

NATIONAL Assessment Centre Services

Date In: 27/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024407/13	SAS e-filing		
Veh No: QV4634X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/12/17 2045	i-Motor Claim Form	07/0975296	
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: SLG98435	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

NA1707963	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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:-			
	OD*			
	*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 (N-in 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 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	27/12/2017 09:04
Date Of Accident	26/12/2017 20:45
Exact Location Of Accident	BUKIT PANJANG RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV4634X
Insured/Policyholder	
Name Of Registered Owner	OS BAGUS FOODSTUFF
Co Reg No	52999085K
Email Address	OSBAGUS2014@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67481363

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087373023
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AYYUB BIN ABDUL KADIR
NRIC No	S8937637H
Date Of Birth	21/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91197259
Fax Number	
Contact Number	
Email Address	MAYYUB_89@HOTMAIL.COM

Address	BLK 489A CHOA CHU ANG AVE 5 #02-185
Postcode	681489
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : HIDAYAH GENDER: : FEMALE

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

I WAS TRAVELLING ALONG BUKIT PANJANG RING RD TWDS JELAPANG ON THE LEFT LANE OF A2-LANES RD. AHEAD A TAXI SUDDENLY E-BRAKE BECAUSE SOMEONE FLAG THE TAXI AND FOLLOWED BY VEH(B) INFRONT OF ME. I MANAGED TO STOP MY VEH BUT MY VEH SLIGHTLY TOUCH THE REAR PORTION OF VEH B.

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	SLC9843S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YEEN LING(HUANG YANLING)
NRIC/Passport Number	S7826514J
Contact Number	97670909
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

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

27/12/17

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

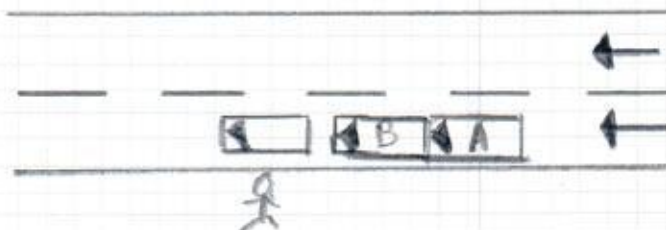
27/12/17

SKETCH PLAN

BUKIT PANJANG RING RD

A - GY4634X

B - SLC9843S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

sfym 27/12/17

27/12/17

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8937637H




Name
MUHAMMAD AYYUB BIN ABDUL KADIR
محمد ايوب بن عبد القادر

Race
INDIAN

Date of birth
21-10-1989

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8937637H

Name
MUHAMMAD AYYUB BIN ABDUL KADIR

Birth Date 21 Oct 1989

Issue Date 11 Feb 2010



001826041J

4499386



NRIC No. S8937637H



Date of issue
01-12-2009


APT BLK 489A CHOA CHU KANG AVENUE 5 #02-185
SINGAPORE 681489

NRIC No: S8937637H Date: 22/06/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/CLASS

PASS DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 08 Jul 2009



Licence No: S8937637H

NR 08A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5087373023

Cover : Third Party, Fire & Theft

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : GV4634X |
| Chassis Number | : CR425001624 |
| 2. Name of Policyholder | : OS BAGUS FOODSTUFF |
| 3. Effective Date of Insurance | : 10 Jan 2017 |
| 4. Expiry Date of Insurance | : 09 Jan 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 09 Jan 2017 12:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/0975296

Policy No.	5087373023	Vehicle No.	GV4634X	GST Registration No.	
Policyholder Name	OS BAGUS FOODSTUFF			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	67481363	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
Accident Details					
Report Date	27/12/2017 14:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	26/12/2017	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT PANJANG RING RD.				
Benefits					
Excess					
Own damage Excess	0.00	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 Date	01/01/2015		
GST Registration No.	M90357916L	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	57 UBI AVENUE 1	Address 2	#02-03 UBI CENTRE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5077163257-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MUHAMMAD AYYUB BIN ABDUL	Driver NRIC	S8937637H	Driving Experience	
Register Date of Driver License	08/07/2009	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	91197259	Contact No.(Office)	0	Address 3	
Address 1	BLK 489A	Address 2	CHOA CHU KANG AVENUE 5	Post Code	
Address 4	SINGAPORE 681489	Address Type	Singapore address		
Unit No.	#02-185				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	OS BAGUS FOODSTUFF	Insured NRIC	
Contact No.(Mobile)	90229177	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	GV4634X	TP Vehicle Number	
Claim Description	GV4634X / SLC9843S ON 26 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/12/2017 14:07	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					











Save Submit

Attachment

Accident No.	MT/0975296	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/12/2017 00:00
Path *	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>		
Category *	Please Select		
Confidential	<input type="text" value="NO"/>	Urgency	Normal

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:07	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:07	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:06	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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