

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18028814

Date In: 11/3/18-10:33	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003943/24	SAS e-filing		
Veh No: XE 967A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/2/18-14:30	i-Motor Claim Form	MT/0984182	11/3/18 10:49
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: SLG9796Z	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% P: 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

NA1801307	<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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*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 \$20		
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	01/03/2018 10:33
Date Of Accident	28/02/2018 14:30
Exact Location Of Accident	LOYANG AVE BEFORE JUNG PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE967A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AVA-CHEM INDUSTRIAL PTE LTD
Co Reg No	199003662W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93868777
Alternative Phone No	OFFICE-93868777

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FP51SDR3VDEA
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	YES
Policy Number	5068056712-03
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD KHAIRI BIN AWANG
NRIC No	S7635314Z
Date Of Birth	26/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94394149
Fax Number	
Contact Number	OFFICE-94394149
Email Address	NOEMAIL

Address	BLK 206A PUNGGOL PLACE #15-2032
Postcode	821206
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	2
Was any body injured in the Accident?	YES
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)	1

#### 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

REFER TO 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	SLG9796Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON KENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD KHAIRI BIN AWANG
------	---------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEG

XE967A

YES

NO



## 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.

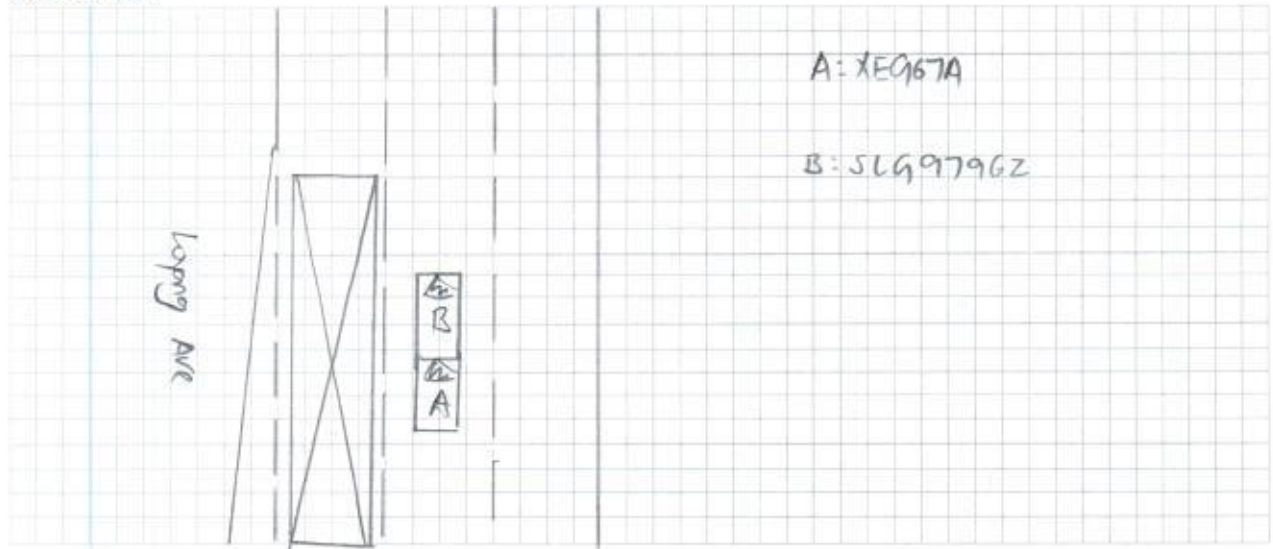


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 LOYANG AVE AS LANE 3 THERE WAS A TRUCK STOPPED FOR WATERING THE TREES ALONG THE ROAD AND IT WAS CONGESTED. VEHICLE B BRAKE HIS VEHICLE AS A TRUCK SUDDENLY COMING COMING OUT FROM LANE 3. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 28 / 2 / 18 ) (DD/MM/YYYY), TIME: ( 14 : 30 ) (HH:MM)

LOCATION: Layang Ave before Junc Paris Rd Drive 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE967A
- b) INSURANCE COMPANY: NTJC
- c) POLICY NUMBER: 5068056713-03
- 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: Ava-chem Industrial Pte Ltd (MALE / FEMALE) 9386877
- b) NRIC/FIN/PASSPORT: 199003662W CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Muhammad Khairi Bin Awang (MALE / FEMALE) 94394149
- b) NRIC/FIN/PASSPORT: 576353142 CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( 26 / 10 / 1976 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: 13/8/2013 (class 4)

## 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) - leg

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 97962 MODEL: \_\_\_\_\_ \*No of passen  
(Including d  
( 1 )
- b) DRIVER'S NAME: Tan Boon Keng
- c) NRIC/FIN/PASSPORT: SG931777 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_ \*No of passi  
(Including d  
( 1 )
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = ava chem 2 @ Singnet . com . sg

fax = \_\_\_\_\_



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7635314Z**  
 Name: **MUHAMMAD KHAIRI BIN AWANG**

Birth Date: **26 Oct 1976**  
 Issue Date: **04 Apr 2011**

001952959A




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S7635314Z**

**MUHAMMAD KHAIRI BIN AWANG**

Race: **MALAY**  
 Date of Birth: **26-10-1976**  
 Country of Birth: **SINGAPORE**

Sex: **M**





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

Class	Description	Effective Date
Class 3	Motor cars < 2000 kg with not > 7 passengers, exclusive of the driver; and motor tractors/vehicles < 2500 kg	04 Apr 2011
Class 4	Heavy motor cars and motor tractors > 2500 kg	02 Aug 2012

S/No. 9000187011

Licence No: **S7635314Z**



NP 428A

**S7635314Z**



AB+ 05-07-2001

APT BLK 206A PUNGGOL PLACE #15-2032  
 SINGAPORE 821206

NRIC No: **S7635314Z** \* Date: **21/01/2012** No: **6960241**



eBaoTech

GeneralClaim

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## 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="radio"/>	5068056712-03	AVA-CHEM INDUSTRIAL PTE LTD	199003662W	GFT	Comprehensive	XE967A	XE967A	20/10/2017	



## ▼ Policy Information

Policy No.	5068056712-03	Policyholder Name	AVA-CHEM INDUSTRIAL PTE LTI	Policyholder NRIC	199003662W
Address	10 ADMIRALTY STREET #01-87 NORTH LINK BUILDING SINGAPORE 757695				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/09/2017	Effective Date	20/10/2017 00:00	Expiry Date	19/10/2018 23:59
Third Party Excess	0.00	Own damage Excess	3000.00	Windscreen Excess	500.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	10 ADMIRALTY STREET	Address 2	#01-87 NORTH LINK BUILDING	Address 3	SINGAPORE 757695
Address 4		Address Type	Singapore address	Post Code	757695
Unit No.		Related Policy Number	5095645725		

► Insured Object: XE967A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	20/10/2017 00:00	Basic Information Endorsement	000001286659031	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle is subject to Endorsement M42(A) – EQUIPMENT AND THIRD-PARTY WORKING RISKS : VEHICLE NUMBER EFFECTIVE DATE 1. XE1561E 20-10-2017
2	20/10/2017 00:00	Basic Information Endorsement	000001286658476	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 20 Oct 2017 to 19 Oct 2018, this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. XE2362G 2. XE2596Z 3. XE9119Y

Continue

Cancel

## Claim Handling

Exit

Accident MT/0984182

Policy No.	5068056712-03	Vehicle No.	XE967A	GST Registration No.	199003662W
Policyholder Name	AVA-CHEM INDUSTRIAL PTE LTD			Policyholder NRIC	199003662W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93668777	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TL
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	01/03/2018 10:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/02/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG AVE BEFORE JUNG PASIR RIS DRIVE 3				

**Excess**

Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
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	01/01/2015
GST Registration No.	199003662W	GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	10 ADMIRALTY STREET	Address 2	#01-87 NORTH LINK BUILDING	Address 3	SINGAPORE 757695
Address 4		Address Type	Singapore address	Post Code	757695
Unit No.		Related Policy Number	5095645725		

**Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/10/1976
Unnamed driver Name	MUHAMMAD KHAIRI BIN AWAN	Driver NRIC	S76353142	Driving Experience	4
Register Date of Driver License	13/06/2013	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	94394149	Contact No.(Office)	0	Address 3	SINGAPORE 821206
Address 1	BLK 208A	Address 2	PUNGGOL PLACE	Post Code	821206
Address 4		Address Type	Singapore address		
Unit No.	15-2032			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

**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 *	OD-MX	Insured Name	AVA-CHEM INDUSTRIAL PTE LTD	Insured NRIC	199003662W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68979511
Email Address		O1 Vehicle Number	XE967A	TP Vehicle Number	SLG97962
Claim Description	XE967A / SLG97962 ON 28 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	01/03/2018 00:00
Date Registered	01/03/2018 10:49	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Drive AK letter					

Save Submit

## Attachment

Accident No.	MT/0984182	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/03/2018 10:50

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attachment List



1/3/2018