

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **51092110007**

Date In: <b>11/11/11 - 09:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC21000459/11</b>	SAS e-filing		
Veh No: <b>5MA4424R</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>11/11/11 - 11:30</b>	i-Motor Claim Form	<b>11/11/11 16980-01</b>	<b>11/11/11 09:30</b>
OD <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>8419094</b>	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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$)	
		Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt 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: Idac 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 Submission ..... 12/01/2021 09:32 (SGT)  
Date of Accident ..... 11/01/2021 11:30 (SGT)  
Exact Location of Accident ..... 23 Haig Rd, Singapore 430023  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ4424R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FAST RENTAL CAR PTE LTD  
Company Reg No ..... 2XXXXXX492M  
Email Address ..... hermanquah@gmail.com  
Mobile Phone No ..... (Phone) +65-89999999  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5113075625-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG BABY  
NRIC No ..... SXXXXX756I  
Date Of Birth ..... 04/03/1956  
Occupation ..... Outdoor



Date Of Driving Pass .....	09/12/1977
Driving experience .....	43 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-83992337
Alt. Phone Number .....	-
Email Address .....	hermanquah@gmail.com
Address .....	BLK 10 HAIG ROAD
Address complement .....	#03-363
Postcode .....	430010
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 .....	Clear
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 .....	SGP1999U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	POH BOON KEONG
NRIC No .....	SXXXX510B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2



## 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 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.
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.



Policyholder's Signature / Date & Time

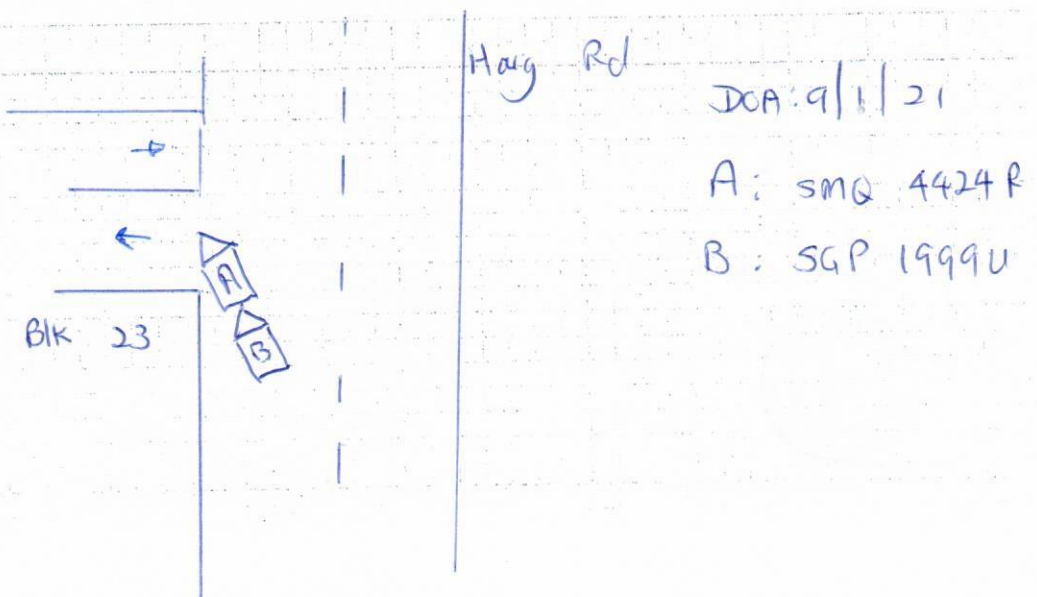
*Ng Baby*

Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel

### Sketch Plan





### Describe Circumstances of the Accident

I was waiting stationary for the pedestrian to cross the road before turning into Blk 23, suddenly my veh rear portion being collided by veh B.

### Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time



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

*[Handwritten signature]*

Witnessed by Reporting Centre Personnel

*[Handwritten signature]*

## Personal Particulars

Date of Accident: 11/1/21 Time of Accident: 11:30am  
Exact Location of Accident: BLK 23 Haig Rd  
Owner's Name: Fast Rental Car Pte Ltd NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Ng Baby NRIC No: 511917561 HP No: 83992337  
Date of Birth: 4/3/1956 Driving Licence Passing Date: 9/12/1977 Occupation: Indoor / ☒ Outdoor  
Address: BLK 10 Haig Rd #03-303 (430010)  
Relationship of Driver with Insured: Hired Email Address: \_\_\_\_\_  
Vehicle No: SMQ 4424R Make & Model: Toyota Vios  
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5113075625-01-000005

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only  
\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work  
\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_  
\*Any passenger inside vehicle involved? (Yes / ☒ No) If yes, Vehicle No & How many pax:  
A: 1 B: 2 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No) ☒

## Third Party Driver's Particulars

Vehicle B No: SGP 1999U Make & Model: \_\_\_\_\_  
Driver's Name: Poh Boon Keong NRIC No: 57700510B HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



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"/>	5113075625-01	5113075625-01-000005	FAST RENTAL CAR PTE LTD	201617492M	GFM	drive CLASSIC	SMQ4424R	SMQ4424R	01/10/2020	30/09/2021



## Policy Information

## Policy Information

Policy No.	5113075625-01	Policyholder Name	FAST RENTAL CAR PTE LTD	Policyholder NRIC	201617492M
Certificate No.	5113075625-01-000005				
Address	BLK 161 #03-148 BISHAN STREET 13 BISHAN CRESTA SINGAPORE 570161				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/09/2020	Effective Date	01/10/2020 00:00	Expiry Date	30/09/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 161 #03-148	Address 2	BISHAN STREET 13	Address 3	BISHAN CRESTA
Address 4	SINGAPORE 570161	Address Type	Singapore address	Post Code	570161
Unit No.	03-148	Related Policy Number	5090809907-03		

Insured Object: 5113075625-01-000005

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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## Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/1116980

Policy No.	5113075625-01	Vehicle No.	SMQ4424R	GST Registration No.	
Certificate No.	5113075625-01-000005			Policyholder NRIC	201617492M
Policyholder Name	FAST RENTAL CAR PTE LTD	Cover Type	drive CLASSIC	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	0	Special Remark		eCode	<input type="text" value="Nc"/>
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	No				

**▼ Accident Details**

Report Date	12/01/2021 09:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/01/2021	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	23 Haig Rd				

**▼ 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		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	12/01/2021 09:36:02 System changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	BLK 161 #03-148	Address 2	BISHAN STREET 13	Address 3	BISHAN CRESTA
Address 4	SINGAPORE 570161	Address Type	Singapore address	Post Code	570161
Unit No.	03-148	Related Policy Number	5090809907-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/03/1956
Unnamed driver Name	NG BABY	Driver NRIC	S11917561	Driving Experience	43
Register Date of Driver License	09/12/1977	Driver Age	64	Contact No.(Home)	0
Contact No.(Mobile)	83992337	Contact No.(Office)	0	Address 3	HAIG VIEW
Address 1	BLK 10	Address 2	HAIG ROAD	Post Code	430010
Address 4	SINGAPORE 430010	Address Type	Singapore address		
Unit No.	03-363			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

## 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 *	OD-MX	Insured Name	FAST RENTAL CAR PTE LTD	Insured NRIC	201617492M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SMQ4424R	TP Vehicle Number	SGP1999U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address				Name of Preferred Workshop	
Claim Description	SMQ4424R / SGP1999U ON 11 Jan 2021				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/01/2021 00:00
Date Registered	12/01/2021 09:36	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

## Attachment

Accident No.	MT/1116980	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/01/2021 09:39

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
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<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
























## Claim Handling(accident reporting Claim Task )

☐ Send Message

PC: 2021-01-12

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:39	SAS		Normal	SAS 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:38	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:38	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:38	Photos		Normal	Photos 2021-1-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:38	Photos		Normal	Photos 2021-1-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:38	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:38	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:38	Photos		Normal	Photos 2021-1-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:37	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:37	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:37	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:37	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:37	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 09:37	Photos		Normal	Photos 2021-1-12

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>