NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA119168606

Date In: 23/12/19 - 16:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC190223B/24	SAS e-filing		
Veh No: SJN8754M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 22/12/19 - 12:00	i-Motor Claim Form	M9/1076885-001	23/12/19 19:01
OD / (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SLV1669H 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

NA1909607

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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:-			
QP*			
*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 witholding 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 16:31
Date Of Accident	22/12/2019 12:00
Exact Location Of Accident	BEDOK SOUTH AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN8754M
Insured/Policyholder	
Name Of Registered Owner	CU LEASING PRIVATE LIMITED
Co Reg No	2XXXXX183G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96266209
Alternative Phone No	OFFICE-96266209
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5107125883
Cover Note Number	
Driver	
Name of Driver	SITI NAHRIAH BINTE ABDUL LATIF
NRIC No	SXXXX780C
Date Of Birth	18/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87504975
Fax Number	
Contact Number	OFFICE-87504975
EMail Address	NOEMAIL

Address	BLK 332 SERANGOON AVENUE 3 #03-261
Postcode	550332
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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: : SITI NURHADFINA BINTE ZAILAINI GENDER: : FEMALE
Passenger 2	NAME: : JUMINAH BINTE JAMIL 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

REFER TO 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	SLV1669G
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHAI MING
NRIC/Passport Number	
Contact Number	96699902
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SITI NAHRIAH BINTE ABDUL LATIF
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN8754M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SITI NURHADFINA BINTE ZAILAINI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN8754M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	JUMINAH BINTE JAMIL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN8754M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

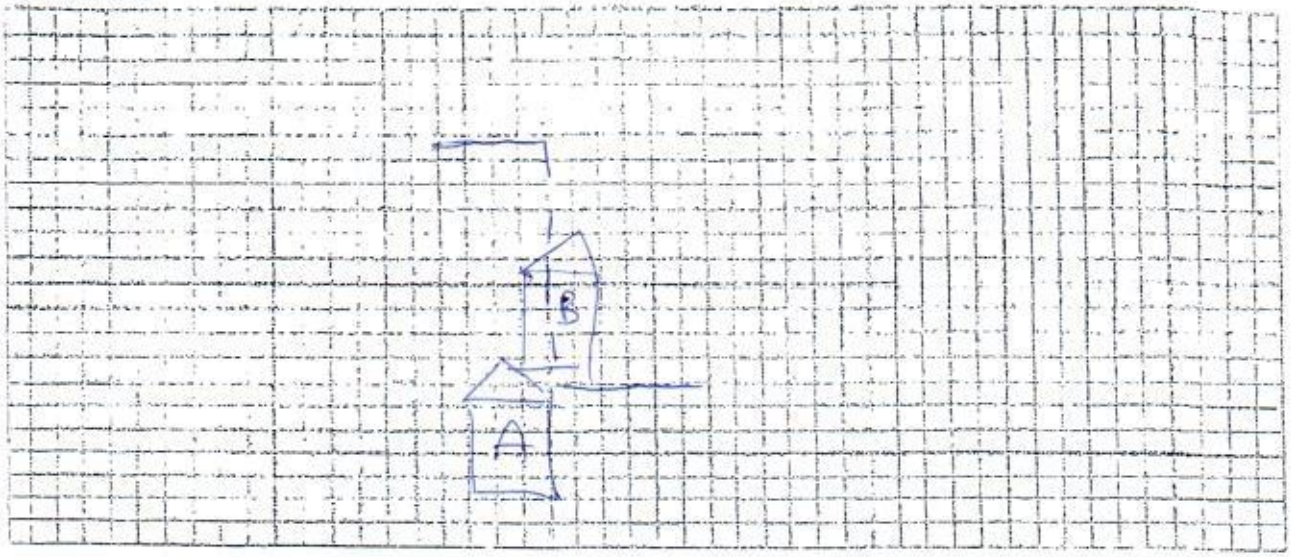
   (ii) for complying with requirements under any regulations, laws or court orders.

Police Officer'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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was stationary behind veh B. Suddenly, veh B started reverse, I quickly press my honk for 3 sec, he still continue to reverse his car. and collided onto the right front bumper of my car. -

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.:

Date of Accident : 22/12/19 Accident Time: 1202. (24-HR-Format)

Accident Place : Bedok South Ave 2. Block 35A. Infront

Vehicle Reg. No. (Car Plate No.) : SJN 8754 M

Vehicle Make/Model : ~~Toyota~~ toyota Altis.

Insurance Company : NTUC- Policy No.

Owner or Company Name /IC No. : CU Leasing Pte Ltd

Owner or Company Contact No. : 96266209 Owner's Hp Company Tel

DRIVER'S Name / IC No. : Siti Nahriah Binte Abdol Latif

DRIVER'S Date Of Birth : 18/09/1983 DRIVER'S License Pass Date 14/Jul/2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Rental

DRIVER'S Address : Yatoz18@gmail.com

DRIVER'S Contact No./ Alt No. :1) 87504975 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address :

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 03 (female) Sit: Nurhadfina Binte Zailani (female) Juminah Binte Jamil

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLV1669G

Vehicle Make\Model: Toyota Stenfa

Name Driver: Wong Cha; Ming

IC No. Driver:

Driver's Contact & Add: 96699902

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 22/12/2019 12:00

Vehicle No.(For Motor): SJN8754M | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107125883		CU LEASING PRIVATE LIMITED	201842183G	GFT	drivo CLASSIC	SJN8754M	SJN8754M	28/02/2019	

Continue

Policy Information

Policy No.	5107125883	Policyholder Name	CU LEASING PRIVATE LIMITED	Policyholder NRIC	201842183G
Certificate No.					
Address	21 TOH GUAN ROAD EAST #05-03 TOH GUAN CENTRE SINGAPORE 608609				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/01/2019	Effective Date	18/01/2019 00:00	Expiry Date	17/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	GOH CHEN PENG (WU ZHENPIN	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#05-03 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	05-03	Related Policy Number	5107125883		

Insured Object: SJN8754M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/01/2019 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you.
2	18/01/2019 00:00	Basic Information Endorsement	000001286999046	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Jan 2019, the Original Registration Date for vehicle SKV7136A is amended as follows: ORIGINAL REGISTRATION DATE: 30 Sep 2015
3	30/01/2019 00:00	Basic Information Endorsement	000001286999244	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM6134X 30-01-2019 $1,955.81 2. SJM8285E 30-01-2019 $1,955.81 3. SJY4578Z 30-01-2019 $1,790.24 In view of this amendment, an additional premium of $5,701.87 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
4	31/01/2019 00:00	Basic Information Endorsement	000001287000142	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 31 Jan 2019, the following amendment(s) is/are made to this policy for Vehicle Number:SJM8285E HIRE PURCHASE COMPANY: CARZY FINANCIAL PTE LTD
5	31/01/2019 00:00	Basic Information Endorsement	000001287000209	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 31 Jan 2019, the following amendment(s) is/are made to this policy for Vehicle

Claim Handling

Accident MT/1076885

Policy No.	5107125883	Vehicle No.	SJN8754M	GST Registration No.	
Certificate No.					
Policyholder Name	CU LEASING PRIVATE LIMITED			Policyholder NRIC	201842183G
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96266209	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	23/12/2019 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	22/12/2019	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK SOUTH AVE 2				

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		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#05-03 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	05-03	Related Policy Number	5107125883		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SITI NAHRIAH BINTE ABDUL LA	Driver NRIC	SXXXX780C	Driver DOB	18/09/1983
Register Date of Driver License	14/07/2016	Driver Age	36	Driving Experience	3
Contact No.(Mobile)	87504975	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 332	Address 2	SERANGOON AVENUE 3	Address 3	SINGAPORE 550332
Address 4		Address Type	Singapore address	Post Code	550332
Unit No.	03-261				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	(•) Yes ( ) No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CU LEASING PRIVATE LIMITED	Insured NRIC	201842183G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJN8754M	TP Vehicle Number	SLV1669G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SJN8754M / SLV1669G ON 22 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/12/2019 17:01	Claim Close Date		Date Received	23/12/2019 00:00
Report Taken By	Jackson				

[✓] Print AK letter

Save Submit

Attachment

Accident No.	MT/1076885	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	23/12/2019 17:02

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:02	SAS		Normal	SAS 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2019 17:01	Photos		Normal	Photos 2019-12-23	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actior

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