

NATIONAL Assessment Centre Services

[Ref: 12/095]

Date In: 22/12/2017 15:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024296/k4	SAS e-filing		
Veh No: XE 838P	E-mail (within 8hrs, AIG 2hrs)		
DOA: 12/12/2017 09:20	i-Motor Claim Form	MT/0973800	22/12/17 16:25
OD TP: 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: SGX 6060C	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1707903		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				1st Bill	Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: 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)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		*N9: DV / Collect Excess Coordination \$20			
		TP (N11): TP (Non INC) against INC \$30			
		9) N12: Idac Mobile			
		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 ability.
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 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	22/12/2017 15:42
Date Of Accident	12/12/2017 09:20
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE838P
Insured/Policyholder	
Name Of Registered Owner	NEO & GOH CONSTRUCTION PTE LTD
Co Reg No	199104895W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91053271
Alternative Phone No	OFFICE-91053271

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV51SJD2DEA
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072577304-02
Cover Note Number	

Driver

Name of Driver	MUSTAM BIN YUSOF
NRIC No	S0970491D
Date Of Birth	27/09/1946
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1964
Driving Experience	53 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91053271
Fax Number	
Contact Number	OTHERS-91053271
Email Address	NOEMAIL

Address	BLK 872A TAMPINES ST 86
	#02-11
Postcode	521872
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX6060C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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.

*



Policyholder's Signature
Date & Time:

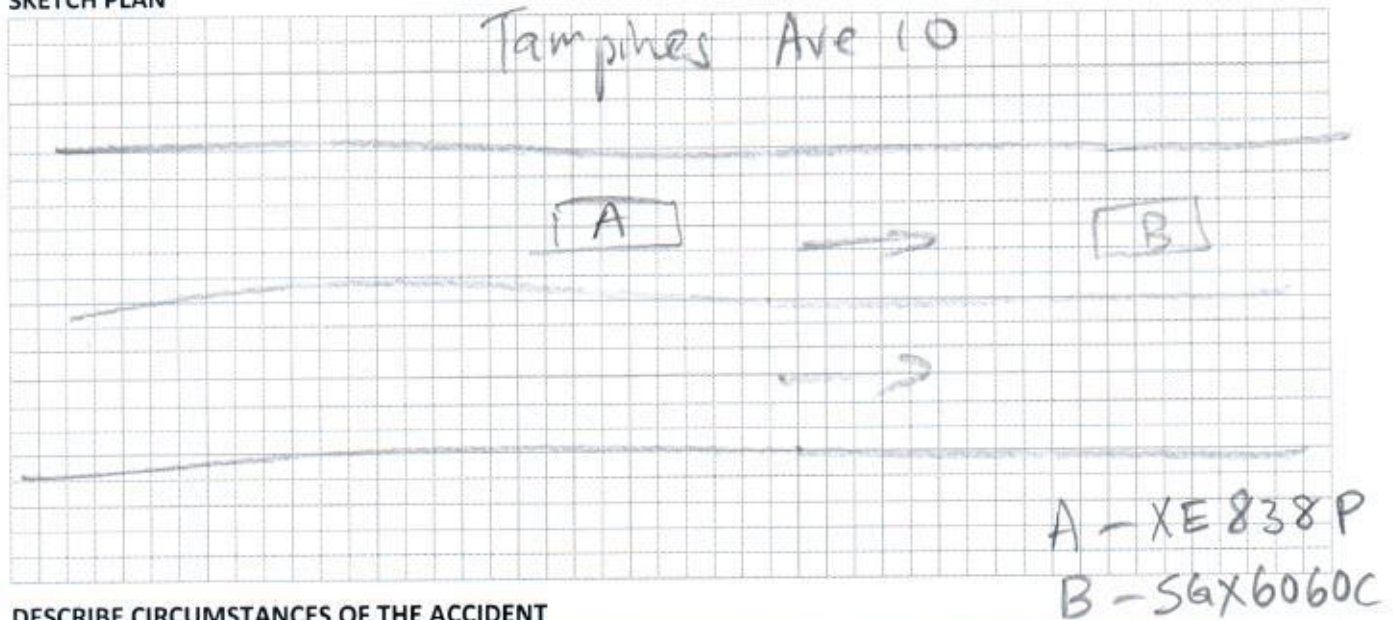
MUSTAM

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

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

SKETCH PLAN

Tampines Ave 10



A - XE838P
B - SGX6060C


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Driver of Vehicle A do not know what happen and he received a letter from NTUC.

DECLARATION

I/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:

 22/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

9.20
Tanjin Ar 10
Tanjin Ar 10

Our Ref: MT/CA/TP/059/0973800-001/A/VU

15 Dec 2017

NEO & GOH CONSTRUCTION PTE LTD
10 UBI CRESCENT
#07-83 UBI TECHPARK
SINGAPORE 408564

Dear Policyholder

CLAIM NUMBER: MT/0973800-001
ACCIDENT INVOLVING XE838P / SGX6060C on 12 Dec 2017

We would like to inform you that a claim for S\$1,933.36 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0970491D



Name

MUSTAM BIN YUSOF

Race

INDONESIAN

Date of birth

27-09-1946

Country/Place of birth

SINGAPORE

Sex

M



5648866



NRIC No. S0970491D



Date of issue

15-09-2016

APT BLK 872A TAMPINES STREET 86 #02-11
SINGAPORE 521872

NRIC No: S0970491D

Date: 18/01/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

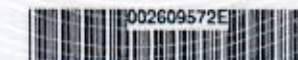
Licence Number S0970491D

Name

MUSTAM BIN YUSOF

Birth Date: 27 Sep 1946

Issue Date: 15 Sep 2016



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	24 Apr 1964
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	18 Jan 1968

NP 428A



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/12/2017 09:20"/>						
Vehicle No.(For Motor)	<input type="text" value="XE838P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S072577304-02	NEO & GOH CONSTRUCTION PTE LTD	199104895W	GCV	Comprehensive	XE838P	XE838P	08/07/2017	07/07/2018
<input type="button" value="Continue"/>									

Claim Handling

[Task Transfer](#) [Exit](#)

🔍 Accident MT/0973800

LOS SAL SUB

Policy No.	5072577304-02	Vehicle No.	XE838P	GST Registration No.	M201026431
Policyholder Name	NEO & GOH CONSTRUCTION PTE LTD			Policyholder NRIC	199104895W
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
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	No	NCD Entitlement (%)	20	Private Hire	No

🔍 Accident Details

Report Date	15/12/2017 11:24	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	12/12/2017	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 10				

🔍 Benefits

🔍 Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

🔍 GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M201026431	GST Status Verified	Yes
Modification History	15/12/2017 14:57:57 Karthlyn Yuen changed GST Registered from No to Yes 15/12/2017 14:57:57 Karthlyn Yuen changed GST Registration No. from null to M201026431 15/12/2017 14:57:57 Karthlyn Yuen changed GST Registration Date from null to 01/04/1994		

🔍 Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#07-83 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5096271354		

🔍 OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No. (Mobile)		Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	

Claim Handling

Accident MT/0973800

Policy No.	5072577304-02	Vehicle No.	XE838P	GST Registration No.	
Policyholder Name	NEO & GOH CONSTRUCTION PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Report Date

15/12/2017 11:24

Accident Report Within 24 hrs

Yes

Accident Type

Hit and run

Date of Accident

12/12/2017

Time of Accident hh:mm

09:20

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

TAMPINES AVE 10

Benefits

Excess

Own damage Excess

1,500.00

Additional Excess

Windscreen Excess

Unnamed Driver Excess

Outside Singapore OD Excess

Third Party Excess

0.00

Outside Singapore TP Excess

GST Registered Information

GST Registered

Yes

GST Registration No.

M201026431

Modification History

15/12/2017 14:57:57 Karthlyn Yuen changed GST Registered from No to Yes
15/12/2017 14:57:57 Karthlyn Yuen changed GST Registration No. from null to M201026431
15/12/2017 14:57:57 Karthlyn Yuen changed GST Registration Date from null to 01/04/1994

GST Registration Date

01/04/1994

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

10 UBI CRESCENT

Address 2

#07-83 UBI TECHPARK

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

5096271354

OI Driver Info

Driver Name

Driver Type

Driver DOB

Unnamed driver Name

Driver NRIC

Driving Experience

Register Date of Driver License

Driver Age

Contact No.(Mobile)

Contact No.(Office)

Contact No.(Home)

Address 1

Address 2

Address 3

Address 4

Address Type

Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Vehicle No.

Driver Insurer Company

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	NEO & GOH CONSTRUCTION PT	Insured NRIC		
Contact No.(Mobile)		Contact No.(Home)	62848901	Contact No.(Office)		
Email Address		OI Vehicle Number	XE838P	TP Vehicle Number		
Claim Description	XE838P / SGX6060C ON 12 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	22/12/2017 16:22	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				

☒ Print AK letter

Save Submit













Attachment

Accident No.	MT/0973800	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/12/2017 16:25

Path *	Category *	Confidential	Urgency
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal

		<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
		<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:22	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:20	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:19	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 16:19	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			