

NATIONAL Assessment Centre Services

Form NA-1001

Date In: 16/04/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20005249/13	SAS e-filing		
Veh No: SJX 42490	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/04/20 1515	I-Motor Claim Form	MT/1091478-001	
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA 5936U	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

NA2002673	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: 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	16/04/2020 16:27
Date Of Accident	16/04/2020 15:15
Exact Location Of Accident	JUNG OF CHOA CHU KANG WAY & CHOA CHU KANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX4249D
Insured/Policyholder	
Name Of Registered Owner	L LEASING PTE LTD
Co Reg No	2XXXXX904R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86080067
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5114838135
Cover Note Number	
Driver	
Name of Driver	TAN WEE PING(CHEN WEIBIN)
NRIC No	SXXXX418C
Date Of Birth	17/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93675678
Fax Number	
Contact Number	
EMail Address	KEITHTAN1710@GMAIL.COM

Address	BLK 50 TELOK BLANGAH DRIVE #02-102
Postcode	100050
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	SIDE SWIPE
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?	YES
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

I WAS TRAVELLING STRAIGHT ALONG CHOA CHU KANG WAY TWDS TECK WHYE ON THE EXTREME LEFT LANE AND I HAVE THE RIGHT OF WAY. WHEN I SAW VEH B FROM THE OPPOSITE DIRECTION MAKE A RIGHT TURN INTO CHOA CHU KANG AVE 4 I SWERVED MY VEH TO THE LEFT TO AVOID COLLISION BUT VEH B HAVE NOT ENOUGH TIME TO REACT AND COLLIDED ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA5936U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN CHIU KIAT, CHRISTOPHER
NRIC/Passport Number	TXXXX208F
Contact Number	90187599
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN WEE PING(CHEN WEIBIN)
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SJX4249D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

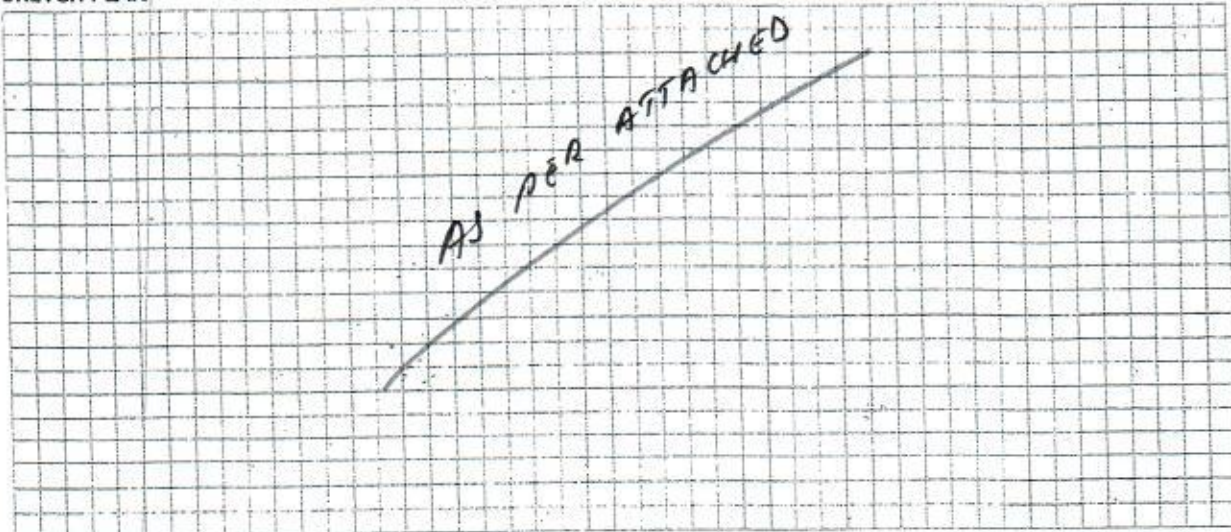
GIA/RCM SketchPlanForm_V03

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

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

Signature 16/04/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls ref to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 16/04/20

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

Google Maps

Choa Chu Kang Way

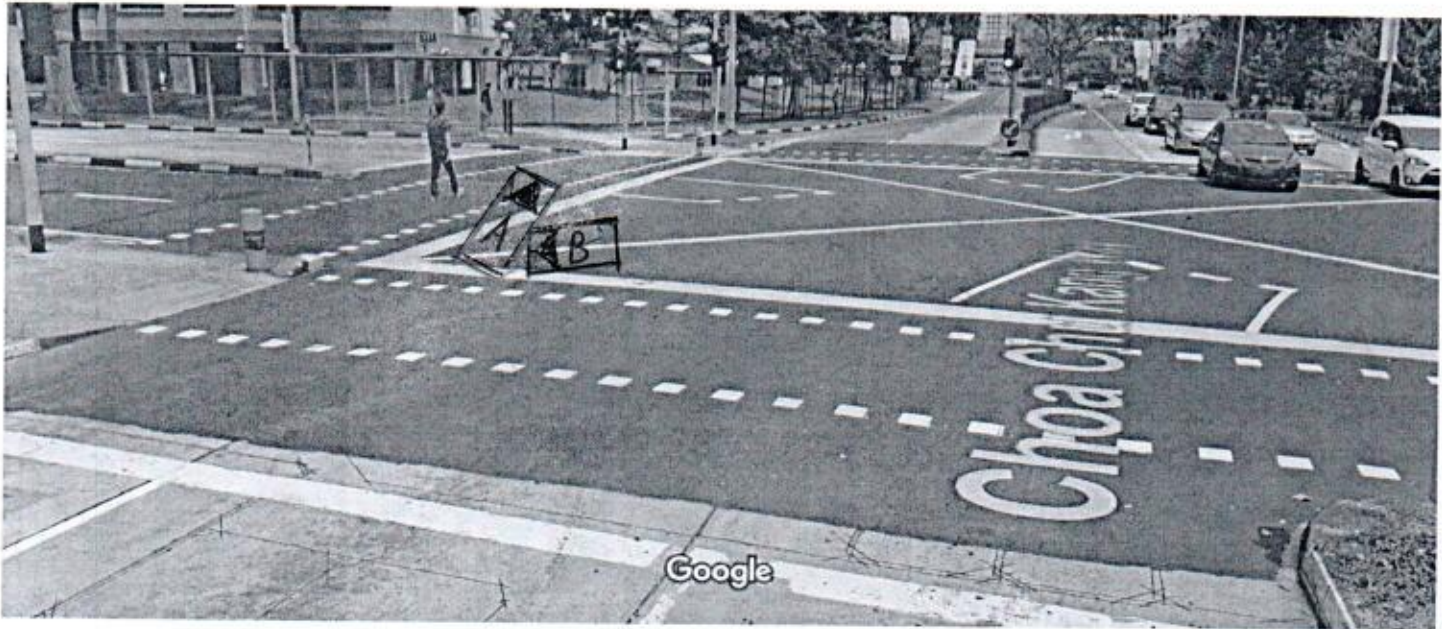


Image capture: Sep 2019 © 2020 Google

Singapore

Google

Street View



A - SJX42490

B - SLA5936U

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114838135-000004

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJX4249D**
Chassis Number : KMHDU41BMAU988450
2. Name of Policyholder : L LEASING PTE LTD
3. Effective Date of Insurance : 02 Jan 2020
4. Expiry Date of Insurance : 01 Jan 2021
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 : QUOTIGO PTE. LTD. (00000573831)
Date of Issue : 12 Dec 2019 08:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text" value="5114838135"/>	Date of Accident	<input type="text" value="16/04/2020 15:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJX4249D"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5114838135	5114838135-000004	L LEASING PTE LTD	201837904R	GFM	Third Party	SJX4249D	SJX4249D	02/01/2020	01/01/2021
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1091478

Policy No.	5114838135	Vehicle No.	SJX4249D	GST Registration No.	
Certificate No.	5114838135-000004				
Policyholder Name	L LEASING PTE LTD			Policyholder NRIC	201837004
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	86080067	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	16/04/2020 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/04/2020	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG OF CHOA CHU KANG WAY & CHOA CHU KANG AVE 4				

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	0.00				
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	BLK 31 #02-330	Address 2	TELOK BLANGAH RISE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	090031
Unit No.	02-330	Related Policy Number	5114838475		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN WEE PING(CHEN WEIBIN)	Driver NRIC	SXXXX418C	Driver DOB	17/10/1975
Register Date of Driver License	18/11/2002	Driver Age	40	Driving Experience	17
Contact No.(Mobile)	93675678	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 50	Address 2	TELOK BLANGAH DRIVE	Address 3	BLANGAH V
Address 4	SINGAPORE 100050	Address Type	Singapore address	Post Code	100050
Unit No.	#02-102				
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	No Yes
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Modification History

Claim 001 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

L LEASING PTE LTD

Contact No.

88380007

Contact No. (Home)

64764342

OI

Vehicle Number

SJX4249D

SJX4249D / SLA5936U ON 16 Apr 2020

Claim Close Date

16/04/2020 17:42

Workshop Repairer

ROSINDA

Save

Submit

Attachment

Accident No.

MT/1091478

Claim No.

001

Last Doc. Received

Yes No

Upload Date

16/04/2020 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *

Please Select

Confidential

NO

Urgency *

Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:42	SAS		Normal	SAS 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:42	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:42	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:42	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:42	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:42	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:41	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:41	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:41	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:41	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:41	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:41	Photos		Normal	Photos 2020-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 17:41	Photos		Normal	Photos 2020-4-16

Video List

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