

NATIONWIDE Assessment Centre Services

Date In: 06/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021563/13	SAS e-filing		
Veh No: SJ230272	E-mail (within 8hrs AP 2hrs)		
DOA: 12/4/19 2000	i-Motor Claim Form	NT/1071883-002	
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (J-MART	Tel:	Fax:
TP Particulars:	Veh No: SHC827X	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

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
Driver/Owner:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
Contact No:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Damaged Portion:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	06/12/2019 12:54
Date Of Accident	12/11/2019 20:00
Exact Location Of Accident	SERANGOON ROAD NEAR TEKKA MARKET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ3027Z
Insured/Policyholder	
Name Of Registered Owner	FAST RENTAL CAR PTE LTD
Co Reg No	201617492M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5105741834
Cover Note Number	

Driver

Name of Driver	SIM GEK YONG
NRIC No	S1311412I
Date Of Birth	13/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1979
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94609355
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 499A TAMPINES AVE 9 #06-202
Postcode	521499
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 - CHANGE/CROSS LANE
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS FILTERING MY VEH TO MY LEFT LANE AT SERANGOON ROAD NEAR TEKKA MARKET. WHILE FILTERING SUDDENLY VEH B CAME AND COLLIDED ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INRT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC827X
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)

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 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

Springoon Rd



DOA 12/11/19
A: SJZ 3027Z
B: SAC 827X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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.:



SINGAPORE POLICE FORCE



T/20191113/2103

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20191113/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
13/11/2019 14:46

Vide Report No.:

Station Diary No.:
31

Informant's Particulars

Name of Informant:
SIM GEK YONG

Address:
APT BLK 499A TAMPINES AVENUE 9 #06-202 SINGAPORE
521499

ID Type / ID No.:
NRIC NO / S1311412I

Contact No.:
Home/Office: Mobile: 94609355

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 61
Date of Birth: 13/02/1958

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
GOJEK DRIVER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident: Non-Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
12/11/2019 20:00

Type of Location:
Straight Road

Location:
Along Road 1
SERANGOON ROAD

NEAR TEKKA MARKET

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ3027Z	Car	TOYOTA	PRIUS HYBRID 1.8S A	Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191113/2103

2 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20191113/2103

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location. I was driving along serangoon road at the 2nd lane (near tekka market) and heading towards St George Road where a White Mercedes Taxi from the rear at the 3rd lane is changing lanes to my rear of my vehicle. After which I felt a slight swipe onto my rear of the passenger side, then I did not notice the car plate number. I then signaled with my hand to ask the vehicle to stop while I turned to Buffalo Road and stopped my vehicle at the side of the road. After 3mins - 5mins, he did not turned up I then left the location.



**SINGAPORE
POLICE FORCE**



T/20191113/2103

3 of 3

Report No. T/20191113/2103

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /
Sgt 2 TAY WEI LI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/11/2019 14:46

Officer In Charge Of Case:

TP / HRT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168

Personal Particulars

Date of Accident: 12/11/2019 Time of Accident: 2000hrs
Exact Location of Accident: Serangoon Rd
Owner's Name: Fast Rental Car Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Sim Gek Yong NRIC No: S1311412J HP No: 9460935T
Date of Birth: _____ Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor
Address: 499A Tampines Ave 9 # 06-202 (521499)
Relationship of Driver with Insured: Hire Email Address: _____
Vehicle No: SJZ 3027Z Make & Model: Toyota
Insurance Co: NTUC Coverage: Third Party Policy No: 5113890499-000001

*Purpose of Reporting? ☐ Own Damage Claim / ☐ 3rd Party Claim / ☒ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ ☒ Wet / ☐ Dry / Others: _____

*Any passenger inside vehicle involved? ☒ (Yes) / ☐ (No) If yes, Vehicle No & How many pax:

A: 1+1 B: _____ C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? ☒ (Yes) / ☐ (No) Infot only

Third Party Driver's Particulars

Vehicle B No: SHC 827X Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

96813469

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: 5105741834

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJZ3027Z**
 Chassis Number : ZVW300150693
2. Name of Policyholder : FAST RENTAL CAR PTE LTD
3. Effective Date of Insurance : 22 Nov 2018
4. Expiry Date of Insurance : 21 Nov 2019

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

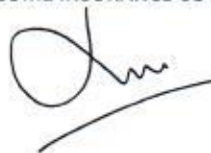
Agency : SININS AGENCY PTE. LTD. (00000615123)
 Date of Issue : 22 Nov 2018 11:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1071883

Policy No.	5105741834	Vehicle No.	SJZ3027Z	GST Registra
Certificate No.				
Policyholder Name	FAST RENTAL CAR PTE LTD			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		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	18/11/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/11/2019	Time of Accident hh:mm	19:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SERANGGON ROAD			

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	18/11/2019 17:17:54 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 161 #03-148	Address 2	BISHAN STREET 13	Address 3
Address 4	SINGAPORE 570161	Address Type	Singapore address	Post Code
Unit No.	03-148	Related Policy Number	5113890499	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(I
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Modification History

Claim 002 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Insured

Preferred Repair Option

Insured Liability

Fully at Fault

GIA report

Received

Date Registered

Report Taken By

Print AK letter

Insured Name

Contact No. (Home)

OI Vehicle Number

SJZ3027Z / SHC827X ON 12 Nov 2019

Claim Close Date

Workshop Repairer

Save

Submit

Attachment

Last Doc. Received

* Yes

No

Upload Date

06/12/2019 00:00

Path *

Category *

Confid

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

Choose File

No file chosen

Clear

Please Select

NO

Clear

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NO

Clear

Please Select

NO

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NO

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NO















Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:43	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:43	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:43	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 17:42	Photos		Normal	P

Video List

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