

**NATIONAL Assessment Centre Services.** [wef 1 Jan'05] **MHA 118016011**

Date In: 1/2/18-15:55	Job description	Date & Time Completed	Done by
Ref No: NA/INCIP02052/24	SAS e-filing		
Veh No: 627766H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 1/2/18-08:30	i-Motor Claim Form	MT/0980554	1/2/18 17:20
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: 5692938C	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

NA1800708	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) 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) FT : 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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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	01/02/2018 15:55
Date Of Accident	01/02/2018 08:30
Exact Location Of Accident	ALONG SCOTT RD BESIDE TANG PLAZA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7766H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	39853800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR G
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5069141998-03
Cover Note Number	

### Driver

Name of Driver	SHIPON
Passport No/FIN	G7287194X
Date Of Birth	12/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97758764
Fax Number	
Contact Number	OFFICE-97758764
Email Address	NOEMAIL

Address	68 KAKI BUKIT AVENUE 6 #02-02 ARK@KB
Postcode	417896
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - 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

ON STATED DATE AND TIME, I WAS TURNING FROM MINOR RD LANE 1 BESIDE TANG PLAZA FILTERING TO SCOTT RD LANE 4. SUDDENLY VEHICLE B WAS TURNING FROM LANE 2 TANG PLAZA TRYING FILTER ONTO MY LANE AND HIT ONTO MY VEHICLE LEFT CENTER PORTION.

#### 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	SLG2938C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN


### 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. 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.

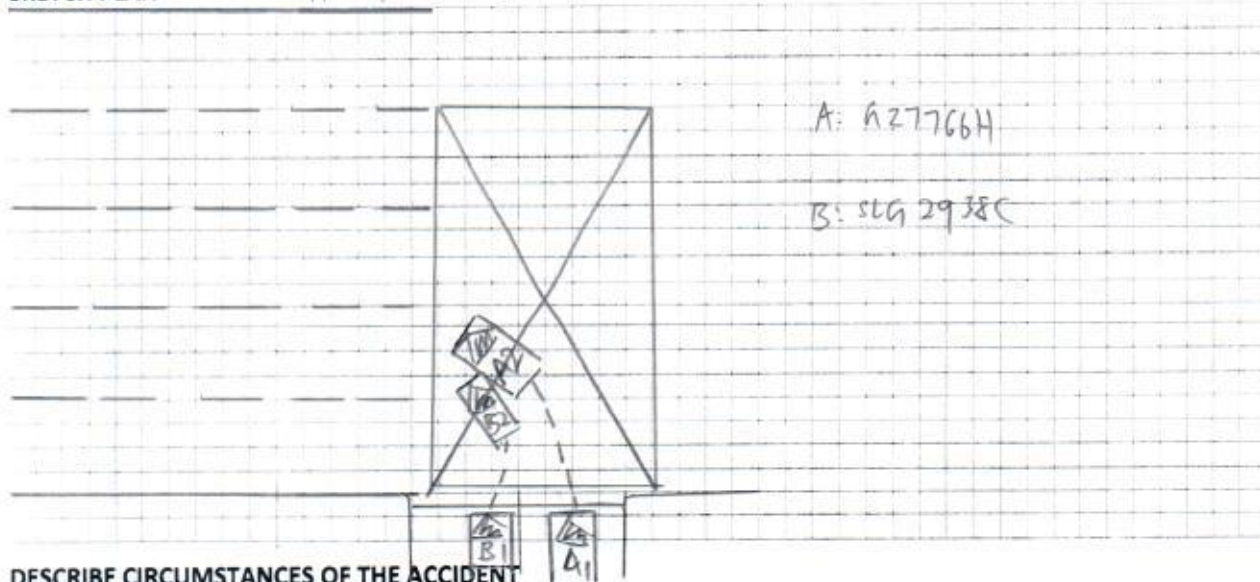
  
Policyholder's Signature  
Date & Time: 

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

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

**SKETCH PLAN**

Scott Rd



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Statement.

**DECLARATION**

/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:



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

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



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **G7287194X**  
 Name **SHIPON**  
 Birth Date: **12 Feb 1978**  
 Issue Date: **03 Jan 2017**  
 Valid Till: **17/01/2022**

002643913F



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


 Name **SHIPON**  
 Work Permit No. **0 61969438**  
 Sector: **CONSTRUCTION**

Employer: **JASMINE ENGINEERING PTE. LTD.**





**K0057398**

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

**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  
**EFFECTIVE DATE** 16 Jan 2012



NP 428A

**VISIT PASS**  
Immigration Regulations

Name **SHIPON**  
 PIN **G7287194X**  
 Date of Birth **12-02-1978** Sex **M**  
 Nationality **BANGLADESHI**  
**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status  



 YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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"/>	5069141998-03	WELLCOME MOTOR AGENCIES	39853800W	GFT	Third Party	GZ7766H	GZ7766H	01/01/2018	



### ▼ Policy Information

Policy No.	5069141998-03	Policyholder Name	WELLCOME MOTOR AGENCIES	Policyholder NRIC	39853800W
Address	68 KAKI BUKIT AVENUE 6 #02-02 ARK@KB SINGAPORE 417896				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/01/2018	Effective Date	01/01/2018 00:00	Expiry Date	31/12/2018 23:59
Third Party Excess	0.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	17064.34		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NESTATE STENHOUSE (S) PT	Agent Tel.	62229188	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

### ▼ Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5069188937-03		

► Insured Object: GZ7766H

### ▼ Endorsements

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

• Exit

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0980554

Policy No.	5069141898-03	Vehicle No.	G27766H	GST Registration No.	M90001228R
Policyholder Name	WELLCOME MOTOR AGENCIES	Cover Type	Third Party	Policyholder NRIC	39853800W
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	01/02/2018 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	01/02/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SCOTT RD BESIDE TANG PLAZA				

## Benefits

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	18/08/1997
GST Registration No.	M90001228R	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5069188937-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/02/1978
Unnamed driver Name	SHIPON	Driver NRIC	G7287194X	Driving Experience	6
Register Date of Driver License	18/01/2012	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	97758764	Contact No.(Office)	0	Address 1	SINGAPORE 417896
Address 1	68 KAKI BUKIT AVENUE 6	Address 2	ARK@KB	Post Code	417896
Address 4		Address Type	Singapore address		
Unit No.	02-02				
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 New

Claim Type *	OD-MX	Insured Name	WELLCOME MOTOR AGENCIES	Insured NRIC	39853800W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63444012
Email Address		OI Vehicle Number	G27766H	TP Vehicle Number	SLG2938C
Claim Description	G27766H / SLG2938C ON 1 Feb 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	01/02/2018 00:00
Date Registered	01/02/2018 17:20	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0980554	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2018 17:21

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

☐ Send Message



## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-1	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:20	SAS	Normal	SAS 2018-2-1	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:20	Photos	Normal	Photos 2018-2-1	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:20	Photos	Normal	Photos 2018-2-1	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:20	Photos	Normal	Photos 2018-2-1	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:20	Photos	Normal	Photos 2018-2-1	<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:20	Photos	Normal	Photos 2018-2-1	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 17:20	Photos	Normal	Photos 2018-2-1	<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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