

NATIONAL Assessment Centre Services

Part 1 Jan 2003

MMA 120244346

Date In: 3014120 14:48	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NA11ME 2000 5500164	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SLU 1841E	I-Motor Claim Form	MT/1092078 ⁰⁰¹	3.14/20 15:23
IP: 3.14/20 08:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: IP: Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profund Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

IP Particulars:

Veh No:

SKG 15572

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 1000000 6700 6016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Action:

MA2002816

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bugr-In-Charge):

Auditors' Comments:

20.11

20.11

Invoice/Preparation Checklist:

1) AR: Accident Reporting (\$30);	3000
2) DA: Damage Assessment (\$100); INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (w/c 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
ON:	
*N5: Courtesy Car / Tpt 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 \$0	

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Amount (\$)

Amount (\$)

Head bill

3000

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	30/04/2020 14:48
Date Of Accident	30/04/2020 08:45
Exact Location Of Accident	ALONG AMK AVE 3 AFTER JUNC IND PK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1841E
Insured/Policyholder	
Name Of Registered Owner	CAREWELL AMBULANCE SERVICES PTE LTD
Co Reg No	2XXXXX446G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68580700

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109094345
Cover Note Number	

Driver

Name of Driver	RAHMAT BIN JOHAN
NRIC No	SXXXX725Z
Date Of Birth	01/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/07/1992
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87481845
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 223A SERANGOON AVE 4 #07-215
Postcode	551223
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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	SKG1557L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SENG SZE MING-SIA
NRIC/Passport Number	SXXXX780E
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.

CAREWELL AMBULANCE SERVICES PTE LTD

Blk 531 Serangoon North Ave 4

#07-269, Singapore 550531

Tel: 6858 0700 Fax: 6858 0601

Email: care@carewellambulance.com.sg

Reg No: 200905446G

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

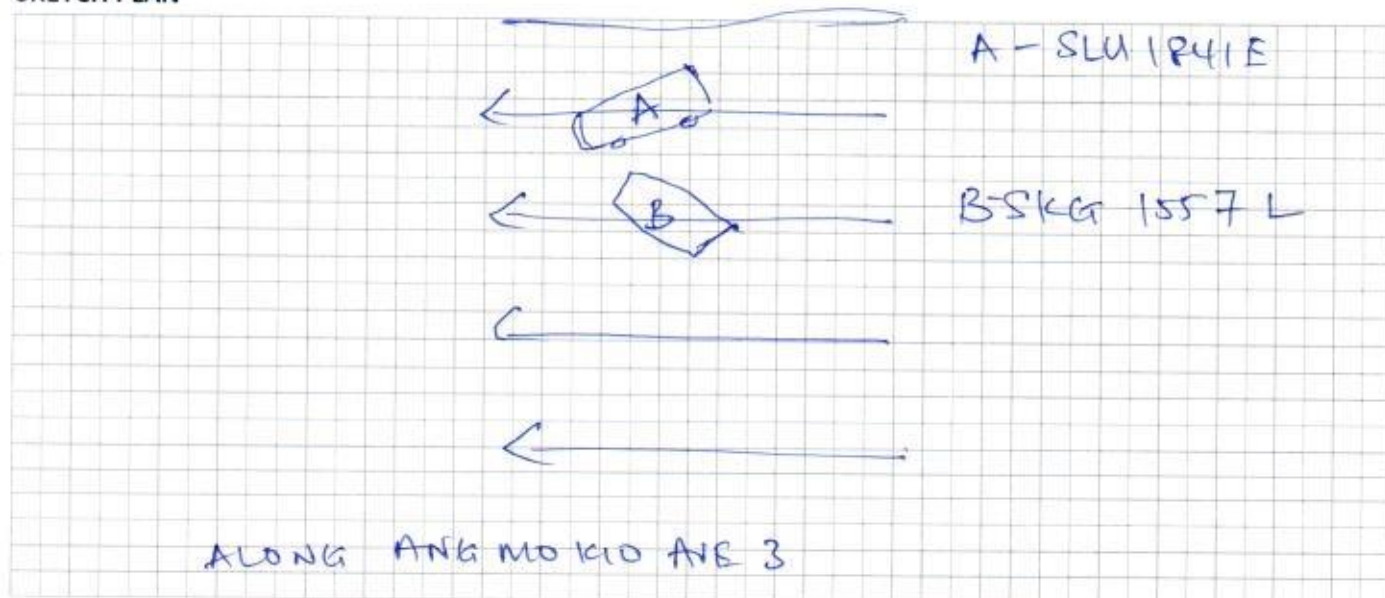
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30th April 2020 at abt 0845-0900, while I was driving from Lane 1 along Ang Mo Kio Ave 3 I meet an accident with a car registered SKG 1557 L. I have signal to change lane 2 about 50m after I confirm myself that there is no vehicle on that lane 2.

But unfortunately I collide suddenly with the car I mention after immediately turn into lane 2. I have 2 person in the vehicle who witness that lane 2 is clear.

I believe this car registered no. SKG 1557 L coming into his changing lane from 3 to 2 also did not notice of my vehicle which also going into the same lane 2.

End up we collide each other.

Thank You.

CAREWELL AMBULANCE SERVICES PTE LTD

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Tel: 6858 0700 Fax: 6858 0601
Email: care@carewellambulance.com.sg
Reg No: 200905446G

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: 30, 4, 2020 (DD/MM/YYYY), TIME: 08.45 (HH:MM) ^{EST.}

LOCATION: Along AMIC AVE 3, AFT Junction Ind Plk 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: _____
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN NV350
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Ambulance
 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: CAREWELL AMBULANCE SVC P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 68580700
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: RATHNAT JOHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 87481845
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS

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

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: SKG1557 L MODEL: _____
 b) DRIVER'S NAME: SENG STE MINH-SIA
 c) NRIC/FIN/PASSPORT: 87834280E CONTACT: _____

9. THIRD PARTY VEHICLE

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

1) EMAIL :

2) VIDEO : NO

(03)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

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

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 : 5109094345-000007

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **SLU1841E**
Chassis Number : JN1UC4E26Z0006837
2. Name of Policyholder : CAREWELL AMBULANCE SERVICES PTE LTD
3. Effective Date of Insurance : 11 May 2019
4. Expiry Date of Insurance : 10 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 business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 24 Apr 2019 09:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1092078

Policy No.	5109094345	Vehicle No.	SLU1841E	GST Registrati
Certificate No.	5109094345-000007			
Policyholder Name	CAREWELL AMBULANCE SERVICES PTE LTD			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	68580700	Contact No.(Office)		Contact No.(H
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	30/04/2020 15:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/04/2020	Time of Accident hh:mm	08:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG AMK AVE 3 AFTER JUNC IND PK 2			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Airside	9999999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 531 #07-269	Address 2	SERANGOON NORTH AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109094345	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RAHMAT BIN JOHAN	Driver NRIC	SXXXX725Z	Driver DOB
Register Date of Driver License	30/07/1992	Driver Age	51	Driving Experi
Contact No.(Mobile)	87481845	Contact No.(Office)		Contact No.(H
Address 1	BLK 223A #07-215	Address 2	SERANGOON AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-215			
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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CAI
Contact No.(Mobile)	91801710	Contact No. (Home)	
Email Address	care@carewellambulance.com.sg	OI Vehicle Number	SLU
Claim Description	SLU1841E / SKG1557L ON 30 Apr 2020		
Preferred Workshop	0	Insured Liability	Partially at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	30/04/2020 15:21	Received	
Report Taken By	LEW SHAN HUI	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1092078 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 30/04/2020 15:23

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Message Read

Clear

Category *

Confider

Please Select ▼

NO

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NO

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NO

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NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:23	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:23	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:23	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:21	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Apr 2020 15:21	Photos		Normal	Ph

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading