

NATIONAL Assessment Centre Services

Date In: 04/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21002949/13	SAS e-filing		
Veh No: SMQ 4070C	E-mail (Within 8 hrs, A/C 2 hrs)		
D.O.A: 04/03/21 0755	i-Motor Claim Form 04/03: MT/1123226-801		
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: (Tel:	Fax:
TP Particulars:	Veh No: SJTS465K	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

NA2101892	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Auditors' Comments:-	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	04/03/2021 16:15 (SGT)
Date of Accident	04/03/2021 07:55 (SGT)
Exact Location of Accident	Yishun Ave 3, Singapore
Additional Location Information	BLK 766 & 768 CARPARK DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4070C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KWIKWHEELS TRANSPORTATION SERVICES
Company Reg No	5XXXX632B
Email Address	KWIKWHEELS@GMAIL.COM
Mobile Phone No	(Phone) +65-90622797
Alternative Phone No	+65-90622797

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	No
Policy Number	5113957453-01
Cover Note Number	-

DRIVER

Name of Driver	KLEINMAN GERARD JOSEPH
NRIC No	SXXXX591A
Date Of Birth	11/03/1956
Occupation	Outdoor

Date Of Driving Pass	14/03/1974
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-90622797
Alt. Phone Number	-
Email Address	KWIKWHEELS@GMAIL.COM
Address	BLK 758 YISHUN STREET 72
Address complement	#12-448
Postcode	760758
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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

On 4th March 2021 at 0755 hrs while driving along the service road of HDB car park at Yishun avenue 3 towards Yishun avenue 3 at the junction of blk 766 and 768 driver of car number SJT 5465 K hit the right side of my car while making a right turn into the car park of block 766. My vehicle sustained damage on the right side from the front to the rear. Driver's door is out of alignment. The visibility was clear and road was dry.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT5465K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BERNARD
NRIC No	SXXXX463H
Contact Number	(Phone) +65-90828283

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.
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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.

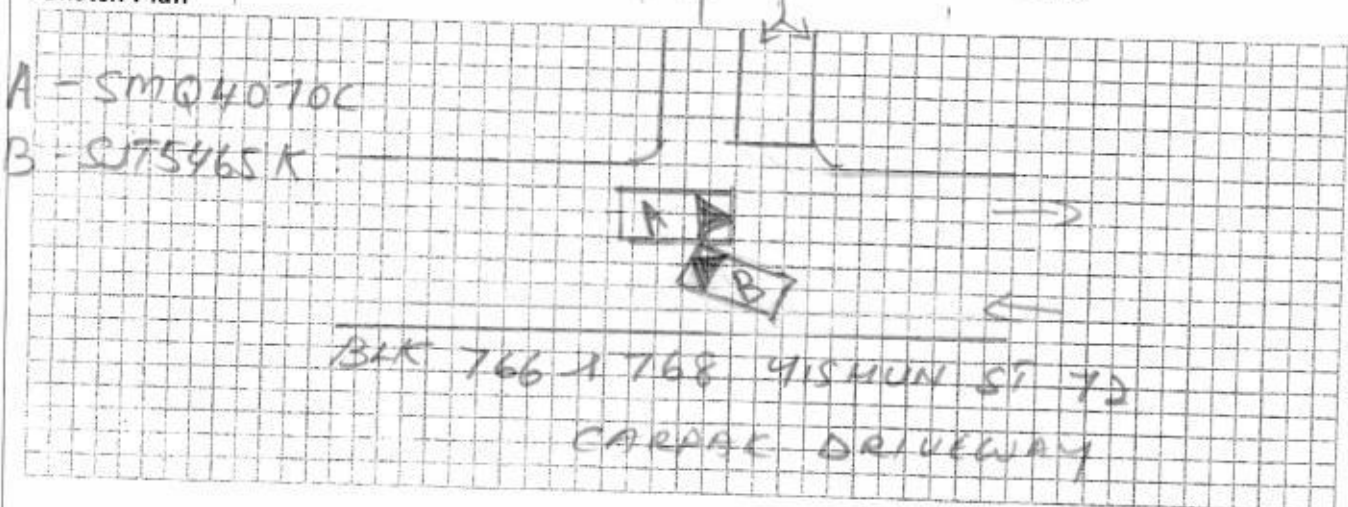
KWIKWHEELS
TRANSPORTATION
SERVICES
BLK 758 YISHUN ST 72
#12-448 S(760758)
+65 90622797

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the statement.

Declaration

We declare the foregoing particulars are true in every respect.

**RWIRWHEELS
TRANSPORTATION
SERVICES**
BLK 758 YISHUN ST 72
#12-448 S(760758)
+65 90622797

Policyholder's Signature / Date &
Time

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

Sym 04/03/21
Witnessed by Reporting Centre
Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921340003-01 Vehicle Registration No: SMQ 4070C
Name (as shown in NRIC): KLEINMAN GERARD JOSEPH NRIC/FIN/Passport No: 5XXXX591A
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: BLK 758 YISHUN ST 72 #12-448 Singapore (760758)
Contact (Tel): _____ Mobile No.: 90622797
Email Address: _____
Date of Accident: 04/03/21 Time of Accident: 07:55
Place of Accident: YISHUN AVE 3 BLK 766 1768 CARPARK DRIVEWAY
Insurance Company: AIFUC

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM OD CLAIMS TO TP CLAIMS

KWIKWHEELS
TRANSPORTATION
SERVICE
BLK 758 YISHUN ST 72
#12-448 S(760758)
+65 90622797

Policyholder / Driver's Signature
Date: 15/3/2021

Shym 16/03/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 03 / 2021 (DD/MM/YYYY), TIME: (07 : 55) (HH:MM)

LOCATION: YISHUN BLK 768 YISHUN ST 72 AVE 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMQ 4070C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALPHARD
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90622797
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KLEINMAN GERARD JOSEPH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1222591/A CONTACT: _____
 c) ADDRESS: BLK 758 YISHUN ST 72 #12-448 (760758)

*d) DATE OF BIRTH: (11 / 03 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) A74

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: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

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: SJT546SK MODEL: _____

b) DRIVER'S NAME: TAN BERNARD

c) NRIC/FIN/PASSPORT: S1468463H CONTACT: 90828283

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Kwikwheels@gmail.com

fax = _____

VIDEO = yes

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/03/2021 12:50"/>
Vehicle No. (For Motor)	<input type="text" value="SMQ4070C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113957453-01		KWIKWHEELS TRANSPORTATION SERVICES	53121632B	GPC	drivo PREMIUM	SMQ4070C	SMQ4070C	14/11/2020	13/11/2021

Claim Handling

Accident MT/1123226

Policy No.	S113957453-01	Vehicle No.	SMQ4070C	GST Registration No.	
Certificate No.					
Policyholder Name	KWIKWHEELS TRANSPORTATION SERVICES			Policyholder NRIC	531216328
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	90622797	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

▼ Accident Details

Report Date	04/03/2021 16:31	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/03/2021	Time of Accident hh:mm	07:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 3 BLK 766 & 768 CARPARK DRIVEWAY				

▼ 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	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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	04/03/2021 16:33:04 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 758 #12-448	Address 2	YISHUN STREET 72	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	760758
Unit No.		Related Policy Number	S113957453-01		

▼ OI Driver Info

Driver Name	KLEINMAN GERARD JOSEPH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1222591A	Driver DOB	11/03/1954
Register Date of Driver License	04/03/1974	Driver Age	64	Driving Experience	47
Contact No.(Mobile)	90622797	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 758	Address 2	YISHUN STREET 72	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	760758
Unit No.	#12-448				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	KWIKWHEELS TRANSPORTATION SERVICES
Contact No.(Mobile)	90622797	Contact No.(Home)	
Email Address		Vehicle Number	SMQ4070C
Claim Description	SMQ4070C / S1T5465K ON 4 Mar 2021		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No.		Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	04/03/2021 18:40	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1123226	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2021 00:00

Choose File	No file chosen	Category *	Please Select	Confidential	NO	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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 04 Mar 2021 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:40	SAS	Normal	SAS 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:40	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:40	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:40	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:38	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:38	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:38	Photos	Normal	Photos 2021-3-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:37	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:37	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:37	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:37	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:37	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:36	Photos	Normal	Photos 2021-3-4

Video List

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Folder Date

File Name

Source

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