

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MAA/20045713

Date In: 06/05/2020 15:48	Job description	Date & Time Completed	Done by
Ref No: MAA/20005588/Y	SAS e-filing		
Veh No: SLF 7147R	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 05/05/2020 21:30	I-Motor Claims Form	MAA/0923/8001	06/05/2020
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:22
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: EU 2278H	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 reporter.

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

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

Reminders: Please inform customer of the following:

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Damage: _____

NA2002850

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
Auctioner's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Ref 1:	For claiming against INC Only (ver 10 Jan 2003)	
2/2	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repairs Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TE (N11): TP (Non INC) against INC	\$30
	9) N12: Idas 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	06/05/2020 15:48
Date Of Accident	05/05/2020 21:30
Exact Location Of Accident	JUNCTION OF MARYMOUNT ROAD AND SHUN FU ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF7147R
Insured/Policyholder	
Name Of Registered Owner	RABBIT CAR RENTAL PTE. LTD.
Co Reg No	2XXXXX547M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88380101
Alternative Phone No	OFFICE-94358310
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110778790
Cover Note Number	
Driver	
Name of Driver	MARIA KALAIARASI D/O KARUPPIAH
NRIC No	SXXXX460E
Date Of Birth	22/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2010
Driving Experience	9 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88380101
Fax Number	
Contact Number	OTHERS-94358310
EEmail Address	NOEMAIL

Address	BLK 139 BUKIT BATOK WEST AVENUE #02-415
Postcode	650139
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?	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EU2278H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97354948
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MARIA KALAIARASI D/O KARUPPIAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF7147R
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.

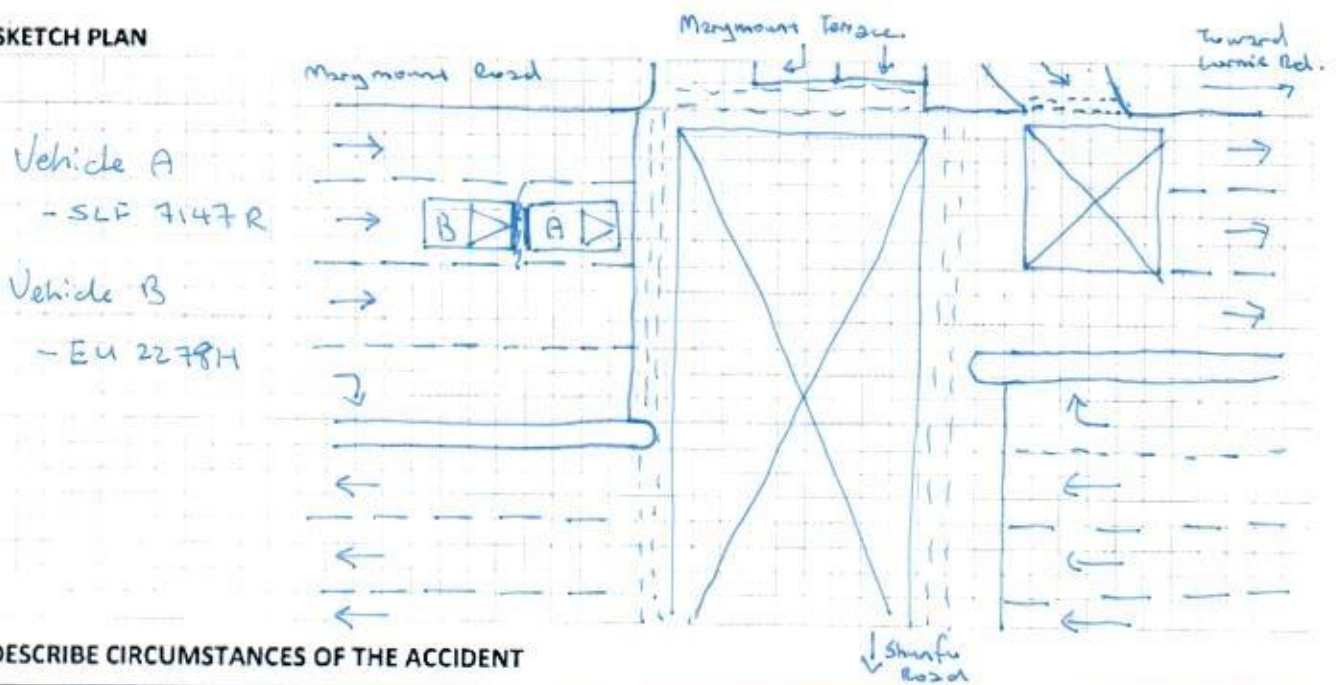


Policyholder's Signature
Date & Time:

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

I was stationary stopped at the traffic light junction of Marymount Road, (Marymount Road / Marymount Terrace / Shunfu Road) Junction. I was on the third lane.

As the traffic light was shown red, so I didn't proceed on, while waiting, which suddenly I felt a impact from the rear of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate (EU 2278H) collided to the rear of my vehicle.

Vehicle A - SLF 7147R

Vehicle B - EU 2278H.

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:

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

Vehicle No.	SLF 7147R	Model / Make	Honda Vezel
Date of Accident	05/05/20		
Time of Accident	2130	HRS	
Location of Accident	Mazymount Road toward Lornie Rd direction, (Shunfu Rd / Mazymount Rd) Junction.		
Exact purpose use during accident	Working Hour		
Name of Owner	Rabbit Car Rental Pte Ltd		
Telephone No.	H/P: 8838 0101	Home :	Office :
NRIC	201916547M		
Address	6001 Beach Road, #08-06 Golden Mile Tower S(199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110778790-000033		
Name of Driver	As Above If <input checked="" type="radio"/> No, Maria Kalaizasi D/o Karupiah		
NRIC	S 2204460E	Any Passengers : NIL.	
Date of birth	22/01/1960		
Occupation	<input checked="" type="radio"/> Outdoor / <input type="radio"/> Indoor		
Driving License Pass Date	30 Dec 2010		
Gender	Male / <input checked="" type="radio"/> Female		
Contact No.	H/P: 9435 8310	Home :	Office :
Address	Buk 13a Bukit Batok West Ave 6 #02-415 S(650139)		
Driver have any own vehicle	<input checked="" type="radio"/> No, If yes, Reg No.		
Relationship	Employee,	If no, state Rental / leasing	
Weather condition	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Other		
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Other		
Any Injuries	No, If <input checked="" type="radio"/> Yes, Who?		
Name And Contact No.	Maria Kalaizasi D/o Karupiah, 94358310		
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No, If Yes, Where?		
Vehicle B No.	EU 2278H	Any Passengers :	
Name of Driver		Contact No. : 9735 4948	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear.		
Camera Recorder	<input checked="" type="radio"/> Yes / <input type="radio"/> No Video Overwrite.		
Email Address			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Claim Handling

Accident MT/1092318

Policy No.	5110778790	Vehicle No.	SLF7147R	GST Registration No.	
Certificate No.	5110778790-000033				
Policyholder Name	RABBIT CAR RENTAL PTE. LTD.			Policyholder NRIC	201916547M
Product Code	FLEET MASTER INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	88380101	Contact No.(Office)		Contact No.(Home)	
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	06/05/2020 16:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - He
Date of Accident	05/05/2020	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF MARYMOUNT ROAD AND SHUN FU ROAD				

▼ 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 Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2000.00	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 8 #01-52	Address 2	SIN MING INDUSTRIAL EST SEC	Address 3	SIN MING IN
Address 4	SINGAPORE 375643	Address Type	Singapore address	Post Code	375643
Unit No.	01-52	Related Policy Number	5114640840		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MARIA KALAIARASI D/O KARUP	Driver NRIC	SXXXX460E	Driver DOB	22/01/1990
Register Date of Driver License	30/12/2010	Driver Age	60	Driving Experience	9
Contact No.(Mobile)	94358310	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 139 #02-415	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE
Address 4		Address Type	Foreign address	Post Code	650139
Unit No.	02-415				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLF7147R	Driver Insurer Company	NTUC

Declaration

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

Claim 001

Netzer

Claim Type *	OD-MX		Insured Name	RABBIT CAR RENTAL PTE. LTD.		Insured No.	
Contact No.(Mobile)			Contact No. (Home)			Contact No. (Off)	
Email Address			Ol			TP	
Claim Description			Vehicle Number	SLF7147R		Vehi Num	
Preferred Workshop			SLF7147R / EU2278h ON 5 May 2020				
Preferred Contact No.			Insured Liability	Not at Fault		Insured Pref	
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		GIA report	Received	
Date Registered			06/05/2020 16:21		Claim Close Date		Date Recd
Report Taken By			ROS LI WAH AB				

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1092318	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/05/2020 16:22
Path * <div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> </div>		Category * <div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> </div>	
		Confidential	Urgency *
		<div>NO</div>	<div>Normal</div>
		<div>NO</div>	<div>Normal</div>
		<div>NO</div>	<div>Normal</div>

Choose File

No file chosen

Choose File

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Message Read

Clear

Please Select

NO

Normal

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NO

Normal













Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 16:22	SAS		Normal	SAS 2020-5-6

Video List

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

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: 5110778790-000033

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF7147R**
Chassis Number : RU31210522
2. Name of Policyholder : **RABBIT CAR RENTAL PTE. LTD.**
3. Effective Date of Insurance : **22 Nov 2019**
4. Expiry Date of Insurance : **21 Nov 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 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HAMILTON CAPITAL PTE LTD
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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 28 Jun 2019 11:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

My Desktop
Notice of Loss

Policy Query

Policy No.

5110778790

Date of Accident

05/05/2020 15:59

Vehicle No.(For Motor)

SLF7147R

Certificate Number

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"/>	5110778790	5110778790-000033	RABBIT CAR RENTAL PTE. LTD.	201916547M	GFM	drive CLASSIC	SLF7147R	SLF7147R	22/11/2019	30/06/2020

Continue