

# NATIONAL Assessment Centre Services.

(last 1 Jan 2021)

NA20002500

Date In: 07/04/2020 09:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC2000034874	SAS e-filing		
Veh No: SG 7914H	E-mail (5 days 3hrs, AIC 3hrs)		
D.O.A: 31/01/2019 12:30	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (Within: OD 3hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SG 5066R	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date: \_\_\_\_\_

NA2000153	1) AIC: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NR: Repairs Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*NS: DV / Collect Excess Coordination	\$5
	TP (NI) / TP (Non INC) against INC	\$20
	9) NI: Idas 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	07/01/2020 09:36
Date Of Accident	31/12/2019 12:30
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE7914H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	2XXXXX910Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91550693
Alternative Phone No	OFFICE-91550693

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108359561
Cover Note Number	

### Driver

Name of Driver	TAN CHIN HUAT
NRIC No	SXXXX565J
Date Of Birth	28/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1988
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91550693
Fax Number	
Contact Number	OTHERS-91550693
Email Address	NOEMAIL

Address	BLK 685C WOODLANDS DRIVE 73 #01-28
Postcode	733685
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

#### 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	SG5066R
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LOH CHAN YUN
NRIC/Passport Number	SXXXX250H
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.
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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:

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

I was turning into LANE 3 towards NORTH BRIDGE Road. It was extremely congested during this time of the accident. THE BUS DRIVER (MR JOH GHAN YUN) a Malaysian knew that he had to drive with extra care at this point in time. He just drove past my car and the right hand side of the bus (Body) slides and knocked into my car (SGE7914 H). It hit the left hand side (front) of my car, causing scratches. There were 2 <sup>female</sup> passengers ~~to~~ with me. They were not hurt or injured. It was 12:30 p.m. when the accident occurred.

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



Date &amp; Time:

Name:

NRIC/FIN No.:



Cole Group

## ACCIDENT STATEMENT

ACCIDENT DATE: 31/12/2019 (DD/MM/YYYY), TIME: 12:30 (HHMM)

LOCATION: NORTH BRIDGE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGE7914H  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5108359561-000003  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA (ESTIMA)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB DRIVER  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ABS RENTAL PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN CHIN HUAT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 8182561J CONTACT: 91550693  
c) ADDRESS: 31K685C, Woodlands Drive 73, #01-28

\* d) DATE OF BIRTH: 28/04/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04031988

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO)

7. c) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NIL

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SG5066R MODEL: VOLVO

b) DRIVER'S NAME: LOH CHIAN YUN

c) NRIC/FIN/PASSPORT: 88186250H CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

VIDEO

## Claim Handling

## Accident WT1078909

Policy No.	0108339561	Vehicle No.	SDZ7914H	GST Registration No.	
Certificate No.	0108339561-000003			Policyholder NRIC	201829102
Policyholder Name	ABS RENTAL PTE LTD	Cover Type	Third Party	Leading	0
Product Code	FLEET MASTER INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	91530699	Special Remark		eCode	No
Email Address		TCA		eCode Reason	
KYC	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	07/01/2020 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Side-Swipe
Date of Accident	05/12/2019	Time of Accident (Approx)	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NORTH BRIDGE ROAD				

## Total Excess Applicable

Excess Type	Per Accident	Whichever Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver Is Covered?	Covered
NCD OD Excess	0.00	NCD TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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	6001 BEACH ROAD	Address 2	#22-04B GOLDEN MILE TOWER	Address 3	SINGAPORE 099547
Address 4		Address Type	Singapore address	Post Code	199599
Unit No.	09-08	Related Policy Number	0108339561-01		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/04/1963
Unnamed driver Name	TAN CHIN HUAT	Driver NRIC	S15815651	Driving Experience	22
Register Date of Driver License	06/03/1988	Driver Age	38	Contact No. (Home)	
Contact No. (Mobile)	91530699	Contact No. (Office)		Address 1	SINGAPORE 733685
Address 1	BLK SMC 401-28	Address 2	WOODLANDS DRIVE T3	Post Code	733685
Address 2		Address Type	Foreign address		
Unit No.	01-28			Driver Insurer Company	GTUC
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	SDZ7914H		

## Declaration

Overinflated or Burst Tire Reading?	0 / NG	Any Injury?	Yes / No
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## Modification History

## Claim 001

New

## Claim Type \*

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GSR Report	Received
Submit No. Evaluation	Yes	Preferred Repair Option			
Date Registered		Preferred Workshop, Name unknown			

Report Taken By

Print AK letter

OD/MX	Insured Name	ABS RENTAL PTE LTD	Insured NRIC	201829102
	Certificate No.	0108339561	Contact No. (Office)	
	CI	01	TP	00000000
	Vehicle Number	SDZ7914H	Vehicle Number	00000000
			Name of Preferred Workshop	

SDZ7914H / 00000000 On 31 Dec 2019	Claim Close Date		Date Received	07/01/2020 00:00
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R0811 WAHAB

Save Submit

## Attachment

Accident No.	WT1078909	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	07/01/2020 14:28
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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		
Message Read			

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800476( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Jan 2020 14:24	Photos	Normal	Photos 2020-1-7		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Jan 2020 14:24	Photos	Normal	Photos 2020-1-7		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Jan 2020 14:24	Photos	Normal	Photos 2020-1-7		Edit



## 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:** 5108359561-000003

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SGE7914H**  
Chassis Number : **ACR507002926**
2. Name of Policyholder : **ABS RENTAL PTE LTD**
3. Effective Date of Insurance : **30 Apr 2019**
4. Expiry Date of Insurance : **29 Apr 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)	: 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)

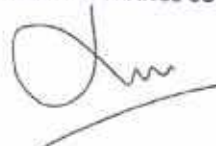
Agency : **SININS AGENCY PTE. LTD. (00000615123)**  
Date of Issue : **20 Mar 2019 17:30 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Policy Query

Policy No.	<input type="text" value="0108359561"/>	Date of Accident	<input type="text" value="31/12/2019 09:34"/>							
Vehicle No. (For Motor)	<input type="text" value="SGE7914H"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Certificate Date	Expiry Date
<input type="checkbox"/>	0108359561	0108359561-000003	ABS RENTAL PTE LTD	2018299102	GPM	Third Party	SGE7914H	SGE7914H	30/04/2019	29/01/2020
<input type="button" value="Continue"/>										



Transaction ref 20190701164737277438

Please check that the owner and vehicle details are correct:

1. Name	: ABS RENTAL PTE. LTD.
2. Identification No. Type	: Company
3. Identification No.	: 201829910Z
4. Country/Region	: -
5. Vehicle Registration No.	: SGE7914H
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 03 May 2019
8. Original Registration Date	: 25 Mar 2006
9. First Registration Date	: 25 Mar 2006
10. Vehicle Type	: Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make Description	: TOYOTA
16. Vehicle Model	: ESTIMA 2.4 A
17. Year of Manufacture	: 2006
18. Primary Colour	: Blue
19. Secondary Colour	: -
20. Passenger Capacity	: 7
21. Chassis/Trailer Chassis No.	: ACR507002926 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: 2AZC006397 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2362 / 0.0
25. Maximum Power Output(kW/bhp)	: 125.0 / 167
26. Unladen Weight(kg)	: 1700
27. Maximum Laden Weight(kg)	: 2140
28. Open Market Value	: \$33,808.00
29. PARF Eligibility	: Forfeited
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: -
32. No. of Transfers	: 5