

NATIONAL Assessment Centre Services

(ver 1 Jan 03)

MNA 12000 2548

Date In: 7/1/20 10:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WNA/INC 20000 43114	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SLZ 48282	I-Motor Claim Form	MT11078980-002	7/1/20 16:48
ETA: 5/1/20 20:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OB: <input checked="" type="radio"/> Reporting Only	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: SMP 3605Y	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:

WNA 2000 353

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

SL 1:

Invoice/Repairation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TP: Towing Fee \$40/\$45
- 4) PT: Follow-Through Survey \$120
- 5) PT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (ver 10 Jan 2003)
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- QJ:
- *N3: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (Inc INC) against INC \$20
- 9) N12: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

Am (\$)

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 10:17
Date Of Accident	05/01/2020 20:05
Exact Location Of Accident	91 SENGKANG E WAY SPC STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4828Z
Insured/Policyholder	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	2XXXXX588M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85882272

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5109056461
Cover Note Number	

Driver

Name of Driver	WILSON GOH CHIN KOK
NRIC No	SXXXX679Z
Date Of Birth	23/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85882272
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 408B FERNVALE RD #20-22
Postcode	792408
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?	
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP3605Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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:

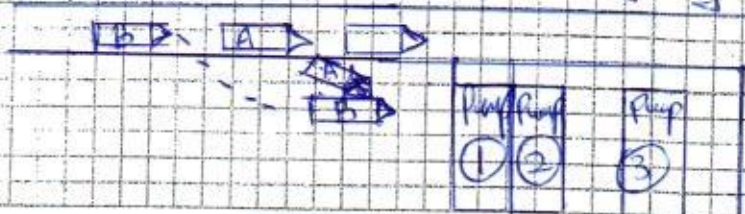
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A SLZ 4828 Z

B SMP 3605 Y

91 Sengkang E way
SPC Sengkang station



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/01/2020 at around 8:05pm, I was driving SLZ 4828 Z at Sengkang SPC station to top up Petrol. I was the second car waiting for Pump 2, when Pump two was clear I moved forward turning right into the Pump station. As vehicle in front car didn't move cos he wanted to go into pump 3. Suddenly vehicle B SMP 3605 Y cut into my right very fast and hit onto my front right. I had a video recorded on this accident.

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.:

VEHICLE NO: SLZ 48282 MAKE & MODEL :

DATE OF ACCIDENT	05 / 01 / 2020
TIME OF ACCIDENT	8:05 AM/PM
LOCATION OF ACCIDENT	91 Sengkang E way SPC station.
Exact Purpose use during accident	
NAME OF OWNER	KC car Rental PTE LTD.
TELP NO	
NRIC	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	<u>YES</u> / NO ?
INSURANCE CO.	NTUC
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	5109056461 - 000008.
NAME OF DRIVER	As above / If No: Wilson Goh CHIN Kok.
NRIC	S73296792
DATE OF BIRTH	23 / 08 / 1973.
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	12 / 09 / 2005.
GENDER	<u>Male</u> / Female
CONTAC NO.	85882272 Office: Home: -
ADDRESS	408B Fernvale Rd #20-22 792408.
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:
RELATIONSHIP	Employee / If No: <u>HIKE</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other :
ROAD SURFACE	<u>Dry</u> / Wet / Other :
ANY INJURIES	No / If yes : Who?
CONTAC NO.	as above
POLICE REPORT	No / If yes : Where?
VEHICLE B NO.	SMP 36054.
NAME	
CONTAC NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883
	Telp : 67476106 (6 lines)
	Fax: 67442368

6 speed Autowerkz

6speedautowerkz@gmail.com

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5109056461"/>	Date of Accident	<input type="text" value="07/01/2020 10:04"/>
Vehicle No.(For Motor)	<input type="text" value="SLZ4828Z"/>	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	Commence Date	Expiry Date
<input type="radio"/>	5109056461	5109056461-000008	KC CAR RENTAL PTE LTD	201810588M	GFM	drive CLASSIC	SLZ4828Z	SLZ4828Z	19/04/2019	18/04/2020

Claim Handling

Accident MT/1078980

Policy No.	5109056461	Vehicle No.	SLZ4828Z	GST Registration No.	
Certificate No.	5109056461-000008				
Policyholder Name	KC CAR RENTAL PTE LTD			Policyholder NRIC	201810588M
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	07/01/2020 16:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/01/2020	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	91 SENGKANG E WAY SPC STATION				
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 Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	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	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMAP	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	05-04	Related Policy Number	5109056461		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WILSON GOH CHEN KOK	Driver NRIC	S7329679Z	Driver DOB	23/08/1973
Register Date of Driver License	12/09/2005	Driver Age	46	Driving Experience	14
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 4088 #20-2220-22	Address 2	FERNVALE ROAD	Address 3	CORAL VALE
Address 4	SINGAPORE 792408	Address Type	Singapore address	Post Code	792408
Unit No.	20-22				
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 002 New

Claim Type *	OD-MX	Insured Name	KC CAR RENTAL PTE LTD	Insured NRIC	201810588M
Contact No.(Mobile)	90603343	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SLZ4828Z	TP Vehicle Number	SHP36
Claim Description	SLZ4828Z / SMP3605Y ON 5 Jan 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	07/01/2020 16:47	Claim Close Date		Date Received	07/01/2020
Report Taken By	LIEW SHAN HUJ				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1078980	Claim No.	002
Last Doc. Received	Yes No	Upload Date	07/01/2020 16:48
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List			

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2680955&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&rea...> 2/2