NATIONAL Assessment Centre Services

Date In: 23/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20001439/13	SAS e-filing		
Veh No: SLW7970R	E-mail (within 1hrs, ABC 2hrs)		
D.O.A : 23/01/20 0825	i-Motor Claim Form	MT/1081626-001	
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: (HUP SOON Tel: Fax:)

TP Particulars: Veh No: FBG1208C 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

NA2000889

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Tel. 1:

Tel. 2 / 3

Invoice Preparation Checklist		Amt ($) to Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($50)		
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 : Idoo DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
Opt*			
*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 (N/a INC) against INC	$20		
9) N12: Idoo 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	23/01/2020 17:10
Date Of Accident	23/01/2020 08:25
Exact Location Of Accident	JALAN EUNOS TWDS HOUGANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW7970R
Insured/Policyholder	
Name Of Registered Owner	ADEL CAR RENTAL & LEASING
Co Reg No	5XXXX798W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98794952
Vehicle Particulars	
Manufacturer	BMW
Model	325I
Exact Purpose for which vehicle was being used at time of accident	GOING TO 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5098559637-01
Cover Note Number	
Driver	
Name of Driver	LEE SUN LONG
NRIC No	SXXXX462D
Date Of Birth	08/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91014742
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 302 ANG MO KIO AVENUE 3 #08-1844 SINGAPORE 560302
Postcode	
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)	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 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	FBG1208C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RODRIGUES JERRY ANTHONY
NRIC/Passport Number	SXXXX439B
Contact Number	84985475
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.

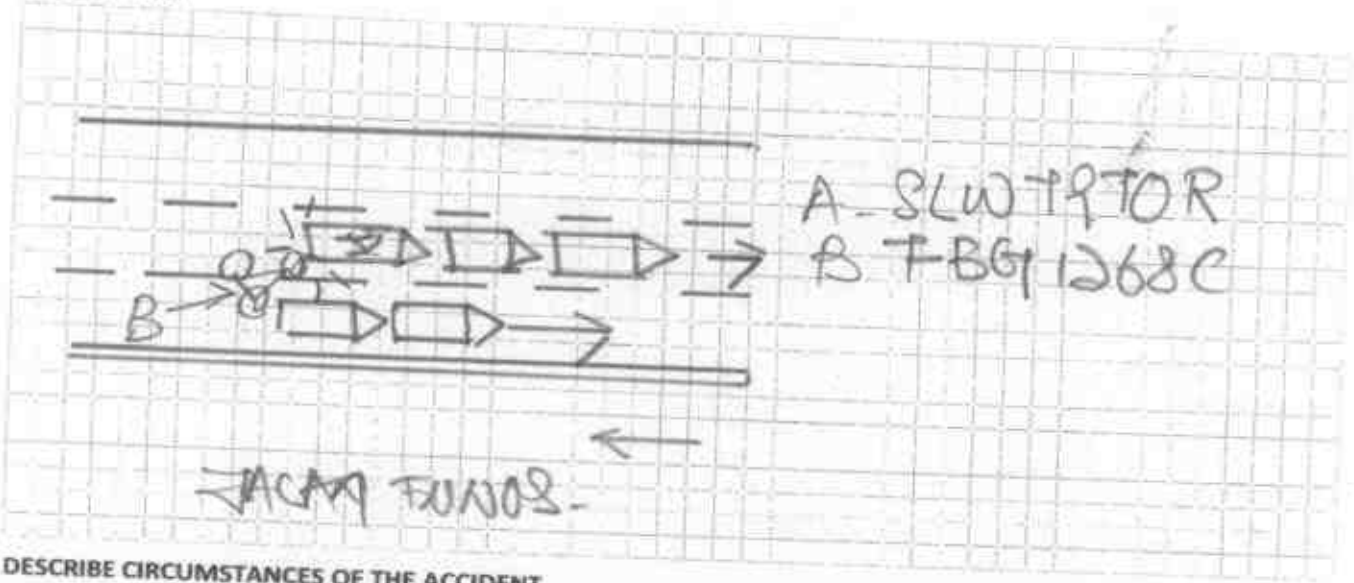
ADEL CAR RENTAL & LEASING

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY SUDDENLY I FELT AN IMPACT FROM MY VEH REAR PORTION

DECLARATION

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

ADEL CAR RENTAL & LEASING

Policyholder's Signature (IC no: S3323788B)
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ACCIDENT REPORT

VEHICLE NO :	SLU 7970R **MAKE/MODEL:** BMW
DATE OF ACCIDENT	23 / 01 / 2019 20
TIME OF ACCIDENT	0825 (AM/PM)
LOCATION OF ACCIDENT	JALAN KILANG TOWARDS HOUGANG
EXACT PURPOSE USE DURING ACCIDENT	GOING TO WORK
NAME OF OWNER	MR/MRS/MDM/MS ADBL CAR RENTAL & LEASING
CONTACT NO	98784952
NRIC	S3323798W
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY
INSURANCE COMPANY	NTUC
TYPE OF COVERAGE	COMPREHNSIVE | THIRD PARTY | (THIRD PARTY FIRE & THEFT)
POLICY NO:	5098559637-01
NAME OF DRIVER	AS ABOVE / IF NOT: LEE SOON LONG
ANY PASSENGERS	NA FEMALE / (MALE)
NRIC	S7604460D
DATE OF BIRTH	08 / 11 / 1976
OCCUPATION	(OUTDOOR) / INDOOR
DRIVING PASS DATE	26 MAY 2003
GENDER	(MALE) / FEMALE
CONTACT NO	OFFICE: 91014742 HOME:
ADDRESS	BLK 302 ANG MO KIO AVE 9 #08-1844 S560302
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: VEHICLE REGISTRATION NO:
RELATIONSHIP WITH VEHICLE OWNER	EMPLOYEE / OTHERS : HIRER
WEATHER CONDITION	(CLEAR) / RAINING / OTHER:
ROAD SURFACE	(DRY) / WET / OTHER:
ANY INJURIES	(NO) / IF YES: (WHO?)
CONTACT NO:	IF YES: (WHO?)
POLICE REPORTING	NO / IF YES: (WHERE?)
VEHICLE B	FBG1208C S1716439B
ANY PASSENGERS	FEMALE / (MALE) (NO)
NAME	RODRIGUES JERRY ANTHONY
CONTACT NO	84985475
VEHICLE C	ANY PASSENGERS: FEMALE / MALE NO:
VEHICLE D	FEMALE / MALE NO:
VEHICLE E	FEMALE / MALE NO:
VEHICLE F	FEMALE / MALE NO:
ANY WITNESS	
NAME	
WITNESS CONTACT	

Have you been approach by unknown person soliciting/offering accident claim assistance? YES / NO

WORK SHOP PARTICULARS	HUP SOON BATTERIES AUTO & SERVICES
CONTACT NO	65381368/6747 2755
CONTACT PERSON	ALEX/JUN HAN/CONNIE
FAX NO	6746 5922
EMAIL ADDRESS	HUPSOON238@YAHOO.COM

income
made different

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: 5098559637-01 **Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SLW7970R**
   Chassis Number : WBAVA760X0NK14206
2. Name of Policyholder : ADEL CAR RENTAL & LEASING
3. Effective Date of Insurance : 30 May 2019
4. Expiry Date of Insurance : 29 May 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 the carriage of passengers for reward purposes.
(d) 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	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUI HUA CREDIT 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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 24 Apr 2019 17:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7664462D

Name

LEE SUN LONG

李 順 龍

Race

CHINESE

Date of birth

08-11-1976

Sex

M

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7664462D

Name

LEE SUN LONG

Birth Date 08 Nov 1976

Issue Date 26 Feb 2007

00148797C

4558015

S7664462D

Date of Issue

25-04-2012

Address

APT BLK 302 ANG MO KIO AVENUE 3
#08-1844
SINGAPORE 560302

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		FIRST DATE
Class 2B	Motorcycles ≤ 200 cc	26 May 2003
Class 3	Motor Cars ≤ 3000kg with ≤7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	26 May 2003

NP 438A

Licence No: S7664462D


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7664462D
LEE SUN LONG
李 順 龍
CHINESE
08-11-1976
M
MALAYSIA


REPUBLIC OF SINGAPORE DRIVING LICENCE
S7664462D
LEE SUN LONG
26 Feb 2007
08 NOV 1976

Claim Handling

Accident MT/1081626

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registra
Certificate No.				
Policyholder Name	ADEL CAR RENTAL & LEASING			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	98794952	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

Accident Details

Report Date	23/01/2020 19:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/01/2020	Time of Accident hh:mm	18:25	Country of Ac
Reporting Centre		Orange Force		ICH No.
Accident Location	JALAN KAYU TIGA HOUGANG			

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	500.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	500.00	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	2 KAKI BUKIT AVENUE 2	Address 2	#02-25 KAKI BUKIT AUTOPARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-645	Related Policy Number	0007942943 02	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE KUN LONG	Driver NRIC	S6XXX863D	Driver DOB
Register Date of Driver License	26/05/2003	Driver Age	43	Driving Expe
Contact No.(Mobile)	91014343	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 352	Address 2	ANG MO KIO AVENUE 3	Address 3
Address 4	SINGAPORE 560352	Address Type	Singapore address	Post Code
Unit No.	#09-1944			
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

Modification History

Claim 001 OD-MX New

Claim Type *		OD-MX	Insured Name A
Contact No.(Mobile)		98794952	Contact No. (Home)
Email Address			OI Vehicle Number S
Claim Description		SLW7970R / FBG1298C ON 23 Jan 2020	
Preferred Workshop		Insured Liability Not at Fault	
Endorse No. Final sation	Yes	Preferred Repair Option Preferred Workshop, Name unknown	GIA report Received
Date Registered		23/01/2020 19:24	Claim Close Date
Report Taken By		ROSLINDA	Workshop Repairer

Print AK letter

Save | Submit

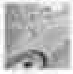
Attachment

Accident No.	[illegible]	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/01/2020 00:00

Path *		Category *	Confid
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	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:24	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:24	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:23	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window | Scan and uploading