

NATIONAL Assessment Centre Services. Jan 1 Jan 2001 *NA2005645*

Date In: <i>26/10/2020 19:48</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/ZUC2001164274</i>	SAS e-Milling		
Veh No: <i>SLW 4871A</i>	E-mail (to John Sims, AIC Staff)		
D.O.A: <i>26/10/2020 11:35</i>	I-Motor Claims Form	<i>m/1107907-001</i>	<i>26/10/2020</i>
OD: TP: Reporting <input checked="" type="checkbox"/> Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		<i>20:06</i>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

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

TP Particulars: Vch No: *SMS 1695X* 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 ()

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 () ; Invoiced: 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: _____

<i>NA2005645</i>			
Driver/Owner:	1) AIR: 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		
	5) PF: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (over 10 Jan 200)		
	6) TIT: Re-inspection \$75		
	7) NI: Ideal DA + EMRT Survey \$180		
	8) NIUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NO: Repairs Coordination \$10		
	*NI: Post Repair Inspection \$25		
	*ND: DV / Collect License Coordination \$3		
	TE (NI): TP (SWA INC) against IAG \$20		
	9) NI: Ideal 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	26/10/2020 19:46
Date Of Accident	26/10/2020 11:30
Exact Location Of Accident	ALONG CTE TOWARDS CITY (BEFORE BALESTIER RD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4871A
Insured/Policyholder	
Name Of Registered Owner	SAFE N SWIFT
Co Reg No	5XXX649W
Email Address	DAVIDLEOW2@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85021201
Alternative Phone No	OFFICE-85021201

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109649813-01
Cover Note Number	

Driver

Name of Driver	LEOW YONG YEAN
NRIC No	SXXXX826Z
Date Of Birth	03/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2017
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85021201
Fax Number	
Contact Number	OTHERS_85021201

Address	BLK 215A COMPASSVALE DRIVE #03-508
Postcode	541215
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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

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	SMJ1699X
Vehicle Make/Model/Colour	OPEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.

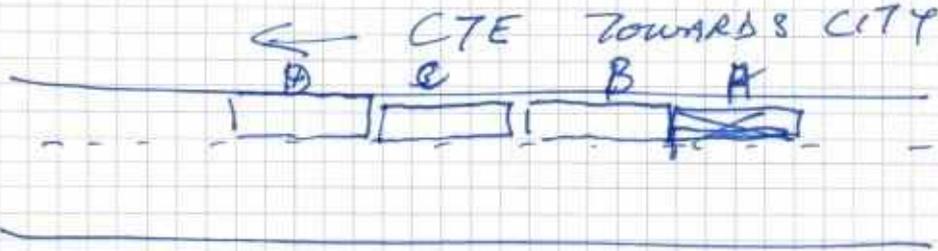


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/10/2020
2pm

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

SKETCH PLAN



1. SMT 1699X
2. SKW 4871A

- A) SKW 4871A
- B) SMT 1699X
- C) UNKNOWN CAR
- D) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traveling on 1st lane of CTE towards city after when noticed SMT 1699X (car in front) was jamming brakes suddenly. I was traveling at @ 80km/h and I have just filtered into lane 1 about 500m ago.

I applied hand brakes upon seeing the car in front jamming brakes which was @ 2 car lengths away.

However my car did not stop and continue to slide forward after slowing down and hit the rear bumper of the car (SMT 1699X) in front.

The impact resulted my vehicle's front bumper and bonnet crumpled in and damaged to the rear bumper of the vehicle in front.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/10/2020
2pm

[Handwritten Signature] 26/10/2020
Reporting Centre Personnel's Signature
Name: Roldi
NRIC/FIN No.:

Claim Handling

Accident MT/1107907

Policy No.	5109549813-01	Vehicle No.	SKW4871A	GST Registration No.
Certificate No.				
Policyholder Name	SAFE N SWIFT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	85021201	Contact No.(Office)		Contact No.(Home)
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(%)	10	Private Hire

Accident Details

Report Date	26/10/2020 20:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/10/2020	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CTE TOWARDS CITY (BEFORE BALESTIER RD EXIT)			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
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	26/10/2020 20:03:54 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	10B ENTERPRISE ROAD	Address 2	ENTERPRISE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113202104-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEOW YONG YEAN	Driver NRIC	S1621261Z	Driver DOB
Register Date of Driver License	04/07/2017	Driver Age	57	Driving Experience
Contact No.(Mobile)	85021201	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 215A #03-508	Address 2	COMPASSVALE DRIVE	Address 3
Address 4	SINGAPORE 541215	Address Type	Foreign address	Post Code
Unit No.	03-508			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKW4871A	Driver Insurer Comp.

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 *	DD-MX	Insured Name	SAFE N S
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		D/ Vehicle Number	SKW487
Claim Description	SKW4871A / 5M11699X ON 26 Oct 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	26/10/2020 20:05	GIA report	Received
		Claim Close Date	

Company: SNS

ACCIDENT STATEMENT

ACCIDENT DATE: (26/10/2021) (DD/MM/YYYY), TIME: (11:30) (HH:MM)

LOCATION: ALONG CTE TOWARDS CITY (BEFORE BALESTIER) EXIT.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 4871A
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5109649813-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA WISH 1.8
- f) TYPE: (SA LOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) STATION WAGON
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: INSURANCE REPORTING
- 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: SNS RENTAL CO. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEON KENG YEAN (MALE / FEMALE) 85021701
- b) NRIC/FIN/PASSPORT: S162182612 CONTACT: _____
- c) ADDRESS: 215A Compaenvale Dr #03-SOP (S41215)

*d) DATE OF BIRTH: (03/09/1963) (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: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS WET ROAD OTHERS (MICA PRE)

b) ROAD SURFACE: (DRY / WET / OTHERS WET)

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: SMJ 1699X MODEL: OPEL
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger (including driver) (1)

* No of passenger (including driver) (1)

* No of passenger (including driver) ()

Email = davidleow2@gmail.com

VIDEO

SA snsrental@gmail.com

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109649813-01		SAFE N SWIFT	53311649W	GPC	Third Party, Fire & Theft	SKW4871A	SKW4871A	23/05/2020	22/05/2021