

NATIONAL Assessment Centre Services.

(part 1 Jan'03)

SM 0920 GL 000H

Date In: 21/12/20 16:03	Job description	Date & Time Completed	Done by
Ref No NA/INC 20014203/44	SAS e-Mailing		
Veh No SJT 8503 P	E-mail (within 3hrs, AIC 2hrs)		
ICIA 20/12/20 17:20	I-Motor Claim Form	MT/1114481-001	21/12/20 17:06
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksn / INC Assign Wksn / GW: (

Tel: (

Fax: (

TP Particulars:

Veh No:

SJT 7757 E

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 Non-INC 6718 6016)

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

2) QC Check / Post Repair Inspection ()

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

Injury: (

Defects:

NA2100722

Driver/Owner:	
Contact No:	
Arranged Portion:	
Checked by (Engn-In-Charge):	
Editors Comments:	

Invoice Description	Amount	Amount
1) AR: Accident Reporting (\$30);		30
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idea DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (NI): TP (Non INC) against INC \$20		
9) N12: Idea 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 Submission 21/12/2020 16:03 (SGT)
 Date of Accident 20/12/2020 17:20 (SGT)
 Exact Location of Accident PIE, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT8503P

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner PRESTIGE KARZ LEASING PTE. LTD.
 Company Reg No 2XXXXX085E
 Email Address PRESTIGEKARZLEASING@GMAIL.COM
 Mobile Phone No (Phone) +65-86466661
 Alternative Phone No +65-86466661

VEHICLE PARTICULARS

Manufacturer Hyundai
 Model Avante
 Variant -
 Exact purpose for which vehicle was being used at time of accident Employment
 Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
 Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
 Type of Coverage ThirdPartyFireTheft
 Fleet Policy No
 Policy Number 5119625576
 Cover Note Number -

DRIVER

Name of Driver HO SHUXIAN (HE SHUXIAN)
 NRIC No SXXXX096J
 Date Of Birth 07/10/1982

Date Of Driving Pass	18/12/2004
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-98430108
Alt. Phone Number	-
Email Address	rickyho.sx@gmail.com
Address	BLK 941 HOUGANG ST 92 #14-07
Address complement	-
Postcode	530941
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SJT7757E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

Diagram illustrating the state of registers A and B:

- Register A (64-bit): The right 32-bit half contains the value 0x5378503P.
- Register B (32-bit): Contains the value 0x5377757E.

PIE BY Thomson Exit

Describe Circumstances of the Accident

I was travelling along PIE Before the 5th Exit
on the first lane. Veh B which was in front of me
suddenly stopped. I manage to brake but cannot stop
in time and collided into Veh B rear portion.

Declaration

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

Witnessed by Reporting Centre
Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8331096J



Name

HO SHUXIAN
(HE SHUXIAN)

何 书 贤

Race

CHINESE

Date of birth

07-10-1983

Sex

M

Country/Place of birth

SINGAPORE

5348830

5348830



NRIC No. S8331096J

Date of issue

04-09-2014

Address

APT BLK 941 HOUGANG STREET 92
#14-07
SINGAPORE 530941

eBaoTech

GeneralClaim

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"/>	5119625576	5119625576-000005	PRESTIGE KARZ LEASING PTE. LTD.	201917085E	GFM	Third Party, Fire & Theft	SJT8503P	SJT8503P	27/10/2020	26/10/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (20/12/20) (DD/MM/YYYY), TIME: (17:20) (HH:MM)

LOCATION: PIE 04 Thomsy Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 8503P
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai Avante RS Sport 1.6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Prestige karz leasing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86466661
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ho Shuxian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98430108
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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 drizzling)

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: SJT 7757E MODEL: _____
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: _____

Email = Prestige karz leasing @ gmail . com.

fax =

VIDEO = No.