

NATIONAL Assessment Centre Services. part 1 January MMA 1200 1941P

Date In: 12/21/20 14:31	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAL INC 2000244164	E-mail (within 3hrs, AIG 2hrs)		
Veh No: SGV 6962K	I-Motor Claim Form	MT11084068 ⁰⁰¹	12/21/20 15:17
TP Insurer: () Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsm		

Preferred Wksp / INC Assign Wksp / QW: () Tot: () Fax: ()

TP Particulars: Veh No: SJV 7302Z 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: 90-100%]

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 No: 6700 0616)

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

Injury: _____

Date/Time	Action

MA 2001390

Claims Particulars	Amount (\$)	Rate (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee	540/545	
4) FT: Follow-Through Survey	5120	
5) FT: Follow-Through Survey (Resurvey)	530	
For claiming against INC Only (see 10 Jan 2003)		
6) TR: Re-Inspection	575	
7) NI: Idao DA + SMRT Survey	5160	
8) NTUC Additional Services:		
* N5: Courtesy Car / Tpt Allowance	53	
* N6: Repair Co-ordination	510	
* N7: Post Repair Inspection	525	
* N8: DV / Collect Excess Coordination	53	
TP (N1): TP (Non INC) against INC	520	
9) N12: Idao 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 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	12/02/2020 14:31
Date Of Accident	12/02/2020 08:30
Exact Location Of Accident	YISHUN AVE 4 TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV6962K
Insured/Policyholder	
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	2XXXXX594C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91119516

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	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	5108705465
Cover Note Number	

Driver

Name of Driver	TEO KOON HUAT PETER
NRIC No	SXXXX788E
Date Of Birth	30/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91119516
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 673A YISHUN AVE 4 #09-638
Postcode	761673
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)	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 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	SJV7302Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO KIAN NAM
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:

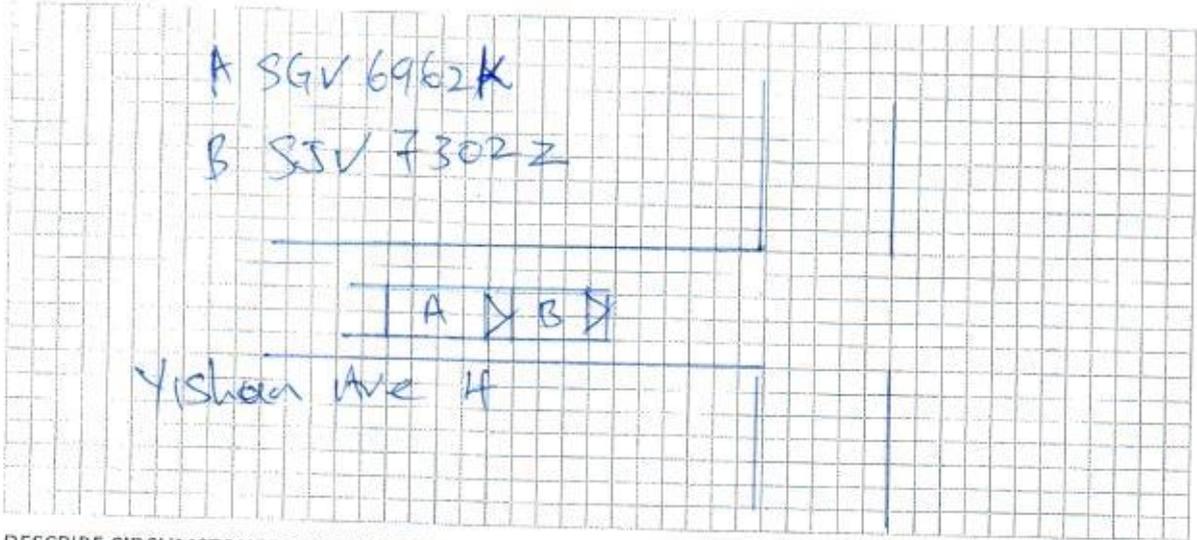


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

** PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/2/20 I was driving SGV 6962K along Yishun Ave 4 towards Ave 1. As I was driving front vehicle SJV 7302Z suddenly it ~~brake~~ brake. I also brake but still hit onto the rear of the SJV 7302Z. His car damage was very minor.

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.:

** PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

VEHICLE NO: SGV 6962K

MAKE & MODEL: MIT Lancer

DATE OF ACCIDENT	12 / 02 / 2020.	
TIME OF ACCIDENT	8:30 (AM) / PM	
LOCATION OF ACCIDENT	Yishun Ave 4 towards Yishun Ave 1	
Exact Purpose use during accident		
NAME OF OWNER	WHEELS EXPRESS Rental & Leasing P/L	
TELP NO		
NRIC		
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>	
PRIVATE HIRE	<u>YES</u> / NO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5108705465-000002	
NAME OF DRIVER	As above / If No: TEO KOON HUAT PETER	
NRIC	<u>S1750788E</u> Any passengers: No.	
DATE OF BIRTH	30 / 12 / 1966.	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	04 / 10 / 1988.	
GENDER	<u>Male</u> / Female	
CONTAC NO.	91119516 Office: Home:	
ADDRESS	Blk 673A YISHUN AVE 4 #09-638 (761673)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:	
RELATIONSHIP	<u>Employee</u> / 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?	
CONTAC NO.		
POLICE REPORT	<u>No</u> / If yes : Where?	
VEHICLE B NO.	SJV 7302Z Any Passenger : No.	
NAME	NEO KIAN NAM.	
CONTAC NO.		
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.		
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	Autohay @ 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	

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: 5108705465-000002

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SGV6962K**
Chassis Number : **JMYSTCS3A7U003133**
2. Name of Policyholder : **WHEELS EXPRESS RENTAL & LEASING PTE LTD**
3. Effective Date of Insurance : **22 May 2019**
4. Expiry Date of Insurance : **21 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 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	: 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 : **BENEFIT AUTO INSURANCE AGENCY (00000573333)**
Date of Issue : **05 Apr 2019 16:47 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1084068

Policy No.	5108705465	Vehicle No.	SGV6962K	GST Registration No.	
Certificate No.	5108705465-000002				
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD				
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Policyholder NRIC	201810594C
Contact No.(Mobile)	91119516	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Yes

Report Date	12/02/2020 15:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/02/2020	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 4 TWOS YISHUN AVE 1				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

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

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	S112397506		

D1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/12/1966
Unnamed driver Name	TEO KOON HUAT PETER	Driver NRIC	SXXXX788E	Driving Experience	31
Register Date of Driver License	04/10/1988	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	91119516	Contact No.(Office)		Address 3	FERN GROVE @ YISHUN
Address 1	BLK 673A #09-638	Address 2	YISHUN AVENUE 4	Post Code	761673
Address 4	SINGAPORE 761673	Address Type	Singapore address		
Unit No.	09-638	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		D1 Vehicle Number	SGV6962K	TP Vehicle Number	SJV733	
Claim Description	SGV6962K / SJV7302Z DN 12 Feb 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	Finalisation	Yes	
Repair Option	Preferred	Preferred Workshop, Name unknown		GIA report	Received	
Date Registered	12/02/2020 15:16	Claim Close Date		Date Received	12/02/2020	
Report Taken By	LEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1084068	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2020 15:17

Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	
Choose File	No file chosen	Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	
Message Read		Clear	Please Select	Confidential	NO	Urgency *	Normal	Desc:	

Attachment List

Attachment



Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	SAS	Normal	SAS 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Feb 2020 15:17	Photos	Normal	Photos 2020-2-12

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display In New Window Scan and uploading