

NATIONAL Assessment Centre Services

[wef: 1 Jan'09] M119120014248

Date In: 21/1/2017	Job description	Date & Time Completed	Done by
Ref No: NA01120001645124	SAS e-filing		
Veh No: SP94707	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 21/1/2017 - 07:30	i-Motor Claim Form	M1108242-00V	21/1/2017 17:40
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: JMM3160D	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

NA 2000899	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Ant (\$)	Ant (\$)
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)	Ant (\$)	Ant (\$)
Contact No:	3) TP : Towing Fee \$40/\$45	Ant (\$)	Ant (\$)
Damaged Portion:	4) FT : Follow-Through Survey \$120	Ant (\$)	Ant (\$)
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30	Ant (\$)	Ant (\$)
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2009)	Ant (\$)	Ant (\$)
Ref 1:	6) TR : Re-inspection \$75	Ant (\$)	Ant (\$)
Ref 2/3:	7) N1 : Idac DA + SMRT Survey \$160	Ant (\$)	Ant (\$)
	8) NTUC Additional Services:-	Ant (\$)	Ant (\$)
	OP:	Ant (\$)	Ant (\$)
	* N5: Courtesy Car / Tpl Allowance \$5	Ant (\$)	Ant (\$)
	* N6: Repair Co-ordination \$10	Ant (\$)	Ant (\$)
	* N7: Post Repair Inspection \$25	Ant (\$)	Ant (\$)
	* N8: DV / Collect Excess Coordination \$5	Ant (\$)	Ant (\$)
	TP (N11) : TP (N-a INC) against INC \$20	Ant (\$)	Ant (\$)
	9) N12: Idac Mobile \$0	Ant (\$)	Ant (\$)
	Invoice dated	Fee Charged	Ant (\$)
	Invoice dated	Fee Charged	Ant (\$)

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	31/01/2020 17:25
Date Of Accident	30/01/2020 07:30
Exact Location Of Accident	BKE TWDS PIE BEFORE BUKIT PANJANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9470T
Insured/Policyholder	
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Co Reg No.	2XXXXX175G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88380101
Alternative Phone No	OFFICE-88380101

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5110749922
Cover Note Number	

Driver

Name of Driver	MARK LEONG TECK CHYE (LIANG DECAI)
NRIC No.	SXXXX314I
Date Of Birth	06/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97860565
Fax Number	
Contact Number	OFFICE-97860565
EMail Address	NOEMAIL

Address	BLK 7 MARSILING DRIVE #06-56
Postcode	730007
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	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	SMM3160D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN POH JIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA9933Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver CHUA AH BENG
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MARK LEONG TECK CHYE (LIANG DECAI)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLF9470T
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.

X 
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) SLF 9470T.
- (B) SMM 3160D
- (C) SHA 99332.



BKE towards PIE before Bukit Panjang Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/01/2020 at @ 0730 hrs. I was travelling in my vehicle (SLF 9470T) along BKE towards PIE before Bukit Panjang exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, I felt a great impact from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto a ~~taxi~~ taxi (SHA 99332) ahead of me.

DECLARATION

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

2

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.	SLF 9470 T	Model / Make	Honda Vezel.
Date of Accident	30/01/2020.		
Time of Accident	0730 HRS		
Location of Accident	BKE towards PIE before Bukit Panjang Exit.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Hamster Car Rental Pte Ltd.		
Telephone No.	H/P: 8838 0101.	Home:	Office:
NRIC	2019171756.		
Address	BLK 8 Burn Road #15-13 Trixex (S) 369977.		
Claim type	OD	<u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5110749922-000027.		
Name of Driver	As Above If No, Mark Leong Teck Chye.		
NRIC	S 7828314 J.	Any Passengers:	01 (F).
Date of birth	06/09/1978.		
Occupation	<u>Outdoor</u>	/ Indoor	
Driving License Pass Date	27/12/2005		
Gender	<u>Male</u>	/ Female	
Contact No.	H/P: 9786 0565	Home:	Office:
Address	BLK 7 Marsden Drive #06-56 (S) 730007.		
Driver have any own vehicle	<u>No.</u>	If yes, Reg No.	
Relationship	Employee,	If no, state driver.	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.	Mark Leong Teck Chye (H/P: 9786 0565).		
Name And Contact No.			
Police Report	<u>No.</u>	If Yes, Where?	
Vehicle B No.	SMM 3160 D.	Any Passengers:	
Name of Driver	Chan Poh Jin	Contact No.:	
Vehicle C No.	SHA 9933 Z.	Any Passengers:	
Vehicle D No.	CHUA AH BENG.	Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact: N.A.	
Accident Portion	Front and Back Portion.		
Camera Recorder	Yes <u>No</u>		
Email Address	mark-leong-3733@hotmail.com.		
PARTICULAR WORKSHOP	TVS1		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Z? Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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: 5110749922-000027

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLF9470T
Chassis Number : RU31211697
2. Name of Policyholder : HAMSTER CAR RENTAL PTE LTD
3. Effective Date of Insurance : 28 Aug 2019
4. Expiry Date of Insurance : 27 Aug 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)	: \$52,000
EXCESS (SECTION 2)	: \$51,500
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HAMILTON CAPITAL 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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 27 Jun 2019 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110749922	5110749922-000027	HAMSTER CAR RENTAL PTE LTD	201917175G	GFM	drive CLASSIC	SLF9470T	SLF9470T	26/08/2019	26/06/2020

Claim Handling

Accident MY/1062287

Policy No.	SL10749922	Vehicle No.	SLP94707	GST Registration No.	
Certificate No.	SL10749922-000017	Driver Type	Other Customer	Policyholder NRIC	2018171790
Policyholder Name	WAMSTER CAR RENTAL PTE LTD	Contact No.(Office)		Leading	0
Product Code	RUEE MASTER INSURANCE	Special Remark		Contact No.(Home)	
Contact No.(Home)	N/A	TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
Email Address		NCD Endowment(%)	0	eCode Reason	
MP	<input checked="" type="radio"/> Yes <input type="radio"/> No			Private View	Yes
NCD Protection	No				

Accident Details

Report Date	31/01/2020 18:42	Accident Report within 24 hrs	Yes	Accident Type	Churn Collision
Date of Accident	30/01/2020	Time of Accident (hh:mm)	07:30	Country of Accident	Singapore
Reporting Centre		Origin Place		ICN No.	
Accident Location	ALONG SHI (SUE) MARK (SUT) 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VMS OD Excess		VMS TP Excess			
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	8 BURN ROAD	Address 2	#15-13 TELUK	Address 3	SINGAPORE 389077
Address 4		Address Type	Singapore address	Post Code	389077
Unit No.	15-13	Related Policy Number	SL10749922		

OD Driver Info

Driver Name		Driver Type		Driver OOB	
Involved Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Phone)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does He own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 [More](#)

Claim Type *	CO #01	Insured Name	WAMSTER CAR RENTAL PTE LTD	Insured NRIC	2018171790
Contact No.(Phone)	90288757	Contact No.(Home)		Contact No.(Office)	N/A
Email Address		OD Vehicle Number	SLP94707	TP Vehicle Number	SMH11000
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	Claimant NRIC *	
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLP94707 / SMH11000 ON 30 Jan 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Pinpoint	Yes	Injured Locality *	Not at Fault	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	31/01/2020 17:40	Claim Close Date		GIR report	Received
Report Taken By	Jackson			Date Received	31/01/2020 00:00

☒ Print All Notes

[Save](#) [Cancel](#)

Attachment

Accident No.	MY/1062287	Claim No.	002
Last Out, Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2020 17:41

Path *	Category *	Confidential	Urgency *	Description *
Browse	Clear	Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal
Browse	Clear	Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal
Browse	Clear	Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal
Browse	Clear	Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal
Browse	Clear	Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal
Browse	Clear	Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent
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(CO)

NAC_PAVA_UHL_800601(NATIONAL ASSESSMENT CENTRE SERV)
CES) on 31 Jan 2020 17:41

NRIC Driving License

9

Normal

NRIC Driving License 2020-1-31

NAC_PAVA_UHL_800602(NATIONAL ASSESSMENT CENTRE SERV)
CES) on 31 Jan 2020 17:41

SAB

Normal

SAB 2020-1-31

NAC_PAVA_UHL_800603(NATIONAL ASSESSMENT CENTRE SERV)
CES) on 31 Jan 2020 17:41

Photos

Normal

Photos 2020-1-31

NAC_PAVA_UHL_800602(NATIONAL ASSESSMENT CENTRE SERV)
CES) on 31 Jan 2020 17:41

Photos

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Photos 2020-1-31

NAC_PAVA_UHL_800601(NATIONAL ASSESSMENT CENTRE SERV)
CES) on 31 Jan 2020 17:41

Photos

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Photos 2020-1-31

NAC_PAVA_UHL_800601(NATIONAL ASSESSMENT CENTRE SERV)
CES) on 31 Jan 2020 17:41

Photos

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Photos 2020-1-31

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NAC_PAVA_UHL_800601(NATIONAL ASSESSMENT CENTRE SERV)
CES) on 31 Jan 2020 17:41

Photos

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Photos 2020-1-31

Video List

Uploaded By/Date

Video Date

File Name

Source

Action

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