

Date In: 20/11/18 13:55	Job description	Date & Time Completed	Done by
Ref No: NAI/INC 18001239164	SAS e-filing		
Veh No: GY 4884 A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/11/18 19:30	i-Motor Claim Form	M7/0978697	20/11/18 19:54
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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLJ 4031P	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

NAI 1800461	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est Bill	Ass 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) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*N6: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$24	
	*N8: DV / Collect Excess Coordination	\$4	
Auditors' Comments:-	TP (N11): TP (Non-INC) against INC	\$20	
Pat 1:	9) N13: Idac Mobile	\$5	
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 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	20/01/2018 13:55
Date Of Accident	19/01/2018 19:30
Exact Location Of Accident	PUNGGOL RD JUNC WITH TPE(CTE/SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4884A
Insured/Policyholder	
Name Of Registered Owner	KENZONE SINGAPORE PTE. LTD.
Co Reg No	200204837C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68440230

Vehicle Particulars

Manufacturer	DAIHATSU
Model	EXTOL VAN
Exact Purpose for which vehicle was being used at time of accident	AFTER 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5062753016-04
Cover Note Number	-

Driver

Name of Driver	MOHAMED AMIN BIN KARIM
NRIC No	S7110006E
Date Of Birth	01/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1993
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94871311
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 295A COMPASSVALE CRES #04-211
Postcode	541295
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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)	4
Passenger 1	NAME: : FARIDAH MADON GENDER: : FEMALE
Passenger 2	NAME: : SITI AMINA GENDER: : FEMALE
Passenger 3	NAME: : MOHAMED ALI 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	SLJ4031P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ANDY SOH
NRIC/Passport Number	S8019392J
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

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

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

SKETCH PLAN

TPE (CTE/SLE)

A = GY4884A
B = SLJ 4031P

Punggol Rd

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.:

Date of incident: 19th Jan 2018

Time of incident: 1930Hrs

Kenzone vehicle no: GY4884A

Other vehicle no: SLJ4031P

Sequence of occurred:

On 19th Jan 2018 I drove along Punggol Road at the traffic junction, I stopped as the lights was red .
infront of my vehicle was a few cars. Road condition is wet and it was rain drizzling at the point of
time.

Number of cars moderate on this road but traffic is slow moving due to wet rain weather.

In vehicle GY4884A were my 2 kids sitting at the back and in front seat was my wife.

When traffic light turns green I drive forward and had to stop as the car infront of me slowed down.

At this instance a Toyota yellow car with plate no SLJ4031P knocked my rear back of the van near to
exhaust. My Kids were impacted by sudden move forward but was not hurt.

I had taken a short video, took down the driver hp number. I had informed him that since this is a
company vehicle I would need to check with my boss if wish to proceed with any claims.

My rear bumper had some paint drop off. For the Toyota car suffered slight dent on front left
bumper.

I had to make a report worrying the Toyota driver twisted on how incident occurred.

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S7110006E**

Name **MOHAMED AMIN BIN KARIM**

Birth Date: **01 Apr 1971**

Issue Date: **02 Jul 2003**

000619015C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7110006E**



Name **MOHAMED AMIN BIN KARIM**

Race **MALAY**

Date of Birth **01-04-1971**

Sex **M**

Country of Birth **SINGAPORE**





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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Apr 1990
Class 2A	Motorcycles between 201 cc and 400 cc	13 Apr 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Aug 1993
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	07 Nov 2000
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	01 Dec 2000

NP 429A

Licence No: S7110006E



1002996

000619015C

NPIC No. **S7110006E**

04-06-1971

07 BLK 295A COMPASSVALE CRESCENT #04-211

SINGAPORE 541295

NPIC No: S7110006E

Date: 11-03-2002

No: 4232512




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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5062753016-04	KENZONE SINGAPORE PTE. LTD.	200204837C	GFT	Third Party, Fire & Theft	GY4884A	GY4884A	15/11/2017	

▼ Policy Information

Policy No.	5062753016-04	Policyholder Name	KENZONE SINGAPORE PTE. LTD	Policyholder NRIC	200204837C
Address	150 UBI AVENUE 4 #05-07/08 UBI BIZ-HUB SINGAPORE 408825				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/10/2017	Effective Date	15/11/2017 00:00	Expiry Date	14/11/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	150 UBI AVENUE 4	Address 2	#05-07/08 UBI BIZ-HUB	Address 3	SINGAPORE 408825
Address 4		Address Type	Singapore address	Post Code	408825
Unit No.		Related Policy Number	5062749530-04		

▶ Insured Object: GY4884A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0978697

Policy No.	5062753016-04	Vehicle No.	GY4884A	GST Registration No.	
Policyholder Name	KENZONE SINGAPORE PTE. LTD.			Policyholder NRIC	200/
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	68440230	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(%)	0	Private Hire	No

▼ Accident Details

Report Date	20/01/2018 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	19/01/2018	Time of Accident hh:mm	19:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL RD JUNC WITH TPE(CTE/SLE)				

▼ 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	150 UBI AVENUE 4	Address 2	#05-07/08 UBI BIZ-HUB	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.		Related Policy Number	5062749530-04		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/1
Unnamed driver Name	MOHAMED AMIN BIN KARIM	Driver NRIC	S7110006E	Driving Experience	24
Register Date of Driver License	16/08/1993	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	94871311	Contact No.(Office)		Address 3	SIN
Address 1	BLK 295A #04-211	Address 2	COMPASSVALE CRESCENT	Post Code	541
Address 4		Address Type	Singapore address		
Unit No.	04-211				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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Modification History

Claim 001

New

Claim Type *	QD-MX	Insured Name	KENZONE SINGAPORE PTE. LTD	Insured NRIC	200/	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	684/	
Email Address		OI Vehicle Number	GY4884A	TP Vehicle Number	SLJ/	
Claim Description	GY4884A / SLJ4031P ON 19 Jan 2018				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	20/1	
Date Registered	20/01/2018 14:53	Claim Close Date				
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

1/20/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0978697

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

20/01/2018 14:54

Path *

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

Category *	Confidential	Urgency *
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 20 Jan 2018 14:54	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:54	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:54	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:53	Photos	Normal	Photos 20:

Video List

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

Scan and uploading