

NATIONAL Assessment Centre Services.

(part 1 of 2)

MA908295

Date In: 26/11/2019 16:39	Job description	Date & Time Completed	Done by
Ref No: MA9082954114	SAS e-filing		
Veh No: GX50X	E-mail (3 jobs 2hrs, AIC 2hrs)		
DOA: 23/11/2019 11:50	I-Motor Claim Form	ml1073150-001	26/11/2019
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SKQ 696Y	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: (\$	Landing: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time/Location: _____

MA908295	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (var 10 Jan 2020)
	6) TR: Re-inspection \$75
	7) NI: Issue 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 (Nil) : TP (Non INC) against INC \$20
	*N12: Issue Mobile \$30
	Invoice dated
	Invoice dated
	Fee Charged
	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	26/11/2019 16:39
Date Of Accident	23/11/2019 11:50
Exact Location Of Accident	JALAN BERINGIN TOWARDS SERAYA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX50X
Insured/Policyholder	
Name Of Registered Owner	K-10 CAR RENTAL PTE. LTD.
Co Reg No	201724040C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84500078
Alternative Phone No	OFFICE-84500078

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109919267
Cover Note Number	

Driver

Name of Driver	KHNG TIAN WEI, MELVIN
NRIC No	S9320399B
Date Of Birth	05/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84500078
Fax Number	
Contact Number	OTHERS-84500078
Email Address	NOEMAIL

Address	BLK 311 CANBERRA ROAD #03-155
Postcode	760311
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KEN KHENG 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

PLEASE REFER TO SKETCH PLAN

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	SKQ696Y
Vehicle Make/Model/Colour	RANGE ROVER
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)

SKETCH PLAN

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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:

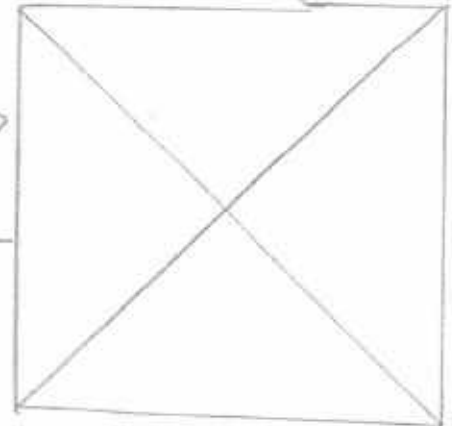
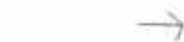
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No:

SKETCH PLAN

Jalan BERINGIN TOWARDS SERAYA ROAD ↑



- A) GX 5DX
- B) SKQ 696Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned details, I was driving along Jin Beringin & intend to turn right towards Seraya Rd. I slowed down & stopped to wait for traffic clearance from opposite before I proceed when suddenly vehicle B collided onto my rear seconds later.



I/We hereby declare that the above particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC No.:

26/11/2018
Rafiqi Mustafa

ACCIDENT DATE & LOCATION

Date & Time of Accident *	Date: 23/11/19	Time: 11:50hrs (24 hr format)
Exact Location of Accident *	Per Jin Beringin towards Seraya Rd	

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number *	GX 50X	Make & Type *
Name of Registered Owner *	K-10 Car Rental Pte Ltd	
NRIC / FIN / Passport / Co Regn No. *	201724040C	
Contact Number *	9850 2052	Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken <input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	Guine/EQ/Eliga/MSIG/Tokio Marine/Great American- NTUC
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	

DRIVER

Name of Driver *	KHAI TIAN WEI MELVIN	Gender * <input checked="" type="radio"/> Male / <input type="radio"/> Female
NRIC / FIN / Passport Number *	S93203998	
Date of Birth *	5/6/1993 (dd/mm/yyyy)	
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	21/12/2015	
Contact Number *	845 00078	
Address	B1K 311 Canberra Rd #03-155 (S) 750311	
Email Address / Fax Number *	Email:	Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: <u>None</u>	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision	Chain Collision / Side-Swipe / <u>Front to Rear</u> / Others:
Weather Conditions *	<u>Clear</u> / Raining / Others:
Road Surface *	Wet / <u>Dry</u> / Others:

OTHER INFORMATION

Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(2)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(2)
Passengers	Name: <u>Ken Kheng</u> Name: _____ Gender: <u>Male</u> / Female Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <u>No</u>	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SKQ 696Y	2)
Vehicle Make / Model / Colour	Range Rover	
Damage to Vehicle/Property?	y	
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

Claim Handling

Accident MT/1073150

Policy No.	5109919267	Vehicle No.	GX50X	GST Registrat
Certificate No.	5109919267-000005			
Policyholder Name	K-10 CAR RENTAL PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Leading
Contact No.(Mobile)	98502052	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	26/11/2019 17:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/11/2019	Time of Accident hh:mm	11:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN BERINGIN TOWARDS SERAYA ROAD			

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	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	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	3 LORONG 14 GEYLANG	Address 2	#06-06 CENTRAL IMPERIAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-06	Related Policy Number	5109918788	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KHNG TIAN WEI, MELVIN	Driver NRIC	S93203998	Driver DOB
Register Date of Driver License	21/12/2015	Driver Age	26	Driving Experi
Contact No.(Mobile)	98502052	Contact No.(Office)		Contact No.(H
Address 1	BLK 311 #03-155	Address 2	YISHUN RING ROAD	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	03-155			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GX50X	Driver Insurer

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	K-1
Contact No.(Mobile)	88660010	Contact No. (Home)	
Email Address		OI Vehicle Number	GX
Claim Description	GX50X / SKQ696Y ON 23 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	26/11/2019 17:59
			ROSLI WAHAB

Print AK letter

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Path →

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 Attachment List

Attachment	Updated By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	Photos		Normal	Phi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	Photos		Normal	Phi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	Photos		Normal	Phi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	Photos		Normal	Phi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	Photos		Normal	Phi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	Photos		Normal	Phi
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	Photos		Normal	Phi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Nov 2019 18:00	SAS		Normal	Sa

▼ Video List

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

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109919267	5109919267-000005	K-10 CAR RENTAL PTE. LTD.	201724040C	GFM	Comprehensive	GX50X	GX50X	01/06/2019	31/05/2020