

NATIONAL Assessment Centre Services

Ref: 121021

2

Date In: 06/11/20	Jcb description	Date & Time Completed	Done by
Ref No: NA/INC20012179/13	SAS e-filing		
Veh No: SJL85386	E-mail (within 3hrs, At 2hrs)		
D.O.A: 05/11/20 1855	i-Motor Claim Form	MT/1109396-001	
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel:	Fax:
TP Particulars:	Veh No: FB04895U	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%; F: 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 hotline: 6788 6616)	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

NA200588	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tp 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 30		
	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	06/11/2020 12:45
Date Of Accident	05/11/2020 18:55
Exact Location Of Accident	TOA PAYOH LOR 6 TWDS TOA PAYOH LOR 4 AFT STADIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8538G
Insured/Policyholder	
Name Of Registered Owner	TWINCAR RENTAL
Co Reg No	5XXXX815M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88285151
Alternative Phone No	OFFICE-68420051

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084514433-03
Cover Note Number	

Driver

Name of Driver	TAN HON NGIAK
NRIC No	SXXXX649F
Date Of Birth	26/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1995
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98519221
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 116 HO CHING ROAD #05-27
Postcode	610116
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	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?	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ4895U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM CHIIN TAT
NRIC/Passport Number	
Contact Number	92225233
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

X



Policyholder's Signature
Date & Time:

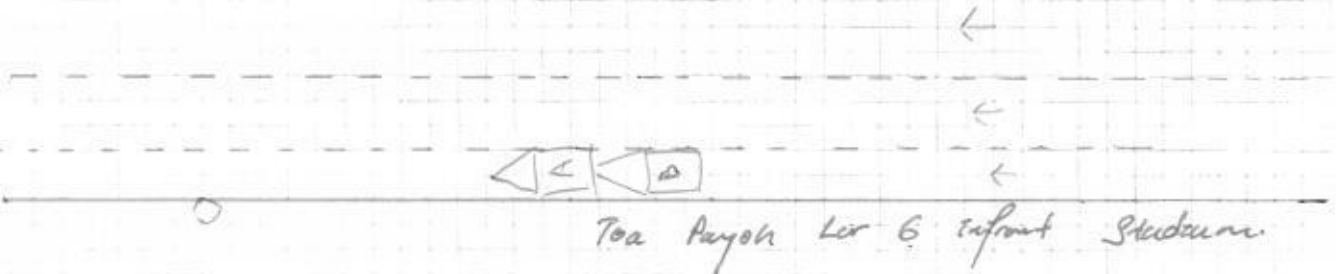
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) SJH 8538 G.

(B) FBQ 4895 U.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle A while waiting before the traffic to turn green to proceed. Suddenly vehicle B hit on my vehicle A rear portion.

DECLARATION

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

2

Policyholder's Signature
Date & Time:

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

shym 06/11/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SJK 8538.G Model / Make Toyota Altis.		
Date of Accident	5.11.2020		
Time of Accident	1857 HRS		
Location of Accident	TAN PAYOH LOR 6 Towards TAN PAYOH LOR 4 After (Stadium Car Park)		
Exact purpose use during accident	Rental.		
Name of Owner	TWINCAR RENTAL		
Telephone No.	H/P : 8828 5151 Home : NIL		Office : 6842 0051
NRIC	53092815M		
Address	KAKI BUKIT AUTOHUB, 2 KAKI BUKIT A, 2 #01-17 & 18 (47921)		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC INCOME		
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft		
Policy No.	5084514433-03		
Name of Driver	As Above If No, TAN HON NGIANG		
NRIC	57634649F		Any Passengers : 0
Date of birth	26.10.1976		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	04.02.1995		
Gender	(Male) / Female		
Contact No.	H/P : 9851 9221 Home :		Office :
Address	Buk 116 Ho Ching Road #05-27 S(610116)		
Driver have any own vehicle	(No,) If yes, Reg No.		
Relationship	(Employee,) If no, state		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	(No,) If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	(No,) If Yes, Where?		
Vehicle B No.	FBK 4895 U		Any Passengers : NIL
Name of Driver	LIM CHUN TAT		Contact No. : 9222 5233
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	N/A.		Witness Contact : N/A
Accident Portion	Rear Portion.		
Camera Recorder	(Yes / No)		
Email Address	henrytutaba@yahoo.com.sg		
PARTICULAR WORKSHOP	N51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Johney Tan		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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: 5084514433-03

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJL8538G**
 Chassis Number : **MR053ZEE106123850**
2. Name of Policyholder : **TWINCAR RENTAL**
3. Effective Date of Insurance : **15 Dec 2019**
4. Expiry Date of Insurance : **14 Dec 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 the carriage of passengers for reward purposes.
- (d) 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : GRANDE INSURANCE AGENCY (00000615026)

Date of Issue : 04 Dec 2019 13:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Information

Vehicle No. :	SJL8538G
Vehicle Type :	Private Hire (Self-Drive) Motor Car
Vehicle Attachment 1 :	No Attachment
Make / Model :	TOYOTA / COROLLA ALTIS 1.6 AUTO
Primary Colour :	Silver
Year of Manufacture :	2008
Maximum Laden Weight :	1630 kg
Unladen Weight :	1195 kg
No. Of Axles :	2
Engine No. :	3ZZ4812234
Chassis No. :	MR053ZEE106123850
Engine Capacity :	1598 cc
Maximum Power Output :	80.0 kW (107 bhp)
IU Label No. :	1128093737
Propellant :	Petrol
Passenger Capacity :	4
Original Registration Date :	15 Dec 2008
First Registration Date :	15 Dec 2008
Open Market Value :	\$16,084.00
Additional Registration Fee Rate :	100.00 %
Actual ARF Paid :	\$8,855.00
PARF Eligibility :	Forfeited
Minimum PARF Benefit :	-
COE No. :	2009010101000437N
COE Category :	A - Car (1600cc & below)
COE Expiry Date :	14 Dec 2028
Quota Premium (QP) :	\$7,721.00
PQP Paid :	\$27,571.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$7,721.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK

Claim Handling

Accident MT/1109396

Policy No.	5084514433-03	Vehicle No.	SJL8538G	GST Registration No.	
Certificate No.					
Policyholder Name	TWINCAR RENTAL			Policyholder NRIC	53092815M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88285151	Contact No.(Office)	68420051	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Report Date

09/11/2020 09:52

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head to

Date of Accident

05/11/2020

Time of Accident hh:mm

18:55

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

TOA PAYOH LOR 6 TWDS TOA PAYOH LOR 4 AFT STADIUM

Total Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

OI Driver Info

Declaration

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TWINCAR RENTAL	Insured NRIC	
Contact No.(Mobile)	95868628	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI vehicle Number	SJL8538G	TP Vehicle Number	
Claim Description	SJL8538G / FBQ4895U ON 5 Nov 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	09/11/2020 10:10
Date Registered		Report Taken By	ROSINDA	Workshop Repairer	
				Date Received	
				Total Loss but Repaired	

☒ Print AK letter

Attachment

Accident No.	MT/1109396	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

09/11/2020 00:00

Path *

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Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear 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) on 09 Nov 2020 10:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:10	SAS	Normal	SAS 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:10	Photos	Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:09	Photos	Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:09	Photos	Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:09	Photos	Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:09	Photos	Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:09	Photos	Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 10:09	Photos	Normal	Photos 2020-11-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
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