

NATIONAL Assessment Centre Services

Part 1 J30103

MMA 120015157

Date In: 3/2/20 16:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/IMC 20001811/4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJ2 409A	I-Motor Claim Form	MT/1082716-001	3/2/20 19:15
TP No: 112/20 18:30	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer: TP Rejection Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SMR 8114D	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 Ref No: 67084016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Action

Claimant's Particulars:	MA 2000967	Invoice Preparation Checklist:	Amount (\$): 30.00
Driver/Owner:		1) AR: Accident Reporting (\$30);	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120	
		5) PT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (w/o 10 Jan 2005)	
		6) TR: Re-inspection \$75	
		7) NI: Idan DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		ON:	
		*NS: Courtesy Car / Tpt Allowance \$5	
		*NG: Repair Coordination \$10	
		*NI: Post Repair Inspection \$25	
		*ND: DV / Collect Excess Coordination \$5	
		*NT: DV / Collect Excess Coordination \$20	
		TP (Nil): TP (Non-INC) against INC \$0	
		9) NI2: Idan Mobile	
		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	03/02/2020 16:15
Date Of Accident	01/02/2020 18:30
Exact Location Of Accident	PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ409A
Insured/Policyholder	
Name Of Registered Owner	JACOB'S CAR LEASING PTE LTD
Co Reg No	2XXXXX207N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90303074

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110439289
Cover Note Number	

Driver

Name of Driver	LIM YU SHUN
NRIC No	SXXXX931C
Date Of Birth	01/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82187611
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 642 CHOA CHU KANG ST 64 #07-79
 Postcode 680642
 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 NO 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 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) 2
 Passenger 1 NAME: : UNKNOWN
 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

I WAS TRAVELLING ALONG PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT ON THE FIRST LANE, SUDDENLY VEH B FROM THE SECOND LANE ABRUPTLY CUT INTO MY LANE AND JAMMED BRAKE HIS VEH, I SOUNDED MY HORN AND MANAGE TO BRAKE AND STOP IN TIME, NO CONTACT BETWEEN OUR VEH. THE DRIVER OF VEH B FILTER BACK TO SECOND LANE AND GIVE HAND SIGNAL TO ME, THEN WE MOVE TO LOR 6 EXIT, WE STOP AT A CARPARK, THE DRIVER COME DOWN AND CHECK ON HIS VEH AND FOUND A SMALL SCRATCHED ON THE REAR RIGHT BUMPER, THE DRIVER CLAIMS I HIT ONTO HIS VEH, HE TAKE SOME PHOTO ON MY VEH AND HE ALSO MENTIONED HIS VEH GOT CAR CAMERA CAPTURE THE WHOLE INCIDENT, THEN HE LEAVE THE SCENE, I MANAGE TO CAPTURE A PHOTO BEFORE HE LEAVING. MY VEH WAS NO DAMAGE AT ALL.

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 SMR8114D
 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 = SJ2409A
B = SMR8114D

PIE twds Changi B4 Lor 6 Toa Payoh Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

Name: LIM YU SHUN

NRIC: S91427931C

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

20 SEP 2019

PDVL Commencement Date: _____

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.

You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by _____ (centre officer name),
(centre officer designation), of _____ (centre name).

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: 5110439289-000013

Cover : Third Party

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJZ409A |
| Chassis Number | : MR053REE104103054 |
| 2. Name of Policyholder | : JACOB'S CAR LEASING PTE LTD |
| 3. Effective Date of Insurance | : 14 Oct 2019 |
| 4. Expiry Date of Insurance | : 13 Oct 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)	: \$S1,500
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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
Date of Issue : 14 Jun 2019 14:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1082716

Policy No.	5110439289	Vehicle No.	SJZ409A	GST Registration No.	
Certificate No.	5110439289-000013			Policyholder NRIC	201734207N
Policyholder Name	JACOB'S CAR LEASING PTE LTD	Cover Type	Third Party	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	90303074	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private hire	Yes
NCD Protection	No				
Accident Details					
Report Date	03/02/2020 19:11	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	01/02/2020	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS CHANGI 84 LOR 6 TOA PAYOH EXIT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED 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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	05-16	Related Policy Number	5110439289		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/08/1994
Unnamed driver Name	LIM YU SHUN	Driver NRIC	SXXXX931C	Driving Experience	7
Register Date of Driver License	07/03/2017	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	82187611	Contact No.(Office)		Address 3	SINGAPORE 680542
Address 1	BLK 642 #07-79	Address 2	CHOA CHU KANG STREET 64	Post Code	680542
Address 4		Address Type	Singapore address		
Unit No.	07-79			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	JACOB'S CAR LEASING PTE LTD	Insured NRIC	201734207N
Contact No.(Mobile)	90303074	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SJZ409A	TP Vehicle Number	SMR81
Claim Description	SJZ409A / SMR8114D ON 1 Feb 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Source No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	03/02/2020 19:14	Date Received	03/02/2020
Report Taken By	LIEW SHAN HUI				
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1082716	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/02/2020 19:15
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal
Attachment List			

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Hi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:15	SAS		Normal	SAS 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:15	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:15	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:15	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:15	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:14	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:14	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:14	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:14	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:14	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 03 Feb 2020 19:14	Photos		Normal	Photos 2020-2-3	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	