

NATIONAL Assessment Centre Services [wef 1 Jan'05]

Date In: 23/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022479/13	SAS e-filing		
Veh No: SLF73210	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/12/19 1845	i-Motor Claim Form	MT/1076914-001	
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: (N-51 Tel: Fax:)

TP Particulars: Veh No: SJG6479H 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

NA1909618	Invoice Preparation Checklist	Amt (\$) In 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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2/3:	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 (Non 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	23/12/2019 14:53
Date Of Accident	21/12/2019 18:45
Exact Location Of Accident	ALONG ROCHOR RD/BEACH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7321D
Insured/Policyholder	
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Co Reg No	2XXXXX175G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	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	5110749922
Cover Note Number	

Driver

Name of Driver	MAK CHON HOW
NRIC No	SXXXX454H
Date Of Birth	13/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84513653
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 605 WOODLANDS DRIVE 42 #11-97
Postcode	730605
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

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	SJG6479H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAO ZHAO
NRIC/Passport Number	
Contact Number	98731497
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBQ6594A
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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 MAK CHON HOW

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLF7321D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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)

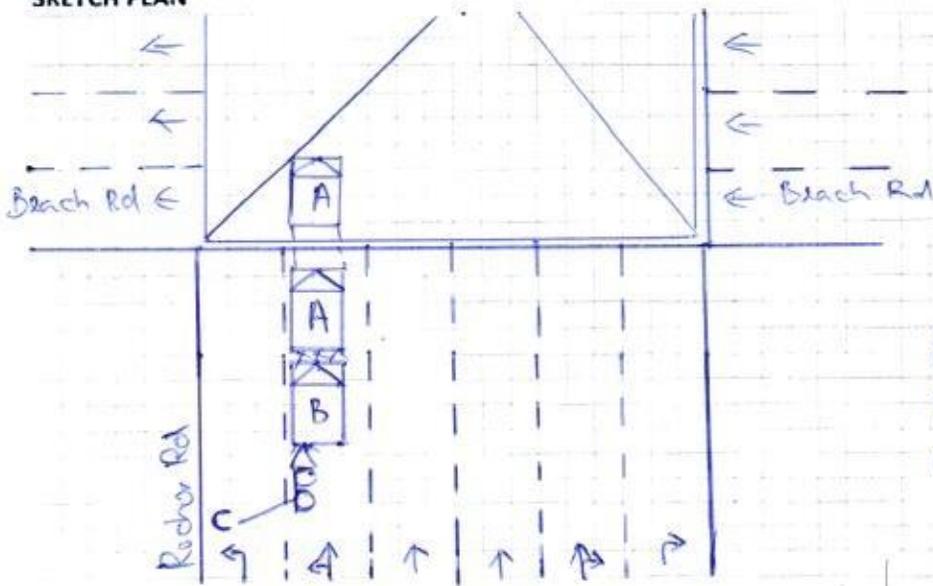
Date & Time: 22/12/19 11:50am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



- A : SLF 7321D
- B : SJG 6479H
- C : FBQ 6594A

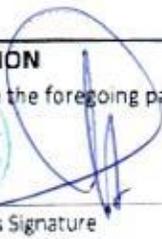
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above said date & time, I was driving my vehicle A (SLF 7321D) traveling along Rochor Rd towards Bukit Timah Rd on fifth lane of 6-lanes road. Somewhere at the junction of Beach Rd, the traffic light was green and I slowed down and stopped my vehicle before the stop line due to the heavy traffic flow. Out of sudden, vehicle B (SJG 6479H) came from rear and collided directly onto the partition. Due to the impact, my vehicle was surged forward to the yellow box. After accident, I alighted and realised I was involved in a 3 car chain accident.

Third vehicle C : FBQ 6594A

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: 22/12/19 11:50am


 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	SLF 7321D	Model / Make	Honda Vezel Hybrid
Date of Accident	21 / 12 / 2019		
Time of Accident	1845	HRS	
Location of Accident	Along Rochor Rd / Beach Road		
Exact purpose use during accident	Work		
Name of Owner	Hamster Car Rental Pte Ltd		
Telephone No.	H/P: 86089649	Home:	Office:
NRIC	2019171756		
Address	8 Burn Road #15-13 S(369977)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110749922-0000B		
Name of Driver	As Above If No, Mak Chon How		
NRIC	88862454H	Any Passengers: -	
Date of birth	13 / 6 / 1988		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	19 / 4 / 2016		
Gender	Male / Female		
Contact No.	H/P: 84513653	Home:	Office:
Address	Blk 605 Woodlands Drive 42 #11-97 S(730605)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee,	If no, state Hirer	
Weather condition	Clear	Raining	Other Dizzling
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Mak Chon How		
Name And Contact No.	8451 3653		
Police Report	No, If Yes, Where?		
Vehicle B No.	SJG 6779H	Any Passengers: 1	
Name of Driver	Tao ZiHao	Contact No.: 9873 1497	
Vehicle C No.	FBQ 6594A	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	makmarcus75@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 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: 5110749922-000013

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF7321D**
Chassis Number : RU31210200
2. Name of Policyholder : HAMSTER CAR RENTAL PTE LTD
3. Effective Date of Insurance : 22 Aug 2019
4. Expiry Date of Insurance : 21 Aug 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	: HAMILTON CAPITAL 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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)

Date of Issue : 27 Jun 2019 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1076914

Policy No.	5110749922	Vehicle No.	SLF7321D	GST Registra
Certificate No.	5110749922-000013			
Policyholder Name	HAMSTER CAR RENTAL PTE LTD			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	86089649	Contact No.(Office)	0	Contact No.(t
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	23/12/2019 18:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/12/2019	Time of Accident hh:mm	18:45	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ROCHOR RD/BEACH 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	0.00	Driver is Cow
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	8 BURN ROAD	Address 2	#15-13 TRIVEX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-13	Related Policy Number	5110749922	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MAK CHON HOW	Driver NRIC	SXXXX454H	Driver DOB
Register Date of Driver License	19/04/2016	Driver Age	31	Driving Exper
Contact No.(Mobile)	84513653	Contact No.(Office)	0	Contact No.(l
Address 1	BLK 605	Address 2	WOODLANDS DRIVE 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	411-97			
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	90259757	Contact No.(Home)	
Email Address		Of Vehicle Number	
Claim Description	SLF7321D / SJG6479H ON 21 Dec 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	23/12/2019 18:20	Received	
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076914	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	23/12/2019 00:00

Path *

Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Confid
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		NRIC/ Driving License	Y	Normal	NRIC/ Dr
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		5AS		Normal	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 18:20		Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	?

Display in New Window Scan and uploading