

# NATIONAL Assessment Centre Services

Port 1 J30003 MNA 120043324

Date In: 23/4/20 15:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NALIMC 20005364164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SMS 7035A	I-Motor Claim Form	MT/1091787 <sup>001</sup>	23/4/20 16:02
IP: 23/4/20 13:05	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP: (IP) Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / IHC Assign Wksp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: SJX 8429 A	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 repairer.

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

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

Remarks:	(INC Ref: 67886016)	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

NA 2002745	Invoice Preparation Checklist	Am (\$)	RSABR (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (over 10 Jan 2023)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repairs Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (N-on INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars: \_\_\_\_\_

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_



## 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	23/04/2020 15:44
Date Of Accident	23/04/2020 13:05
Exact Location Of Accident	JLN MERAH SAGA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS7035A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARZ WORLD PTE. LTD.
Co Reg No	2XXXXX222Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96437773

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AT
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	5112384358
Cover Note Number	

### Driver

Name of Driver	YUEN PENG KEEN
NRIC No	SXXXX588C
Date Of Birth	02/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1994
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98482249
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 113 SERANGOON NORTH AVE 1 #02-577
Postcode	550113
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 - MAJOR/MINOR RD
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX8429A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FIRKIN MARIA MARGARET
NRIC/Passport Number	GXXXX042N
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.
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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:

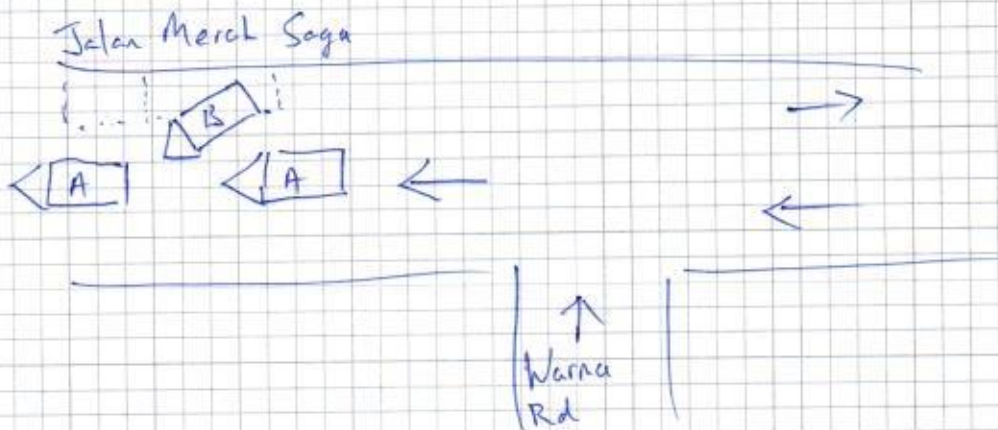
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

A SMS7035A

B SJX8429A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/4/2020, Time 1303 HRS I was travelling along Warna Rd towards Jalan Merah Saga. As I reach the junction of Warna Rd and Jalan Merah Saga Rd, I checked for on coming traffic before making a left turn into Jalan Merah Saga to head towards Taman Warna. As I drove along Jalan Merah Saga, I felt an impact on my right. I stop my car immediately and alighted from my car. I realised this car SJX 8429A which was parked on the right side of the road drove out of the parking lot and collided into my car.

## DECLARATION

I/We declare that 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 4 / 2024 (DD/MM/YYYY), TIME: 13 : 03 (HH:MM)

LOCATION: JALAN MERAH SAGA

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS 7035A  
b) INSURANCE COMPANY: NTU  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda Shuttle (Hybrid)  
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: ADWIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9643 7773  
c) ADDRESS: \_\_\_\_\_

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

### 3. DRIVER

- a) NAME: YUEN PENA ICEO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6842588C CONTACT: 9848 2249  
c) ADDRESS: Blok 113, SERAPAPON NAKHAYE 1 #02-577  
S(550/13)

\*d) DATE OF BIRTH: 02 / 11 / 1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS : 10 / 11 / 1994

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hiren

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)  
b) ROAD SURFACE: (DRY / WET / OTHERS Dry)  
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: SJX 8429A MODEL: TOYOTA  
b) DRIVER'S NAME: FIRKIN MARIA MARGARET  
c) NRIC/FIN/PASSPORT: G3005092N CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL : daniel@worldauto.com.sg

2) VIDEO : Yes.

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5112384358"/>	Date of Accident	<input type="text" value="23/04/2020 15:30"/>
Vehicle No. (For Motor)	<input type="text" value="SMS7035A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5112384358	5112384358-000006	CARZ WORLD PTE. LTD.	201202222Z	GFM	drive CLASSIC	SMS7035A	SMS7035A	10/03/2020	30/08/2020

## Claim Handling

Accident MT/1091787

Policy No.	5112384358	Vehicle No.	SMS7035A	GST Registrati
Certificate No.	5112384358-000006			
Policyholder Name	CARZ WORLD PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96437773	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
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

## ▼ Accident Details

Report Date	23/04/2020 15:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/04/2020	Time of Accident hh:mm	13:05	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JLN MERAH SAGA			

## ▼ 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 Cover
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	06/0
GST Registration No.	201202222Z	GST Status Verified	Yes
Modification History	23/04/2020 15:59:45 System changed GST Registered from No to Yes 23/04/2020 15:59:45 System changed GST Registration No, from null to 201202222Z 23/04/2020 15:59:45 System changed GST Registration Date from null to 06/08/2012		

## ▼ Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#01-57/58 VERTEX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-08	Related Policy Number	5087505838-03	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	YUEN PENG KEEN	Driver NRIC	SXXXX588C	Driving Experi
Register Date of Driver License	10/11/1994	Driver Age	51	Contact No.(Hi
Contact No.(Mobile)	98482249	Contact No.(Office)		Address 3
Address 1	BLK 113 #02-577	Address 2	SERANGOON NORTH AVENUE 1	Post Code
Address 4	SINGAPORE 550113	Address Type	Singapore address	
Unit No.	02-577			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	CAI
Contact No.(Mobile)	98560583	Contact No. (Home)	
Email Address	admin@carzworld.com.sg	OI Vehicle Number	SM
Claim Description	SMS7035A / SJX8429A ON 23 Apr 2020		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	23/04/2020 16:00	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☒ Print AK letter



Save Submit

## Attachment

Accident No.	MT/1091787	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/04/2020 16:02

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:02	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:02	SAS	Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:02	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:02	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:02	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:01	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:01	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:01	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2020 16:01	Photos	Normal	Ph

## Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>