

NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

MNA 118007529

Date In: 15/1/18 17:09	Job description	Date & Time Completed	Done by
Ref No: MA/INC18000876/h4	SAS e-filing		
Veh No: PC 1384 E	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 24/12/17 15:20	i-Motor Claim Form	MT/0975780	15/1/18 17:59.
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: SJ6 7277 T	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

MA1800366	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engi-In-Charge):	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$75		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Pat 1:	9) N12: Idac Mobile \$0		
Pat 2/3:	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	15/01/2018 17:09
Date Of Accident	24/12/2017 15:20
Exact Location Of Accident	SHOPPES AT MARINA BAY SANDS DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1384E
Insured/Policyholder	
Name Of Registered Owner	MASS LIMOS
Co Reg No	53117164K
Email Address	SUNTHERASAN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96255087

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5054988667-05
Cover Note Number	-

Driver

Name of Driver	MOHD RYZAL BIN MOHD ROSLY
NRIC No	S7315631I
Date Of Birth	11/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87490195
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 471B FERNVALE ST #02-109
 Postcode 792471
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE
 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?
 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) 5
 Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 2 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 3 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 4 NAME: : UNKNOWN
 GENDER: : MALE

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

PLEASE REFER TO 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 SJB7277T
 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

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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**.
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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.

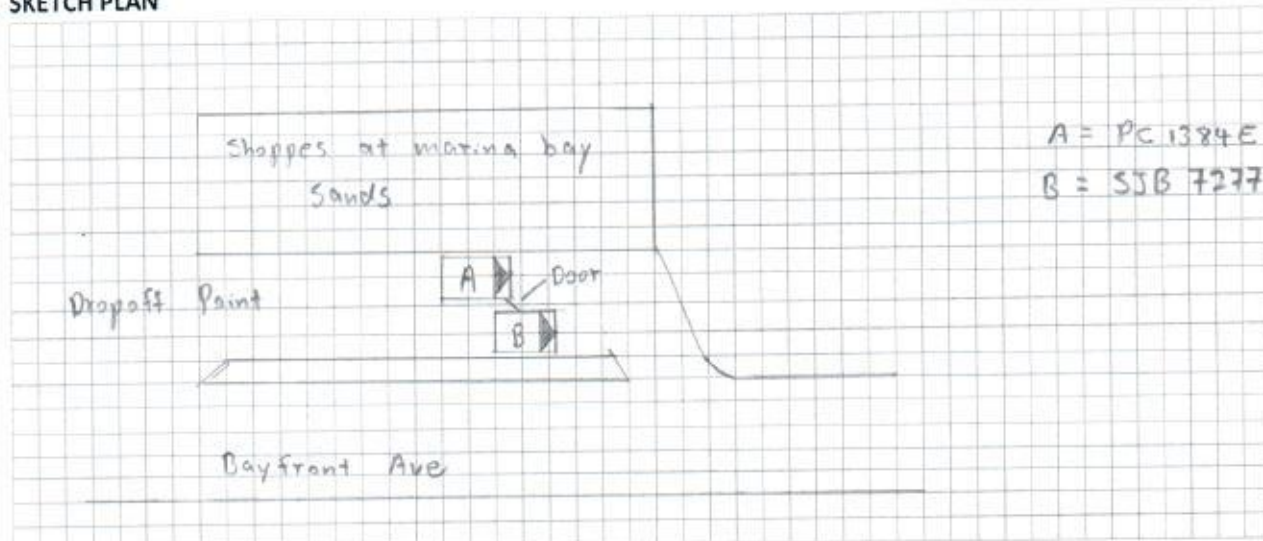


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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.:

I WAS GOING TO PICK UP MY PASSENGER AT THE SHOPPES AT MARINA BAY SANDS DROP OFF POINT. WHEN I INSIDE THE DROP OFF POINT, I WAS KEPT TO THE LEFT. I SLOW DOWN MY VEH TO CHECK ON THE BLIND SPOT BEFORE COME TO A STOP, WHILE CHECKING ON THE BLIND SPOT, SUDDENLY VEH B (BEARING NO SJB7277T) ON MY RIGHT SIDE STOP AT THE OUTER RIGHT LANE TO DROP OFF HIS PASSENGER AND THE PASSENGER OPEN THE LEFT REAR DOOR TO ALIGHTED, DUE TO MY VEH STILL IN SLOW MOVING, AS THE RESULT, MY VEH RIGHT FRONT HIT ONTO THE VEH B LEFT REAR DOOR.

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 12 / 17) (DD/MM/YYYY), TIME: (15 : 20) (HH:MM)

LOCATION: Marina bay Sands Shoppes at marina bay Sands Drop off point

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 1384E
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Mass Limos (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9625 5087
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohd Ryzal Bin Mohd Rosly (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8749 0195
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

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: _____

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: SJB 7277T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. Any video captured by car camera? (Yes or No)


1 x F

3 x M

Email = Suntherasan@gmail.com

fax = 9625 5087

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7315631



MOHD RYZAL BIN MOHD
ROSLY

Race
MALAY

Date of Birth
11-05-1973

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S73156311

Name:
MOHD RYZAL BIN MOHD
ROSLY

Birth Date: 11 May 1973

Issue Date: 10 Dec 2008




Land Transport Authority

VOCATIONAL LICENCE

Licence No: S73156311

Name: MOHD RYZAL BIN MOHD ROSLY

Issue Date: 25/10/2016

Please visit www.lta.gov.sg to check
the status of this vocational licence



2501377



NRIC No: S73156311



Blood Group: A+ Date of issue: 19-10-1994

APT BLK 471B FERNVALE STREET #02-109
SINGAPORE 792471


NRIC No: S73156311 Date: 24/03/2016

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	05 Aug 1993
Class 2A Motorcycles between 201 cc and 400 cc	20 Feb 1995
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	22 Oct 1998
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	03 Dec 2002
Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

NP 428A

Licence No: S73156311



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	25/10/2016
04	BUS ATTENDANT	25/10/2016



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)

PC1384E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5054988667-05	MASS LIMOS	53117164K	GBS	Comprehensive	PC1384E	PC1384E	25/07/2017	24/07/2018

Claim Handling

The premium on this policy has not been collected.

Accident MT/0975780

Policy No.	5054988667-05	Vehicle No.	PC1384E	GST Registration No.	
Policyholder Name	MASS LIMOS			Policyholder NRIC	531
Product Code	BUS 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(%)	10	Private Hire	Not

▼ Accident Details

Report Date	02/01/2018 08:55	Accident Report Within 24 hrs	Yes	Accident Type	Unkn
Date of Accident	24/12/2017	Time of Accident hh:mm	15:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	MBS CONVENTION CENTRE				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/01/2018 11:38:08 Karthlyn Yuen changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 103 #02-442	Address 2	TECK WHYE LANE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	680
Unit No.	02-442	Related Policy Number	5075516545-02		

▼ 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.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	MASS LIMOS	Insured NRIC	531
Contact No.(Mobile)	96255087	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	PC1384E	TP Vehicle Number	53B
Claim Description	PC1384E / SJB7277T ON 24 Dec 2017			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/01/2018
Date Registered	15/01/2018 17:58	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0975780	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2018 17:59

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:59	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:58	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading