

NATIONAL Assessment Centre Services. [Ref: 1 Jan 2003] **NA20047267**

Date In: 21/04/2020 12:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC200058724	SAS e-illing		
Veh No: SPW 1426J	E-mail P (8:00a-8:00p, AIC 2hrs)		
D.O.A: 21/05/2020 18:40	I-Motor Claims Form	21/05/2020 15:36	
OD (TP) Reporting Only	I-Motor W/O (Withins: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Vhsn		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SUP 4003P INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 ()

() 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

()

()

()

()

NA2002960

Claimant: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

Auditor's Comments: ()

Date: 2/3

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$40)	
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$75
6) TR: Re-inspection	\$160
7) NI: Idea DA + SMRT Survey	
8) NIUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$5
*NR: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*ND: DV / Collect Excess Coordination	\$5
*NI: DV / Collect Excess Coordination	\$20
TE (NI): TP (Non-INC) against INC	\$6
9) NI: Idea Mobile	
Invoice dated	
Invoice dated	

Fee Charged

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	21/05/2020 12:16
Date Of Accident	20/05/2020 18:40
Exact Location Of Accident	ALONG HOUGANG STREET 52 TOWARDS HOUGANG AVENUE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW1426J
Insured/Policyholder	
Name Of Registered Owner	ST&T CAR RENTALS
Co Reg No	5XXXX677W
Email Address	EDMUND8000@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96262283
Alternative Phone No	OFFICE-96262283
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5113967173
Cover Note Number	
Driver	
Name of Driver	KOH SHUN YUAN EDMUND
NRIC No	SXXXX775C
Date Of Birth	03/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96262283
Fax Number	
Contact Number	OTHERS-96262283
EMail Address	EDMUND8000@GMAIL.COM

Address	BLK 103 TOWNER ROAD #02-298
Postcode	332103
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?	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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLP4003P
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA HAK LIANG
NRIC/Passport Number	SXXXX488E
Contact Number	97588006
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**.
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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.



[Signature]

21/05/20 12:10

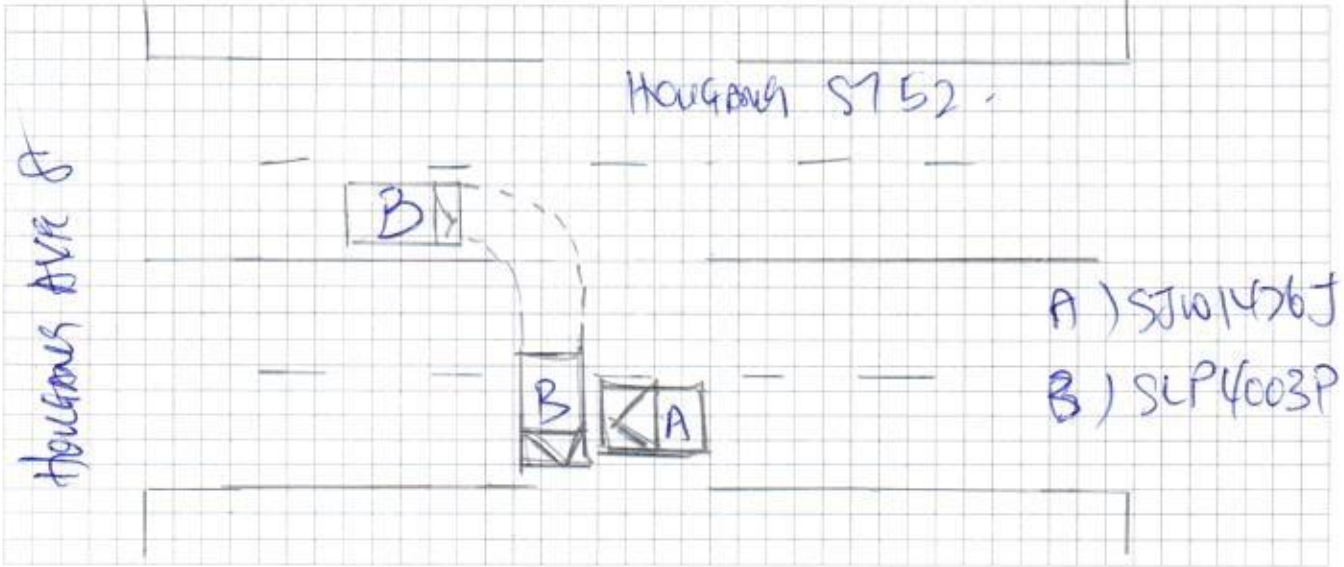
[Signature] 21/05/2020
Name: *[Signature]*
NRIC/FIN No.:

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 20th of MAY 2020 at 1840hrs, I was travelling straight on Hougang ST 52 towards Hougang Ave 8 as approaching halfway the road vehicle SLP 4003 P suddenly dash across from the other side of the road, I apply brakes to prevent collision but my vehicle could not stop in time both vehicle collided. The other party continues to drive off from the scene of accident depriving me the opportunity to take photos of the actual scene of the incident.

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.:
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REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8907775C

Name
KOH SHUN YUAN EDMUND

許 順 源

Race
CHINESE

Date of birth
03-03-1989

Country/Place of birth
SINGAPORE

Sex
M

9388509

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8907775C

Name
KOH SHUN YUAN EDMUND

Birth Date: 03 Mar 1989

Issue Date: 02 Dec 2015

002498573F

SG 50

For LKK/NAC Use Only

9388509

NRIC No. S8907775C

For LKK/NAC Use Only

Nationality
MALAYSIAN

Date of issue
02-12-2015

Address
APT BLK 103 TOWNER ROAD
#02-298
SINGAPORE 322103

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 26 May 2010

For LKK/NAC Use Only

Licence No: S8907775C

NP 428A

ACCIDENT STATEMENT

ACCIDENT DATE: 26/05/2020 (DD/MM/YYYY), TIME: 18:40 (HH:MM)

LOCATION: HOUGANG ST 52 TOWARDS HOUGANG AVE 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 1426J
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5113967173-000004
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PHV (Indicate)
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: STRT CAR RENTALS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 9626 2283
c) ADDRESS: 350 BALESTIER ROAD #1402
TWIN HEIGHTS S 329.77.9

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH STHA YUAN EDMOND (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 86555222
c) ADDRESS: _____

* d) DATE OF BIRTH: 10/03/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28/05/2010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: SLP 4003 P MODEL: MAZDA
b) DRIVER'S NAME: CHUA HAK LIANG
c) NRIC/FIN/PASSPORT: S0104488E CONTACT: 9758 8006

9. THIRD PARTY VEHICLE

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

Email = edmund8000@gmail.com

VIDEO

RSPU @ LKKAWO.COM

Claim Handling

Accident MT/1093024

Policy No.	5113967173	Vehicle No.	SJW1426J	GST Registration No.	
Certificate No.	5113967173-000004				
Policyholder Name	ST&T CAR RENTALS			Policyholder NRIC	53104677W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96262283	Contact No.(Office)		Contact No.(Home)	
Email Address	edmund8000@gmail.com	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	21/05/2020 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Ma
Date of Accident	20/05/2020	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG STREET S2 TOWARDS HOUGANG AVENUE 8				

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				
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	21/05/2020 15:34:04 System changed GST Status Verified from: No to Yes.		

Policyholder Mailing Address

Address 1	350 BALESTIER ROAD	Address 2	#14-02 TWIN HEIGHTS	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	329779
Unit No.		Related Policy Number	5113967173		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH SHUN YUAN EDMUND	Driver NRIC	SXXXX775C	Driver DOB	03/03/1989
Register Date of Driver License	26/05/2010	Driver Age	31	Driving Experience	9
Contact No.(Mobile)	96262283	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	332103
Unit No.	02-298				
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.	SJW1426J	Driver Insurer Company	NTUC

Declaration

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

Claim 001 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

ST&T CAR RENTALS

Insu NRIC

Contact No.(Home)

OT Vehicle Number

SJW1426J

SJW1426J / SLP4003P ON 20 May 2020

Claim Close Date

21/05/2020 15:35

Report Date

21/05/2020 15:36

Category *

Confidential

Urgency *

Normal

Attachment

Accident No.

MT/1093024

Claim No.

001

Last Doc. Received

Yes No

Upload Date

21/05/2020 15:36

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Clear

Please Select

NO

Normal

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NO

Normal

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Please Select

NO

Normal

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) o 21 May 2020 15:36	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:36	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:36	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:36	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:36	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	Photos		Normal	Photos 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2020 15:35	SAS		Normal	SAS 2020-5-21

Video List

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

My Desktop
Notice of Loss

Policy Query

Policy No.

5113967173

Date of Accident

20/05/2020 12:15

Vehicle No.(For Motor)

SJW1426J

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"/>	5113967173	5113967173-000004	ST&T CAR RENTALS	53104677W	GFM	Third Party	SJW1426J	SJW1426J	04/12/2019	03/12/2020

Continue