

NATIONAL Assessment Centre Services

Form 1 (Jan 2005)

Date In 21/02/2018 09:52

Ref No NA/INC18003279/K4

Veh No GBG 4188 E

DOA 18/02/2018 20:15

OD TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SLH 4050 U

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Tel: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

Invoice Preparation Checklist

	Amf (\$)	Amf (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
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		
*N8: 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	

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

NA1801156

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	21/02/2018 09:52
Date Of Accident	18/02/2018 20:15
Exact Location Of Accident	TURNING LEFT TO JALAN BERSEH TWDS KITCHENER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4188E
Insured/Policyholder	
Name Of Registered Owner	TWIN POWER SPECIALIST PTE LTD
Co Reg No	200902945Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98600861
Alternative Phone No	OFFICE-98600861

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5093093054
Cover Note Number	

Driver

Name of Driver	ALI RONY
Passport No/FIN	G2292411M
Date Of Birth	01/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98600861
Fax Number	
Contact Number	HOME-98600861
EMail Address	NOEMAIL

Address	182 WOODLAND INDUSTRIAL PARK E5
Postcode	
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : SADDAM GENDER: : MALE
Passenger 2	NAME: : SUMON 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

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	SLH4050U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KIERAN
NRIC/Passport Number	S9527797G
Contact Number	93278930
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**.
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:

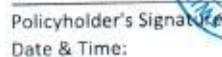
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

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



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

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

I WAS TRAVELLING FROM JALAN BERSEH TURNING LEFT TO JALAN BERSEH TWDS KITCHENER RD.SUDDENLY VEH(B)BEARING REG NO SLH4050U SWERVED OUT HIS VEH FROM THE PARKING LOT AND HIT ONTO MY LEFT SIDE PORTION OF MY VEH.



ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 02 / 2018 (DD/MM/YYYY), TIME: 20 : 12 (HH:MM)

LOCATION: JIN Barak

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 61861 4188 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5693093054
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA DYNA
 f) TYPE: (SALOON / COUPE / MPV / VAN / Lorry / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going Back Home
 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: Twin power Specialist Pte. LTD. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2009029452 CONTACT: 91265335
 c) ADDRESS: 8 UBI RD 1 Bldg 3006 #03-382

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ALI RONY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 92292411 M CONTACT: 98600861
 c) ADDRESS: 182 Woodland Industrial Park E.S

* d) DATE OF BIRTH: 01 / 01 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 month

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 Night)
 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: SLH 4050 V MODEL: _____
 b) DRIVER'S NAME: ONG Kieran
 c) NRIC/FIN/PASSPORT: S95277976 CONTACT: 93278930

9. THIRD PARTY VEHICLE

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

① Saddam } male
 ② SUMON

Email =

fax =

ong kieran

19/02/18

waiting for

company stamp.

20/02/18 - called via email -

"

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 2292411M**

Name: **ALI RONY**

Birth Date: **01 Jan 1991**
 Issue Date: **04 Apr 2017**
 Valid Till: **03/04/2022**

002672165D






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

Employer: **TWIN POWER SPECIALIST PTE. LTD.**

Name: **ALI RONY**
 Work Permit No.: **O 64101935**
 Sector: **CONSTRUCTION**

0 64101935

K0000748

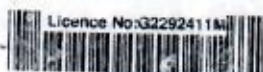
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

04 Apr 2017

NP 428A



VISIT PASS
 Immigration Regulations

19-09-2017

Name: **ALI RONY**

FIN: **G2292411M**
 Date of Birth: **01-01-1991**
 Sex: **M**
 Nationality: **BANGLADESHI**

Download SGWorkPass App to check status




MULTIPLE JOURNEY VISA ISSUED

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.	<input type="text"/>	Date of Accident	<input type="text" value="20/02/2018 08:10"/>
Vehicle No.(For Motor)	<input type="text" value="GBG4188E"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5093093054	TWIN POWER SPECIALIST PTE LTD	200902945Z	GCV	Comprehensive	GBG4188E	GBG4188E	04/08/2017	03/08/2018

▼ Policy Information

Policy No.	5093093054	Policyholder Name	TWIN POWER SPECIALIST PTE L	Policyholder NRIC	200902945Z
Address	BLK 3006 #03-382 UBI ROAD 1 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408700				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/08/2017	Effective Date	04/08/2017 00:00	Expiry Date	03/08/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	DING FENG PTE. LTD.	Agent Tel.	67499699	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 3006 #03-382	Address 2	UBI ROAD 1	Address 3	KAMPONG UBI INDUSTRIAL EST
Address 4	SINGAPORE 408700	Address Type	Singapore address	Post Code	408700
Unit No.	03-382	Related Policy Number	5093093054		

▶ Insured Object: GBG4188E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	04/08/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 04 Aug 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: GBG4188E

Continue

Cancel

Claim Handling

Accident MT/0983147

Policy No.	5093093054	Vehicle No.	GBG4188E	GST Registration No.	2001
Policyholder Name	TWIN POWER SPECIALIST PTE LTD			Policyholder NRIC	2001
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98600861	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	22/02/2018 10:19	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	18/02/2018	Time of Accident hh:mm	20:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TURNING LEFT TO JALAN BERSEH TWDS KITCHENER RD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	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	01/03/2011
GST Registration No.	200902945Z	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 3006 #03-382	Address 2	UBI ROAD 1	Address 3	KAM
Address 4	SINGAPORE 408700	Address Type	Singapore address	Post Code	4087
Unit No.	03-382	Related Policy Number	5093093054		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/01
Unnamed driver Name	ALI RONY	Driver NRIC	G2292411M	Driving Experience	0
Register Date of Driver License	04/04/2017	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	98600861	Contact No.(Office)	0	Address 3	
Address 1	182 WOODLAND INDUSTRIAL PI	Address 2		Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TWIN POWER SPECIALIST PTE LTD	Insured NRIC	2001
Contact No.(Mobile)	91765335	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBG4188E	TP Vehicle Number	SLH
Claim Description	GBG4188E / SLH4050U ON 18 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	22/02/2018 10:30	Claim Close Date		Date Received	22/02
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

2/22/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0983147

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

22/02/2018 10:25

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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:30	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:28	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:26	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:26	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:26	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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