

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 119154326

Date In: 21/11/19 - 13:45	Job description	Date & Time Completed	Done by
Ref No: NA/119154326/16/24	SAS e-filing		
Veh No: JW 52583	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/11/19 - 12:35	i-Motor Claim Form	M711072553-001	21/11/19 15:26
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: 511 25701	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

NA 119154326	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac 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	22/11/2019 13:45
Date Of Accident	21/11/2019 20:35
Exact Location Of Accident	COMMONWEALTH AVE TWDS HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5258B
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90074650
Alternative Phone No	OFFICE-90074650

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111764192
Cover Note Number	

Driver

Name of Driver	LEE BOON HUAT (LI WENFA)
NRIC No	S7143621G
Date Of Birth	25/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90074650
Fax Number	
Contact Number	OFFICE-90074650
Email Address	NOEMAIL

Address	BLK 891A TAMPINES AVENUE 8 #04-74
Postcode	521891
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	CHAIN COLLISION
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	4
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)	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

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	SJT2570J
Vehicle Make/Model/Colour	KIA FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDY5533S
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Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMG8589A
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	LEE BOON HUAT (LI WENFA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW5258B
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 lodging 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 situated 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.

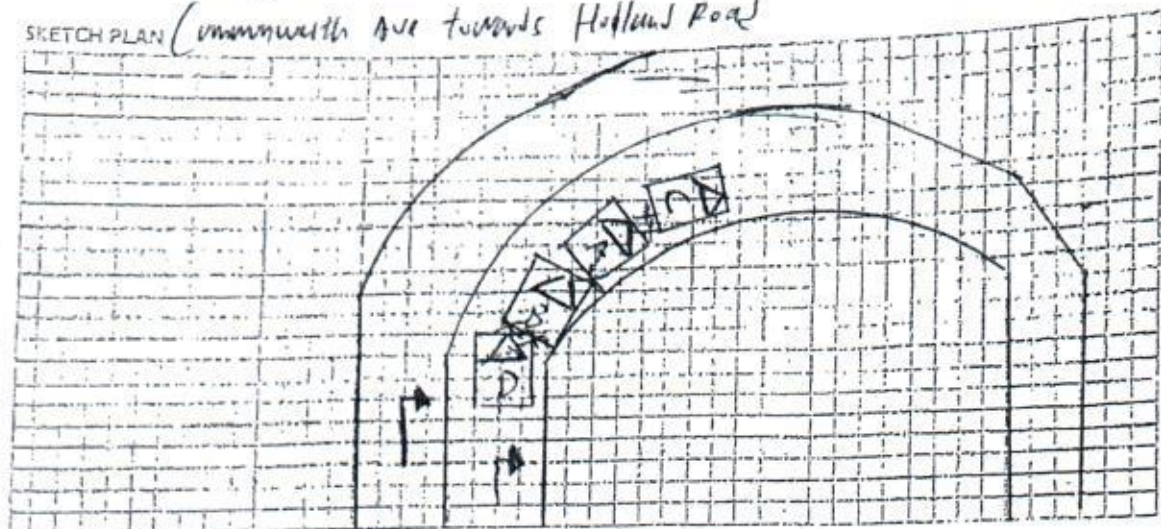


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN (Commonwealth Ave towards Holland Road)



Veh A:
SJW 5258 B

Veh B:
SJT 2570 J

Veh C:
SDY 5533 S

Veh D:
SMG 8584 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The stated time and date.

I was travelling my vehicle bearing carplate SJW 5258 B at Commonwealth Ave towards Holland, when I was going to U-turn to Holland Road. Suddenly I felt a very huge impact from my Rear. I alighted and realise that vehicle bearing carplate SJT 2570 J was collided on my rear. The impact was very huge that caused my vehicle surge forward and collided a vehicle bearing carplate SDY 5533 S. After the accident, I felt uncomfortable and consult a doctor and given 1 Day MC.

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.:

Date of Accident : 21/11/2014 Accident Time: 2035 (24-HR-Format)
Accident Place : Commonwealth Ave towards Holland Pond
Vehicle Reg. No. (Car Plate No.) : SJW 5258 B
Vehicle Make/Model : Honda stream
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Carzy Rentals , 201723629E
Owner or Company Contact No. : 90074650 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Lee huan hant S7143621G
DRIVER'S Date Of Birth : 25/11/1971 DRIVER'S License Pass Date 22 Oct 1992
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
DRIVER'S Address : B/k 891A Tampines Ave 8 # 04-74
DRIVER'S Contact No. / Alt No. : 1) 90074650 2) _____
DRIVER'S Occupation : INDOOR (OUTDOOR e.g. working inside or outside office)
Email Address : Admin@mycar.sg
Weather & Road Surface : CLEAR & DRY DRAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only (Claim Other Party) \ Claim Own Insurance
Number of Passengers (Including Driver): 01 MC 1 day
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJT2570J
Vehicle Make/Model: Kia Forte
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: SDY 5533 S
Vehicle Make/Model: Toyota ATR
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

SMG 8589 A

Honda Veeel

eBaoTech

GeneralClaim

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
☐	5111764192	5111764192-000024	EAZY RENTALS PTE LTD	201723629E	GFM	drive CLASSIC	SJW52588	SJW52588	26/09/2019	25/09/2020

Continue

Policy Information

Policy No.	5111764192	Policyholder Name	EAZY RENTALS PTE LTD	Policyholder NRIC	201723629E
Certificate No.	5111764192-000024				
Address	10 BUROH STREET #02-20 WEST CONNECT BUILDING SINGAPORE 627564				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/09/2019	Effective Date	26/09/2019 00:00	Expiry Date	25/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	9869.28		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILD	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5111764192		

Insured Object: 5111764192-000024

Endorsements

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

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1072553

Policy No.	5111764192	Vehicle No.	51W52588	GST Registration No.	
Certificate No.	5111764192-000024				
Policyholder Name	EASY RENTALS PTE LTD			Policyholder NRIC	201723629E
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90074650	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	22/11/2019 15:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/11/2019	Time of Accident hh:mm	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVE TWO'S HOLLAND RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	10 BURCH STREET	Address 2	#02-20 WEST CONNECT BUILD	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5111764192		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE BOON HUAT (LI WENFA)	Driver NRIC	S7143621G	Driver DOB	25/11/1971
Register Date of Driver License	22/10/1992	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	90074650	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 891A	Address 2	TAMPINES AVENUE 8	Address 3	SINGAPORE 521891
Address 4		Address Type	Singapore address	Post Code	521891
Unit No.	04-74				
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
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	EASY RENTALS PTE LTD	Insured NRIC	201723629E
Contact No.(Mobile)	88694660	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	SHAWN.APEKAUTOMOTIVE@GM	O1 Vehicle Number	51W52588	TP Vehicle Number	51T25703
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	51W52588 / 51T25703 ON 21 Nov 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	22/11/2019 15:26	Claim Close Date		Date Received	22/11/2019 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

up

Accident No.	MT/1072553	Claim No.	001
Last Doc Received	☒ Yes ☐ No	Upload Date	22/11/2019 15:27
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:27	SAS	Normal	SAS 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 22 Nov 2019 15:26	Photos	Normal	Photos 2019-11-22	

Video List

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