

# NATIONAL Assessment Centre Services

(Part 1 Jan 2009)

MMA 120041186

Date In: 8/4/20 12:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref ID: MAI IMC 2000 508164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SMN 5660J	I-Motor Claim Form	MT/1090994 <sup>002</sup>	8/4/20 14:22
DDA: 614120 16:00	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRSM		

Preferred Wisp / INC Assign Wisp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD 1063X	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 repolar.

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

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

Remarks: (INC 10000 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

Client's Particulars:	Invoice/Repairation Credit:	Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30):	30.00	
Contact No:	2) DA: Damage Assessment (\$100): INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Barg-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Call:	For claiming against INC Only (vs 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	08/04/2020 12:13
Date Of Accident	06/04/2020 16:00
Exact Location Of Accident	PIE TWDS JURONG NEAR KALLANG BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5660J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE. LTD.
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64661009

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-2.5 IS250 (A)
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	5110688602
Cover Note Number	

### Driver

Name of Driver	CHEAH YEW MENG (XIE YAOMING)
NRIC No	SXXXX596D
Date Of Birth	02/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92226919
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 409 BUKIT BATOK WEST AVE 4 #05-174
Postcode	650409
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)	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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1063X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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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



A = SMN 5660J

B = SHD 1063X

PIE twds Jurong near Kallang  
Bahru

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE twds Jurong near
Kallang Bahru Exit on the Extreme right lane.
The traffic was congested. Suddenly the taxi
infront of me brake. I manage to brake
but cannot stop in time. As the result, my
veh hit onto the taxi rear portion.

## DECLARATION

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



*[Signature]*

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

*[Signature]*

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

*[Signature]*



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 4 / 20 ) (DD/MM/YYYY), TIME: ( 16 : 00 ) (HH:MM)

LOCATION: PIE twd Jurong near Kallang Bahru.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMN 5660J.  
 b) INSURANCE COMPANY: INC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial  
 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: Auto Alliance Leasing pte ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 64661009  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Chen Yew Meng. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92226919  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire.

## 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: SHD 1063 X. MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (Including driver)  
(2)

F

\* No of passengers  
 (Including driver)  
( )

\* No of passengers  
 (Including driver)  
( )

\* Vch take photo \* sketch.

mobile reporting

Email = Shateat1@hotmail.com

15 Kaki Bukit Rd 4 fax =

# 01-53 Bartley Biz VIDEO = No.

Centre Singapore 417808

8100 6840 chong pek loong.

Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5110688602	5110688602-000025	AUTO ALLIANCE LEASING PTE. LTD.	201903807W	GFM	Third Party	SMN5660J	SMN5660J	27/08/2019	09/04/2020

## Claim Handling

Accident MT/1090994

Policy No.	5110688602	Vehicle No.	SMN5660J	GST Registration No.	
Certificate No.	5110688602-000025				
Policyholder Name	AUTO ALLIANCE LEASING PTE. LTD.			Policyholder NRIC	201903807W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	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	Not available

## ▼ Accident Details

Report Date	07/04/2020 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/04/2020	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KALLANG FLYOVER TOWARDS TUAS				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
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 Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5108785749-01		

## ▼ O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
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

New

Claim Type *	OD-MX	Insured Name	AUTO ALLIANCE LEASING PTE.	Insured NRIC	201903807W
Contact No.(Mobile)	97552383	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SMN5660J	TP Vehicle Number	SHD10
Claim Description	SMN5660J / SHD1063X ON 6 Apr 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown		Claim Close Date	08/04/2020 14:20
Date Registered				Date Received	08/04/2020
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1090994	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2020 14:22		
Path *		Category *	Confidential	Urgency *	Desc
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
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0	08 Apr 2020 14:22	NRIC/ Driving License	Y	NRIC/ Driving License 2020-4-8



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