

NATIONAL Assessment Centre Services

Date In: 02/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021252/13	SAS e-filing		
Veh No: SMM5650T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 30/11/19 2250	i-Motor Claim Form	MT/1073975-001	
OD: <input checked="" type="radio"/> 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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SSS3105D	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%, F: 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

NA1909022	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	02/12/2019 18:02
Date Of Accident	30/11/2019 22:50
Exact Location Of Accident	ALONG TAMPINES AVE 5/TAMPINES AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM5650T
Insured/Policyholder	
Name Of Registered Owner	RABBIT CAR RENTAL PTE. LTD.
Co Reg No	201916547M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5110778790
Cover Note Number	
Driver	
Name of Driver	TAN BOON HAN
NRIC No	S1512194G
Date Of Birth	08/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1981
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96798971
Fax Number	
Contact Number	
Email Address	HENRYTBH61@GMAIL.COM

Address	BLK 112 SIMEI STREET 1 #07-672
Postcode	520112
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?	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

PLS REFER TO THE ATTACHED 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	SGS3105D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUTHAIYAN KARUNANITHI
NRIC/Passport Number	
Contact Number	85116208
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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

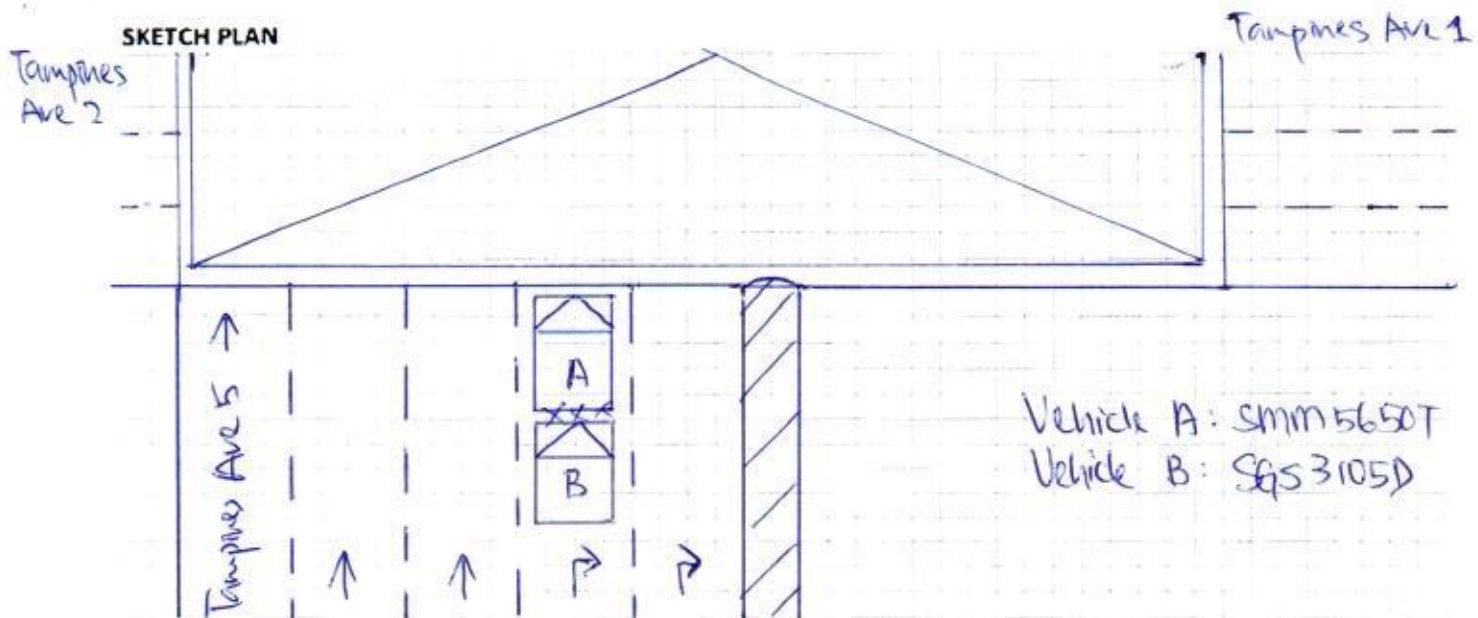
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SHM5650T) traveling along Tampines Ave 5 towards PIE on second lane of 5-lanes, road. Somewhere at the junction of Tampines Avenue 1, my vehicle was stationary and waiting the traffic light to turn green. Out of sudden, vehicle B (SGS3105D) came from rear and the front portion of vehicle B collided onto the rear portion of my vehicle.

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:

 02/12/19

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

Vehicle No.	SMM 5650T	Model / Make	Honda Shuttle
Date of Accident	30/11/2019		
Time of Accident	2250	HRS	
Location of Accident	Along Tampines Ave 5 / Tampines Ave 1		
Exact purpose use during accident	Private use		
Name of Owner	Rabbit Car Rental Pte Ltd		
Telephone No.	H/P: 8608 9649	Home:	Office:
NRIC	201916547M		
Address	BLK 8 Sin Ming Industrial Est Sector C # 01-52 S(575643)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110778790-000003		
Name of Driver	As Above If No, Tan Boon Han		
NRIC	S1512194G	Any Passengers: —	
Date of birth	8/5/1961		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	14/11/1981		
Gender	Male	/	Female
Contact No.	H/P: 9679 8971	Home:	Office:
Address	BLK 112 Simei Street 1 #07-672 S(520112)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state Hirer	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Tan Boon Han 9679 8971		
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SGS 3105D	Any Passengers: —	
Name of Driver	Muthaigan Karunanithi	Contact No.: 8511 6208	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	henrytbh61@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1999 (MALAYSIA)

Certificate Number: 5110778790-000003

Cover : Drive CLASS C

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | 3MM56502 |
| Chassis Number | GP71215446 |
| 2. Name of Policyholder | RABBIT CAR RENTAL PTE. LTD. |
| 3. Effective Date of Insurance | 03 Jul 2019 |
| 4. Expiry Date of Insurance | 02 Jul 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 regulatory provisions of the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by government or other 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 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 169) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS (SECTION 1)	\$52,000
EXCESS (SECTION 2)	\$51,500
WINDSCREEN EXCESS	\$5100
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	HAMILTON CAPITAL PTE LTD
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 169) and Part IV of the Road Transport Act, 1987 (Malaysia))

Agency : HAMILTON AUTOHUB PTE. LTD. (00000473781)

Date of Issue : 28 Jun 2019 11:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED:

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

The premium on this policy has not been collected

Accident MT/1073975

Policy No.	5110778790	Vehicle No.	SMM5650T	GST Registrat
Certificate No.	5110778790-000003			
Policyholder Name	RABBIT CAR RENTAL PTE. LTD.			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	IRVIO CLASSIC	Loading
Contact No.(Mobile)	66069845	Contact No.(Office)	0	Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	02/12/2019 19:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/11/2019	Time of Accident hh:mm	23:50	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG TAMPINES AVE 5/TAMPINES AVE 1			

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 Cow
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	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	BLK 8 #01-52	Address 2	SIN MING INDUSTRIAL EST SEC	Address 3
Address 4	SINGAPORE 575643	Address Type	Singapore address	Post Code
Unit No.	01-52	Related Policy Number	5110778790	

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN BOON HAN	Driver NRIC	S1512194G	Driver DOB
Register Date of Driver License	14/11/1961	Driver Age	58	Driving Exper
Contact No.(Mobile)	98798971	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 112	Address 2	SJMEI STREET 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-672			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	R
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	S
Claim Description	SMM5650T / SG53105D ON 30 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			
<input type="checkbox"/> Print AK letter			
		Claim Close Date	02/12/2019 19:16
		Workshop Repairer	ROSLINDA

Save

Submit

Attachment

Accident No.

HT/1073975

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

07/12/2019 00:00

Path

Choose File

No file chosen

Clear

Choose File

No file chosen

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Category

Confid.

Please Select

NO

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NO

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NO

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:16	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:16	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:16	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:16	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:16	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:15	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2019 19:15	Photos	Normal	P

Video List

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

Scan and uploading