

# NATIONAL Assessment Centre Services. [ver 1 Jan'09] MNA 120017742

Date In: 8/2/20 16:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WA/INC 2000221214	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLH 1550M	I-Motor Claim Form	M7/1093570-001	8/2/20 17:15
DDA: 6/2/20 21:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
DD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WK32		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SHA 4361G	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 repoler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 10/11/20 07:00 4616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MA 2001226	Invoice / Insurance Checklist	Am (5)	Am (5)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wof 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	08/02/2020 16:45
Date Of Accident	06/02/2020 21:00
Exact Location Of Accident	UPPER PAYA LEBAR TWDS UBI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1550M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	2XXXXX594C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92330233

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5108706042
Cover Note Number	

### Driver

Name of Driver	GOH SWEE THYE(WU RUITAI)
NRIC No	SXXXX195C
Date Of Birth	14/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92330233
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 120B EDGEDALE PLAINS #06-297
Postcode	822120
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 - CHANGE/CROSS LANE
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

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 Witness 1

Name	GRAB PASSENGER
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4361G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ZULKEFLE BIN KHAMIS
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

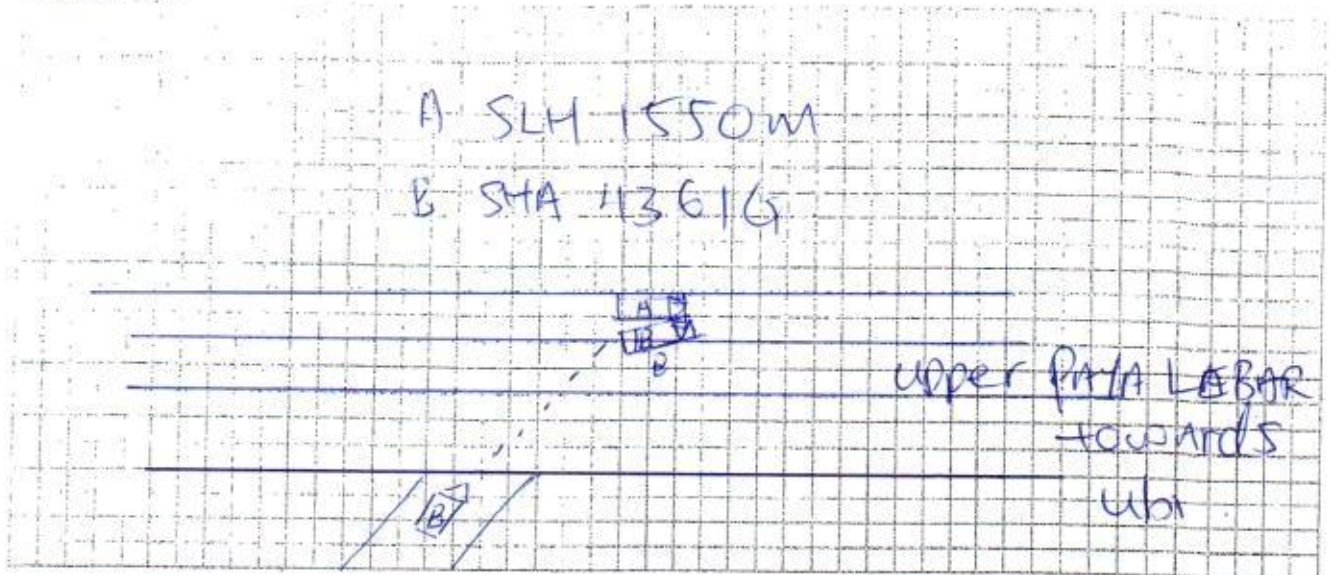
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/2/20 I was driving along upper Paya Lebar (SLH 1550M) at around 9.00 pm towards Ubi with a passenger. As I was driving straight there was a vehicle SHA 4361G turning right and cut into my lane and damage my right front of my vehicle. Driver of SHA 4361G call for wanted to do Private Settlement. I got all the says message with him. Later he inform me to do insurance claim.

*[Large handwritten mark, possibly a signature or initials, spanning across the lines.]*

DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time:

*[Signature]*  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



VEHICLE NO:	SLH 1550M	MAKE & MODEL:	90701A
DATE OF ACCIDENT	06 / 02 / 2020		
TIME OF ACCIDENT	9:00 AM/PM		
LOCATION OF ACCIDENT	upper Paya Lebar towards ulu		
Exact Purpose use during accident	Hire		
NAME OF OWNER	WHEELS Express Rental & Leasing P/L		
TELP NO			
NRIC			
CLAIM TYPE	OB / <u>THIRD PARTY</u> / Reporting Only		
PRIVATE HIRE	YES / NO ?		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	MR053449305 5108706042-000022		
NAME OF DRIVER	As above / If No: Goh Swee Thye		
NRIC	5812495C		
DATE OF BIRTH	14 / 08 / 1981		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	11 / 12 / 2003		
GENDER	<u>Male</u> / Female		
CONTACT NO.	92330233 <del>92330233</del> Office: Home: /		
ADDRESS	120B Edgedale Plains #06-297 S(822120)		
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:		
RELATIONSHIP	Employee / If No: <u>Hirer</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No</u> / If yes: Who?		
CONTACT NO.	92330233		
POLICE REPORT	<u>No</u> / If yes: Where?		
VEHICLE B NO.	SHA 43616 Any Passenger: <u>NO</u>		
NAME	ZULKEFLE BIN KHAMIS		
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS	Passenger witness		
WITNESS CONTACT NO.	Passenger needs to check with grab.		
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.  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 checked="" type="radio"/>	5108706042	5108706042-000022	WHEELS EXPRESS RENTAL & LEASING PTE LTD	201810594C	GFM	drivo CLASSIC	SLH1550M	SLH1550M	13/11/2019	21/05/2020



## Claim Handling

Accident MT/1083570

Policy No.	5108706042	Vehicle No.	SLH1550M	GST Registration No.	
Certificate No.	5108706042-000022				
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD			Policyholder NRIC	201810594C
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92330233	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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	08/02/2020 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	06/02/2020	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER PAYA LEBAR TWDS UBI				

## ▼ 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					
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	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.	01-08	Related Policy Number	5112397506		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/08/1981
Unnamed driver Name	GOH SWEE THYE(WU RUITAI)	Driver NRIC	SXXXX195C	Driving Experience	16
Register Date of Driver License	11/12/2003	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	92330233	Contact No.(Office)		Address 3	PUNGGOL EDGE
Address 1	BLK 120B #06-297	Address 2	EDGE DALE PLAINS	Post Code	822120
Address 4	SINGAPORE 822120	Address Type	Singapore address		
Unit No.	06-297	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WHEELS EXPRESS RENTAL & LE	Insured NRIC	201810594C
Contact No.(Mobile)	90603343	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	SLH1550M	TP Vehicle Number	SHA43
Claim Description	SLH1550M / SHA4361G ON 6 Feb 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Balance No. Finalisation	YES	Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	08/02/2020 17:15
Report Taken By				Date Received	08/02/2020
Print AK letter	<input checked="" type="checkbox"/>				
Save Submit					

## Attachment

Accident No.	MT/1083570	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/02/2020 17:15
Path *			
Choose File	No file chosen	Clear	Category *
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			

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 17:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-8	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 17:15	SAS		Normal	SAS 2020-2-8	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 17:15	Photos		Normal	Photos 2020-2-8	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 17:14	Photos		Normal	Photos 2020-2-8	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 17:13	Photos		Normal	Photos 2020-2-8	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Feb 2020 17:13	Photos		Normal	Photos 2020-2-8	

Video List

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