

# NATIONAL Assessment Centre Services

Date In: 11/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021833/13	SAS e-filing		
Veh No: SML7079K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/12/19 0935	i-Motor Claim Form	MT/1075282-001	
OD: <input checked="" type="checkbox"/> 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: SML7006R 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	OD:		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	11/12/2019 13:12
Date Of Accident	11/12/2019 09:35
Exact Location Of Accident	MARINA BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML7079K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE. LTD.
Co Reg No	201903807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83396986
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108785749
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD FIRDAUS BIN MOHAMED RASHID
NRIC No	S8903790E
Date Of Birth	07/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92382729
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 204 TAMPINES ST 21 #04-1203
Postcode	520204
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	WET

#### 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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	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 STRAIGHT ALONG MARINA BOULEVARD ON THE EXTREME RIGHT LANE. SUDDENLY VEH(B) BEARING REG NO SLH9006R FROM MY LEFT LANE CUT INTO MY LANE AND HIT ONTO MY 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:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH9006R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BERNARD TAN BOON HAK
NRIC/Passport Number	S1545773B

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD FIRDAUS BIN MOHAMED RASHID
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SML7079K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN****IMPORTANT NOTICE**

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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: 11/12/19 1320

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

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


P/s refer to the statement.

DECLARATION

I/We declare the foregoing statements are true in every respect.

  
Policyholder's Signature  
Date & Time:

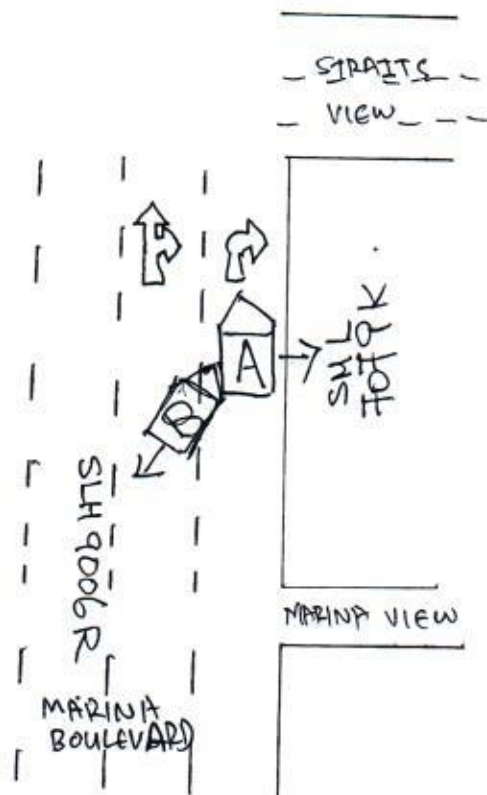


  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/12/19 1320

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

HP 83396986  
HP 92382729

11/12/2019  
09:35 AM  
SML 7079 K



## 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: 5108785749-000005

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SML7079K  
Chassis Number : GK82001467
2. Name of Policyholder : AUTO ALLIANCE LEASING PTE. LTD.
3. Effective Date of Insurance : 30 May 2019
4. Expiry Date of Insurance : 29 May 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\$1,500
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	: AUTOTRUST CREDIT 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 09 Apr 2019 18:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

**BIZ CHECK**

COMPANY NAME AUTO ALLIANCE LEASING PTE. LTD.  
REGISTRATION NO. 201903807W

SINGAPORE  
COMMERCIAL  
CREDIT BUREAU

REQUEST DATE	REQUEST NO.	CLIENT'S A/C REF.	REMARKS
04/11/2019 11:22:42	ONL190499742		

**ACCOUNTING AND CORPORATE REGULATORY  
AUTHORITY BUSINESS PROFILE INFORMATION****REGISTRY**

REGISTRATION DATE	31/01/2019
NAME EFFECTIVE DATE	31/01/2019
COUNTRY OF INCORPORATION	SINGAPORE
COMPANY TYPE	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
REGISTERED ADDRESS	210 TURF CLUB ROAD LOT - 65 THE GRANDSTAND 287995 SINGAPORE
CHANGE ADDRESS DATE	31/01/2019
COMPANY STATUS	LIVE COMPANY
STATUS EFFECTIVE DATE	31/01/2019
REGISTERED ACTIVITIES	1. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (RENTING AND LEASING OF PRIVATE CARS WITH & WITHOUT OPERATOR) 2. 64929 - OTHER CREDIT AGENCIES N.E.C. (EG MOTOR FINANCE) (RETAIL FINANCE AND IMPORT & EXPORT OF MOTOR VEHICLES)
AUDITOR	
AUDITOR APPOINTMENT DATE	-
ACCOUNT DATE	-
DATE OF LAST AR	-
DATE OF LAST AGM	-

**CHANGE OF COMPANY NAME**

PREVIOUS NAME	EFFECTIVE DATE
NA	

**CAPITAL**

CAPITAL CATEGORY	CURRENCY	CAPITAL AMOUNT	NO. OF SHARES
ISSUED, ORDINARY	SINGAPORE DOLLARS	10,000.00	10,000
PAID-UP, ORDINARY	SINGAPORE DOLLARS	10,000.00	NA

Claim Handling

The premium on this policy has not been collected.

Accident MT/1075282

Policy No.	5108785749	Vehicle No.	SML7879K	GST Registrat
Certificate No.	5108785749-000005			
Policyholder Name	AUTO ALLIANCE LEASING PTE. LTD.			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	drive: CLASSIC	Loading
Contact No.(Mobile)	81196986	Contact No.(Office)	0	Contact No.(f
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	11/12/2019 15:11	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	11/12/2019	Time of Accident hh:mm	09:35	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	MARINA BOULEVARD			
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 Cov
Additional Excess				
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	55 YUE TONG AVENUE	Address 2	AIRVIEW PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110688602	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD FIRDAUS BIN MOHI	Driver NRIC	58003790E	Driver DOB
Register Date of Driver License	12/10/2019	Driver Age	38	Driving Exper
Contact No.(Mobile)	92182728	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 204	Address 2	TAMPINES STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-1203			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No	
Modification History				
Claim 001 OD-MX New				

Claim Type

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Report No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

Contact No.(Home)

OT Vehicle Number

SML7079K / SLH9006R ON 11 Dec 2019

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

11/12/2019 15:16

Claim Close Date

ROSLINDA

Workshop Repairer

Save

Submit

Attachment

Accident No. PT/1075292

Claim No. 001

Last Doc. Received \* Yes No

Upload Date 11/12/2019 09:08

Path

Choose File No file chosen

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Confid-

NO

NO

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NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 15:16	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 15:16	SAS		Normal	!
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 15:16	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 15:16	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 15:16	Photos		Normal	PI
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 15:15	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2019 15:15	Photos		Normal	PI

Video List

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

Scan and uploading