

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

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	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:32	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:32	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:32	SAS		Normal	?
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:32	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:32	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:31	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:31	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:31	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:31	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:31	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 12:31	Photos		Normal	PI

Video List

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