

# NATIONAL Assessment Centre Services

Date In: 27/03/20	Job description	Date & Time Completed	Done by:
Ref No. NA/INC20004597/13	SAS e-filing		
Veh No: 51Q4461T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/03/20 1840	I-Motor Claim Form	MT/1089799-001	
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: SM7647X	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

NA2002449	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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 (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) NI: Ideo DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	On:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno 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	27/03/2020 14:47
Date Of Accident	26/03/2020 18:40
Exact Location Of Accident	GEYLANG ROAD TWDS LOR 29 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4461T
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#### Insured/Policyholder

Name Of Registered Owner	A1 CAR RENTAL
Co Reg No	5XXXX854L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98800993

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GOJEK
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	YES
Policy Number	5112046933
Cover Note Number	

#### Driver

Name of Driver	TERENCE TAN WEI LENG
NRIC No	SXXXX402E
Date Of Birth	23/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98800993
Fax Number	
Contact Number	
Email Address	TERENCETAN9@HOTMAIL.COM

Address	BLK 103 BUKIT BATOK CENTRAL #07-243
Postcode	650103
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?	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

PLS REFER TO THE ATTACHED 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	SH7647X
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JONG KONG HONG
NRIC/Passport Number	SXXXX627H
Contact Number	98450086
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**.
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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

AS PER ATTACHED


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

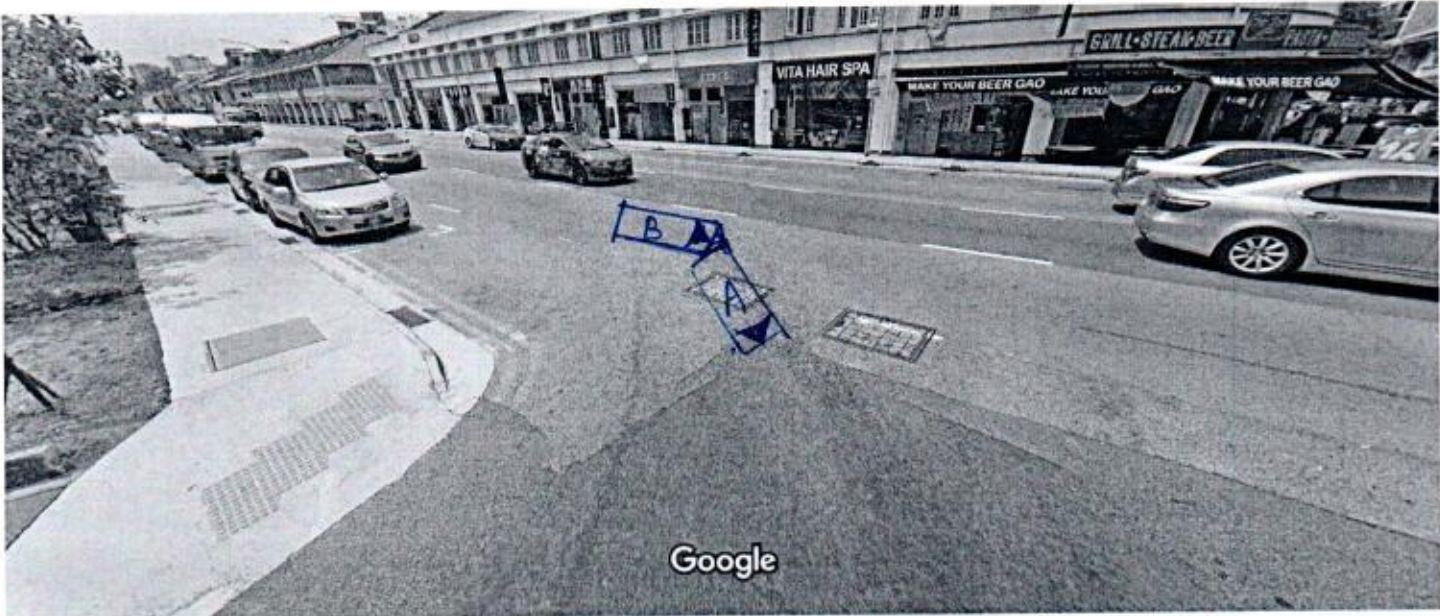
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/03/20

 27/03/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I WAS TRAVELLING FROM GEYLANG RD MAKING A RIGHT TURN INTO LOR 29 GEYLANG.BEFORE MAKING A RIGHT TURN,I STOP MY VEH CAUSE THERE WAS PEDESTRIAN CROSSING THE ROAD.SUDDENLY I FELT THE IMPACT FROM MY REAR LEFT PORTION OF MY VEH.



Google Maps Lor 29 Geylang



CHANGI RD TWDS LOR 29  
GEYLANG

Image capture: Aug 2019 © 2020 Google

Singapore  
Google  
Street View



A - SJQ4461T  
B - SH7647X

# ACCIDENT STATEMENT

ACCIDENT DATE: 26/03/20 (DD/MM/YYYY), TIME: 6.40 PM (HH:MM)

LOCATION: Geylang Lorong 29

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA4461T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5112046933  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HYUNDAI AVANTE 1.6A  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GO.IEK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: STARK EXPRESS PTE LTD (MALE / FEMALE) AI Car RENTAL  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98800993  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: TERENCE TAN WEI LENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 87630402E CONTACT: 98800993  
c) ADDRESS: BIK103, BT BATOR CENTRAL #07-243  
SC6501037

\*d) DATE OF BIRTH: 23/09/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 7647X MODEL: Hyundai Elantra  
b) DRIVER'S NAME: JONG KONG HONG  
c) NRIC/FIN/PASSPORT: S1627627 H CONTACT: 98450086

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

27/03/20  
waiting for  
company stamp  
CI

Email = terencetan9@hotmail.com

fax =

video =



Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.	<input type="text" value="5112046933"/>	Date of Accident	<input type="text" value="26/03/2020 18:40"/>
Vehicle No.(For Motor)	<input type="text" value="SJQ4461T"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112046933		A1 CAR RENTAL	53401854L	GPC	Third Party	SJQ4461T	SJQ4461T	23/08/2019	22/05/2020

Continue

Claim Handling

Accident MT/1089799

Policy No.	5112046933	Vehicle No.	SJQ4461T	GST Registration No.
Certificate No.				
Policyholder Name	A1 CAR RENTAL	Cover Type	Third Party	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading
Contact No.(Mobile)	98800993	Special Remark		Contact No.(Home)
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason
NCD Protection	No			Private Hire
<b>▼ Accident Details</b>				
Report Date	27/03/2020 16:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/03/2020	Time of Accident hh:mm	18:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	GEYLANG ROAD TWDS LOR 29 GEYLANG			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	Driver is Covered?	
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable		
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History	27/03/2020 16:13:07 System changed GST Status Verified from No to Yes			
<b>▼ Policyholder Mailing Address</b>				
Address 1	21 SERANGOON AVENUE 3	Address 2	#03-01 THE SUNNYDALE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112422933	
<b>▼ OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TERENCE TAN WEI LENG	Driver NRIC	SXXXX402E	
Register Date of Driver License	09/11/2016	Driver Age	43	
Contact No.(Mobile)	98800993	Contact No.(Office)	0	
Address 1	BLK 103	Address 2	BUKIT BATOK CENTRAL	
Address 4		Address Type	Singapore address	
Unit No.	#07-243			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		
		Driver Insurer Company		
<b>Declaration</b>				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	A1 CAR RENTAL	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SJQ4461T	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SJQ4461T / SH7647X ON 26 Mar 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	27/03/2020 16:15	Claim Close Date		Date Received
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				



Save

Submit

Attachment

▼

Accident No. MT/1089799

Last Doc. Received ☒ Yes ☐ No

Claim No. 001

Upload Date 27/03/2020 00:00

Path \*

Category \*













Confidential

Urgency

	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:15	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-3-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:15	SAS		Normal	SAS 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:15	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:15	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:15	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:15	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:14	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:14	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:14	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:14	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:14	Photos		Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Mar 2020 16:14	Photos		Normal	Photos 2020-3-27

Video List

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

Scan and uploading