

# NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MNA 119152086

Date In: 18/11/19 13:48	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19020418164	SAS e-filing		
Veh No: SMK 9072X	E-mail (within 3hrs, AIC 2hrs)		
DDA: 18/11/19 09:20	I-Motor Claim Form	M7/1071872-001	18/11/19 16:58
(J) : 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 / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD 3457E	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 rep/ret.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC Ref No: 6/18/00168	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	Action

WA 1908636

Claimant's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):

Auditors' Comments:
Sat. 1:

Invoice Ref No	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-Inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*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 (IS-on 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	18/11/2019 13:48
Date Of Accident	18/11/2019 09:20
Exact Location Of Accident	AYE TWDS MCE B4 ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9072X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE LIMO PTE.LTD.
Co Reg No	201906408Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5108014852
Cover Note Number	

### Driver

Name of Driver	BOK CHEE HOU (MO ZHIAO)
NRIC No	S7230793C
Date Of Birth	30/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90991909
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 441D FERNVALE RD #19-343
Postcode	794441
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?	
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: : UNKNOWN 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

I WAS TRAVELLING ALONG AYE TWDS MCE B4 ALEXANDRA EXIT ON THE EXTREME LEFT, WHEN SUDDENLY THE TAXI WHICH WAS INFRONT OF ME STOPPED, I MANAGE TO STOP BUT STILL LIGHTLY TOUCH ONTO THE TAXI REAR PORTION.

#### 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	SHD3457E
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)

1

12

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



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

A = SMK 9072 X

B = SHD 3457 E

AYE twos MCE B4 Alexandra Exit



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:

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:** 5108014852-000006

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMK9072X**  
Chassis Number : ZWR800360385
2. Name of Policyholder : **RELIABLE LIMO PTE.LTD.**
3. Effective Date of Insurance : **29 Apr 2019**
4. Expiry Date of Insurance : **28 Apr 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	: DICKSON CAPITAL 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 : **07 Mar 2019 09:18 hrs**

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

**Countersigned By:**



**Authorised Officer**



**Chief Executive**

## Claim Handling

## Accident MT/1071872

Policy No.	5108014852	Vehicle No.	SMK9072X	GST Registration No.	
Certificate No.	5108014852-000006				
Policyholder Name	RELIABLE LIMO PTE.LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	2019064082
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81669797	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No ▼
KFK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
▼ Accident Details					
Report Date	18/11/2019 16:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/11/2019	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS MCE BH ALEXANDRA EXIT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	2,500.00		
YJED OD Excess	0.00	YJED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	2,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5108014852		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BOH CHIE HOH (MO ZHIHAO)	Driver NRIC	S7230793C	Driver DOB	30/08/1972
Register Date of Driver License	06/04/2015	Driver Age	47	Driving Experience	4
Contact No.(Mobile)	90991909	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 441D #19-343	Address 2	FERNVALE ROAD	Address 3	FERNVALE VISTA
Address 4	SINGAPORE 794441	Address Type	Singapore address	Post Code	794441
Unit No.	19-343				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RELIABLE LIMO PTE.LTD.	Insured NRIC	2019064082
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SMK9072X	TP Vehicle Number	SHD34
Claim Description	SMK9072X / SHD3457E ON 18 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault		
Submit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	18/11/2019 16:57	Date Received	18/11/2019
Report Taken By	JIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1071872	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/11/2019 16:58
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Deso
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			
▼ Attachment List			

Attachment	Uploaded By/Date	Category	Key	Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 16:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 16:58	SAS		Normal	SAS 2019-11-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 16:58	Photos		Normal	Photos 2019-11-18	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Nov 2019 16:58	Photos		Normal	Photos 2019-11-18	

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	