

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA20005877

Date In: 5/1/20 - 15:30	Job description	Date & Time Completed	Done by
Ref No: NA/NC2000953/24	SAS e-filing		
Veh No: 2J29617	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/1/20 - 15:40	i-Motor Claim Form	17/10 80235-001	15/1/20 15:51
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: SNJ54TY	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

NA20005877	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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		
	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:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2/3:	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	15/01/2020 15:33
Date Of Accident	14/01/2020 15:40
Exact Location Of Accident	CANBERRA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2961T
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE
Co Reg No	2XXXXX185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5110029694
Cover Note Number	

Driver

Name of Driver	LIN CHIN SIONG (LIN JINGXIONG)
NRIC No	SXXXX459H
Date Of Birth	30/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98159044
Fax Number	
Contact Number	OFFICE-98159044
Email Address	NOEMAIL

Address	BLK 121A EDGEDALE PLAINS #04-235
Postcode	821121
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 - HEAD TO REAR
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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	SBN545Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OU SIANG CHIN
NRIC/Passport Number	
Contact Number	97556383
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

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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:

[Signature]

Reporting Centre Personnel Name:
NRIC/FIN No.:

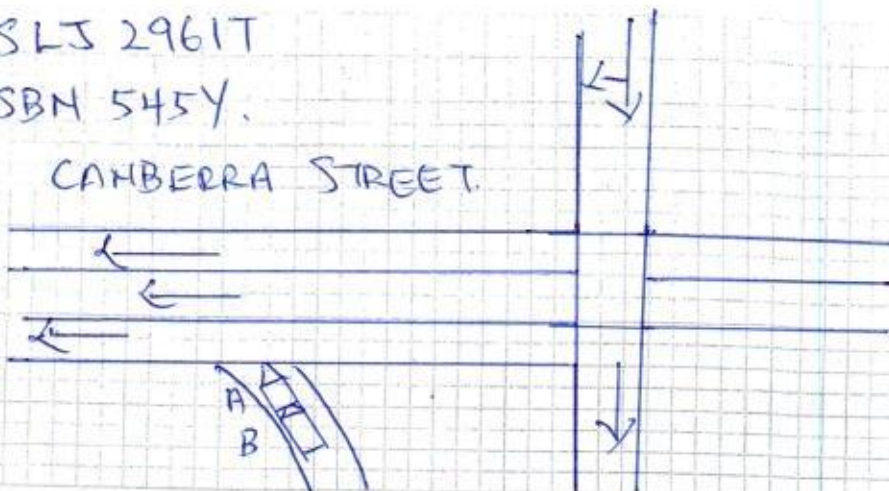
[Signature]

SKETCH PLAN

A SLJ 2961T

B SBN 545Y.

CANBERRA STREET.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/01/2020, 1542 hrs, I was driving SLJ 2961T into Canberra street. When I stop my vehicle, SLJ 2961T, at the give way line after the zebra crossing for an coming traffic, vehicle SBN 454 Y, hit my right rear of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

SLJ 2961T

VEHICLE NO: ~~SLJ~~

MAKE & MODEL: Toyota

DATE OF ACCIDENT	14 / 01 / 2020
TIME OF ACCIDENT	3:42 AM (PM)
LOCATION OF ACCIDENT	Canberra Street
Exact Purpose use during accident	
NAME OF OWNER	Aurora Car Rental & Leasing Spore
TELP NO	
NRIC	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	<u>YES</u> / NO ?
INSURANCE CO.	NTUC
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft
POLICY NO.	5100196759-01
NAME OF DRIVER	As above / If No: Lim CHIN SIONG
NRIC	58816459H Any passengers: Two
DATE OF BIRTH	30 / 04 / 1988 2 female
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	29 / 07 / 2013
GENDER	Male / Female
CONTACT NO.	98159044 Office: Home: -
ADDRESS	121A E EDGE DALE PLAIN #04-235 (821121)
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:
RELATIONSHIP	Employee / If No: HIRE
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	<u>No</u> / If yes: Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> / If yes: Where?
VEHICLE B NO.	SBN 5454 Any Passenger: -
NAME	OU SIANG CHIN
CONTACT NO.	97556383
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	No info.
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
	6 Speed Autowerkz Pte Ltd
	68 Kaki Bukit Avenue 6
	#02-05 ARK @ KB, Singapore 417896
	Tel: 6384 7037 Fax: 6384 7039
	Email: 6speedautowerkz@gmail.com

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text" value="5110029694"/>	Date of Accident	<input type="text" value="14/01/2020 15:40"/>
Vehicle No. (For Motor)	<input type="text" value="SLJ2961T"/>	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"/>	5110029694	S110029694-000041	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD	201914185K	GFM	Third Party	SLJ2961T	SLJ2961T	19/06/2019	29/05/2020

▼ Policy Information

Policy No.	5110029694	Policyholder Name	AURORA CAR RENTAL & LEASIN	Policyholder NRIC	201914185K
Certificate No.	5110029694-000041				
Address	BLK 79B #29-17 TOA PAYOH CENTRAL CENTRAL HORIZON SINGAPORE 312079				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/05/2019	Effective Date	30/05/2019 00:00	Expiry Date	29/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	342.44		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ALPINE FINANCIAL PTE. LTD.	Agent Tel.	65113025	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 79B #29-17	Address 2	TOA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
Unit No.	29-17	Related Policy Number	5110029694		

▶ Insured Object: 5110029694-000041

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1080235

Policy No.	5110029694	Vehicle No.	SLJ2961T	GST Registration No.	
Certificate No.	5110029694-000041				
Policyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD			Policyholder NRIC	201914185K
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	15/01/2020 15:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/01/2020	Time of Accident (approx)	15:40	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CANBERRA ST				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess	0.00		
Total OD Excess Applicable	0.00	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	BLK 79B #29-17	Address 2	TOA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
Unit No.	29-17	Related Policy Number	5110029694		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/04/1968
Unnamed driver Name	LIN CHIN SONG (LIN JINXIO)	Driver NRIC	SXXXX453H	Driving Experience	6
Register Date of Driver License	29/07/2012	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	98159044	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 121A	Address 2	EDGE DALE PLAINS	Address 3	PUNGGOL EDGE
Address 4	SINGAPORE 821121	Address Type	Singapore address	Post Code	821121
Unit No.	04-235				
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AURORA CAR RENTAL & LEASING	Insured NRIC	201914185K
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	N/L
Email Address		O1 Vehicle Number	SLJ2961T	TP Vehicle Number	5BN545Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLJ2961T / 5BN545Y ON 14 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/01/2020 15:51	Claim Close Date		Date Received	15/01/2020 15:52
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1080235	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2020 15:52

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

