

NATIONAL Assessment Centre Services

Date In: 12/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020013/13	SAS e-filing		
Veh No: SJM7881R	E-mail (within 8hrs. AIC 2hrs)		
D.O.A. 11/11/19 1930	i-Motor Claim Form	MS/1071045-001	
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: (RELIABLE) Tel: Fax: ()

TP Particulars:	Veh No: <u>SML 77442</u> INC () / Non-INC ()
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Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: (Date:	Time:)
Insured/Driver Liability (%)	Note Est. Status (W/O):	N: 0.00% E: 21.70% F: 20.10% (1)	

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
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1) Apply for Transport Allowance () / Courtesy Car ()				
2) CC Check / Pass 2 in 1				

2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		

7. Depreciable Residual Value (Note) (Repair Cost > \$50,000)	()		
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Initial:

Injury: _____

Date/Time	Actions

[illegible][illegible]

NA1908604	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	
	2) DA : Damage Assessment (\$100);	INC (\$30)

river/Owner:	3) TF : Towing Fee	\$40/\$45
	4) FT : Follow-Through Survey	\$:20

contact No:	5) iT : Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2005)	

damaged Portion:	6) TR : Re-inspection	\$75
	7) NL : Ideo D.A. & SMRT Survey	\$160

5	8) NTUC Additional Services:-	2100
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C. Checked by (Engr-In-Charge):	On*		
	* N5: Courtesy Car / Tpt Allowance	\$5	

Auditors' Comments :	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25

	*N8: DV / Collect Excess Coordination	\$5
L 1:	TP (N11) : TP (Non INC) against INC	\$20

12/3:	9) N12: Idac Mobile	30	
	Invoice dated	Fee Charged	

Invoice dated	Fee Charged	
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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	12/11/2019 11:14
Date Of Accident	11/11/2019 19:30
Exact Location Of Accident	ALONG UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM7881R
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	RELIABLECARZPL@GMAL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81669797
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GOJEK
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	YES
Policy Number	5106937496
Cover Note Number	
Driver	
Name of Driver	JORDAN TAN
NRIC No	S9728053C
Date Of Birth	16/08/1997
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98517042
Fax Number	
Contact Number	
EMail Address	JORDANXROS@ICLOUD.COM

Address	BLK 182 RIVERVALE CRESCENT #16-321
Postcode	540182
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 - HEAD TO REAR
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?	NO
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	SML7744Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHONG XIANSHU
NRIC/Passport Number	S2741739F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

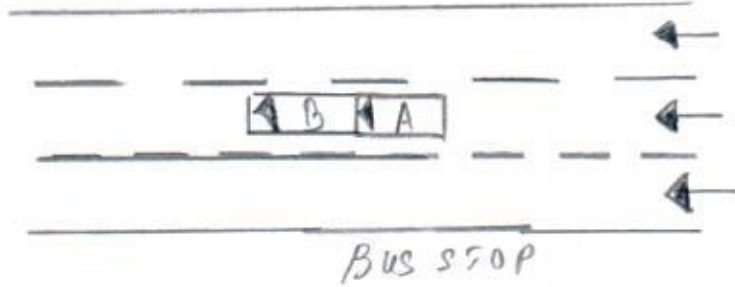
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

UPP SERANGOON RD

A - SJM 7881R

B - SML 7744Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car B was inching forward and then suddenly come to a complete stop ~~and~~ despite much space in front I was behind him and brake immediately with speed less than 10km/h and I slightly touch his rear bumper. No visible damage on car or ^{injury} to the driver and passenger.

DECLARATION

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



Policyholder's Signature
Date & Time:

JS

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

Shun 12/11/19

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

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: 5106937496

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM7881R**
Chassis Number : NZE1416098313
2. Name of Policyholder : RELIABLE RIDES PTE LTD
3. Effective Date of Insurance : 10 Jan 2019
4. Expiry Date of Insurance : 09 Jan 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,500
WINDSCREEN EXCESS	: S\$100
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	: TAI THONG LEE TRADING PTE LTD
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 : 10 Jan 2019 08:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1071045

Policy No.	5106937496	Vehicle No.	SJM7881R	GST Registrat
Certificate No.				
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81569797	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	12/11/2019 14:24	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	11/11/2019	Time of Accident hh:mm	19:30	Country of A
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG UPPER SERANGOON RD			
Excess				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	4,000.00	
Third Party Excess	2,500.00	Outside Singapore TP Excess	4,000.00	
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	5106937496	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JORDAN TAN	Driver NRIC	S97280530	Driver DOB
Register Date of Driver License	17/09/2016	Driver Age	22	Driving Exper
Contact No.(Mobile)	98517042	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 182	Address 2	RIVERVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#16-321			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 OD-MX New				
Claim Type OD-MX Insured Name R				
Contact No.(Mobile)		Contact No.(Home)		
Email Address		OI Vehicle Number		S
Claim Description SJM7881R / SML7744Z ON 11 Nov 2019				
Preferred Workshop		Insured Liability	Fully at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered				12/11/2019 14:32 Claim Close Date
Report Taken By				ROSLINDA Workshop Repairer
Print AK letter				
Save Submit				
Attachment				

Accident No.
Last Doc. Received

MT/1071045
* Yes No

Claim No.
Upload Date

001
12/11/2019 00:00

Path

Choose File No file chosen

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NO

NO















NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 14:32	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 14:32	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 14:30	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 14:30	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 14:30	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 14:30	SAS		Normal	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 14:30	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading