

NATIONAL Assessment Centre Services. [part 1 Jan 2005] SM 0921330003

Date In: 3/3/21 09:50	Job description	Date & Time Completed	Done by
Ref No MA/INC 2109 2838/h4	SAS e-illing		
Veh No SMG 2138H	E-mail (within 3hrs, AIC 2hrs)		
DDA 213/21 07:30	I-Motor Claim Form	MT/1123057 ⁰⁰²	4/3/21 09:22
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/Work		

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

TP Particulars: Vch No: SBT 6365 D. 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action	Done by

NA2102036	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee 340/345	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claim against INC Only (w/c 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idno DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	* NS: Courtesy Car / Tpt Allowance \$3	
	* NG: Repair Co-ordination \$10	
	* NF: Post Repair Inspection \$23	
	* NI: DV / Collect Excess Coordination \$3	
	* TP (NI) / TP (Non INC) against INC \$20	
	9) NI2: Idno 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 03/03/2021 09:50 (SGT)
Date of Accident 02/03/2021 07:30 (SGT)
Exact Location of Accident Tampines Ave 12, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG2138H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BENEFIT AUTO
Company Reg No 5XXXX670E
Email Address ROSE_LINA_2000@YAHOO.COM
Mobile Phone No (Phone) +65-90603343
Alternative Phone No +65-90603343

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
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 Comprehensive
Fleet Policy No
Policy Number 5110923222-01
Cover Note Number -

DRIVER

Name of Driver ROSLINA BINTE ZAINAL
NRIC No SXXXX218B
Date Of Birth 17/11/1973
Occupation Outdoor

Date Of Driving Pass	15/10/2001
Driving experience	19 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90210305
Alt. Phone Number	-
Email Address	ROSE_LINA_2000@YAHOO.COM
Address	BLK 481 PASIR RIS DR 4 #06-405
Address complement	-
Postcode	510481
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	SBT6365D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
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 willful 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 :

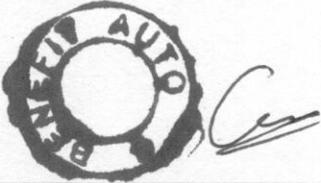
(a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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**")

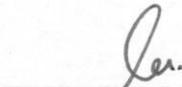
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



Signature of Policyholder

Policyholder's Signature / Date & Time



Signature of Driver

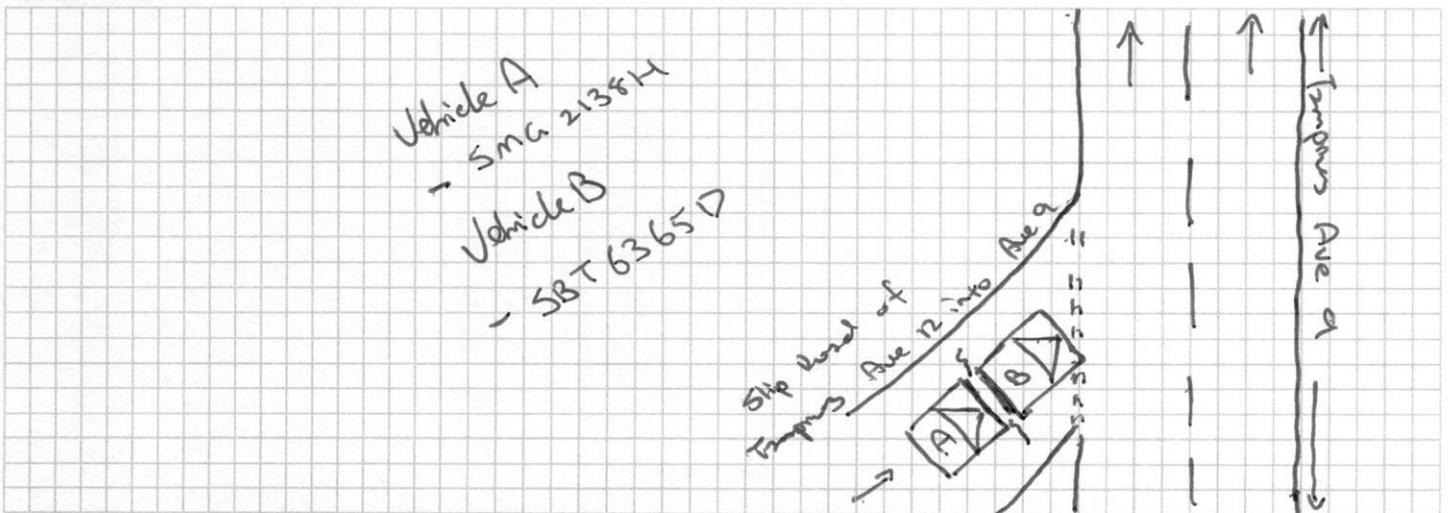
Driver's Signature (If driver is not the policyholder) / Date & Time



Signature of Witness

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Tampines Ave 12 towards Tampines Ave 9, with intention of turning left into Tampines Ave 9 towards Tampines Ave 2.

While at the slip road of (Tampines Ave 12 into Tampines Ave 9) I braked and stopped completely behind a vehicle which was too in the slip road. As I check on any on-going along Tampines Ave 9. And assure of clearance of vehicle I started to move off, but suddenly the vehicle in front stepped on the brake again which causing me not able to reset on time and slightly knocked onto the rear of the vehicle in front.

And due to the slight knock, I initiate a private settlement with the other party, but was then rejected by my offer.

Vehicle A - SMG 2138H

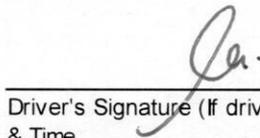
Vehicle B - SBT 6365D

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

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110923222-01	5110923222-01-000039	BENEFIT AUTO	53121670E	GFM	drivo CLASSIC	SMG2138H	SMG2138H	29/12/2020	13/07/2021

Continue

Annex

Transaction ref 20201229174903235730

Please check that the owner and vehicle details are correct:

1. Name	: BENEFIT AUTO
2. Identification No. Type	: Business
3. Identification No.	: 53121670E
4. Country/Region	: -
5. Vehicle Registration No.	: SMG2138H
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 29 Dec 2020
8. Original Registration Date	: 10 Dec 2018
9. First Registration Date	: 10 Dec 2018
10. Vehicle Type	: Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: HONDA
16. Vehicle Model	: VEZEL 1.5X CVT
17. Year of Manufacture	: 2018
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: RU11304872 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: L15B5554879 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 1496 / -
25. Maximum Power Output(kW/bhp)	: 96.0 / 128
26. Unladen Weight(kg)	: 1190
27. Maximum Laden Weight(kg)	: 1465
28. Open Market Value	: \$22,749.00
29. PARE Eligibility	: Yes
30. PARE Eligibility Expiry Date	: 09 Dec 2028
31. Minimum PARE Benefit	: \$6,924.00
32. No. of Transfers	: 1

Annex

Transaction ref 20201229174903235730

Please check that the owner and vehicle details are correct.

33. IU Label No.	: 1126106904
34. COE No.	: 2019010101001078N
35. COE Expiry Date	: 09 Dec 2028
36. COE Category	: A - Car up to 1600cc & 97kW (130bhp)
37. Quota Premium/Prevailing Quota Premium	: \$23,568.00 / -
38. Actual Quota Premium/PQP Paid	: \$23,568.00
39. Actual ARF Paid	: \$13,849.00
40. CO ₂ Emission(g/km)	: 125.00
41. CO Emission(g/km)	: 0.046000
42. HC Emission(g/km)	: 0.002500
43. NO _x Emission(g/km)	: -
44. PM Emission(mg/km)	: 0.300000
45. Actual CEVS/VES Rebate Utilised	: \$10,000.00
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Actual EV Rebate Utilised	: -
49. Vehicle Lifespan Expiry Date	: -
50. Road Tax Amount	: -
51. Road Tax Start Date	: -
52. Road Tax End Date	: -
53. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category A. This is a public service vehicle. The PARF eligibility of the vehicle will expire on 09 Dec 2028.

VEHICLE NO: Sma 2138H	MAKE & MODEL: Honda Vezel	AUTO / MANUAL
DATE OF ACCIDENT: 02 / 03 / 2021	CC: 1496	
TIME OF ACCIDENT: 07.30 HRS		
LOCATION OF ACCIDENT: Slip Road of (Tampines Ave 12 into Tampines Ave 9)		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: Benefit Auto		
TEL NO:	H/P: 9060 3343	OFFICE: HOME:
NRIC: 53121670E		
ADDRESS: 2 Sims Close #01-08, Gemini@Sims S(387298)		
EMAIL: rose_lina_2000@yahoo.com		
CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES / NO ?		
INSURANCE COMPANY: NTUC		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: 5110923222 01 000039		
NAME OF DRIVER: AS ABOVE / IF NO: Rosling Binte Zainal		
NRIC: 57340218B	ANY PASSENGER: NIL	
DATE OF BIRTH: 17 / 11 / 1973	LICENCE PASSED DATE: 15 / 10 / 2001	
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO:	H/P: 90210305	OFFICE: HOME:
ADDRESS: Buk 481 Pasir Ris Drive 4 #06-405 S(510481)		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Rental / Leasing.		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NO / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? NO / IF YES, WHO?		
VEHICLE B REG NO: SBT 6365D	ANY PASSENGERS:	
NAME OF DRIVER:	CONTACT NO:	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? YES / NO		
WAS THERE ANY AUDIO RECORDED? YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? YES / NO		
ACCIDENT PORTION: Front Portion.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR: N-51 Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Ian		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		