

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MIJA119139126**

Date In: 21/12/19 - 12:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1901859/24	SAS e-filing		
Veh No: 5QMB694R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/12/19 - 11:25	i-Motor Claim Form	M711067876-001	21/12/19 14:44
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: **5QMB694R** 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't (\$) for Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Cat. 1:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 2 / 3:	Q1)*		
	*N5: Courtesy Car / Tpl 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: Idno 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	21/10/2019 12:40
Date Of Accident	21/10/2019 11:25
Exact Location Of Accident	LOR NAPIRI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6904R
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE
Co Reg No	201914185K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96156888
Alternative Phone No	OFFICE-96156888

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 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	PHUA KWAI LEE
NRIC No	S7762038I
Date Of Birth	07/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90461031
Fax Number	
Contact Number	OFFICE-90461031
EEmail Address	NOEMAIL

Address	BLK 461C BUKIT BATOK WEST AVENUE 8 #03-740
Postcode	653461
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CAME OUT FROM BRIGHT VISION HOSPITAL AND HIT ONTO MY VEHICLE LEFT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4225G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	87820054
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.:

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110029694	5110029694-000016	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD	201914185K	GFM	Third Party	SJM6904R	SJM6904R	19/06/2019	29/05/2020

Continue

Policy Information

Policy No.	5110029694	Policyholder Name	AURORA CAR RENTAL & LEASIN	Policyholder NRIC	201914185K
Certificate No.	5110029694-000016				
Address	BLK 79B #29-17 TOA PAYOH CENTRAL CENTRAL HORIZON SINGAPORE 312079				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/05/2019	Effective Date	30/05/2019 00:00	Expiry Date	29/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ALPINE FINANCIAL PTE. LTD.	Agent Tel.	65113025	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

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

Insured Object: 5110029694-000016

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1067876

Policy No.	5110029694	Vehicle No.	SJM6904R	GST Registration No.	
Certificate No.	5110029694-000016				
Policyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD			Policyholder NRIC	201914185K
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	96156888	Contact No. (Office)	0	Contact No. (Home)	0
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 Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	21/10/2019 19:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	21/10/2019	Time of Accident hh:mm	11:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR NAPIRI				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

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	CENTRAL HORIZON
Address 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
Unit No.	29-17	Related Policy Number	5110029694		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/03/1977
Unnamed driver Name	PHUA KWAI LEE	Driver NRIC	S77620381	Driving Experience	12
Register Date of Driver License	23/12/2008	Driver Age	42	Contact No. (Home)	0
Contact No. (Mobile)	90461031	Contact No. (Office)	0	Address 1	WEST ROCK @ BUKIT BATOK
Address 1	BLK 461C	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	
Address 4	SINGAPORE 653461	Address Type	Singapore address	Post Code	653461
Unit No.	03-740				
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	AURORA CAR RENTAL & LEASIN	Insured NRIC	201914185K
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SJM6904R	TP Vehicle Number	SHC4225G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJM6904R / SHC4225G ON 21 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/10/2019 19:44	Claim Close Date		Date Received	21/10/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1067876	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	21/10/2019 19:45

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:45	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:45	SAS	Normal	SAS 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:44	Photos	Normal	Photos 2019-10-21	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		