

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA 118032640

Date In: 9/3/18 15:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18004491/64	SAS e-filing		
Veh No: SKT 2603 L	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 6/3/18 19:00	i-Motor Claim Form	M7/0985131	9/3/18 15:50
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: Vch No: SLK 914 M 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Cat 1:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services-		
Cat 2/3:	9) N12: Idac Mobile 30		

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	08/03/2018 15:20
Date Of Accident	06/03/2018 19:00
Exact Location Of Accident	REPUBLIC BLVD SLIP RD INTO OPHIR RD (ECP CHANGI)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2603L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EIZY INTERNATIONAL PTE. LTD.
Co Reg No	200501454W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97718992

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z G-EDITION A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074970081-02
Cover Note Number	-

#### Driver

Name of Driver	DAUD BIN SHARIFF
NRIC No	S1563641F
Date Of Birth	28/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1984
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97718992
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 618 BEDOK RESERVOIR RD #04-1316  
 Postcode 470618  
 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  
 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) 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**

I STOP BEHIND VEH B (BEARING NO SLK914M) AT THE SLIP RD FROM REPUBLIC BLVD TWDS OPHIR RD (ECP CHANGI), WHEN I WAS CHECKING ON THE MAIN ROAD (OPHIR RD) TRAFFIC, MY VEH SLIGHTLY MOVE FORWARD AND TOUCH ONTO THE VEH B REAR 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 SLK914M  
 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) 2

## 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.

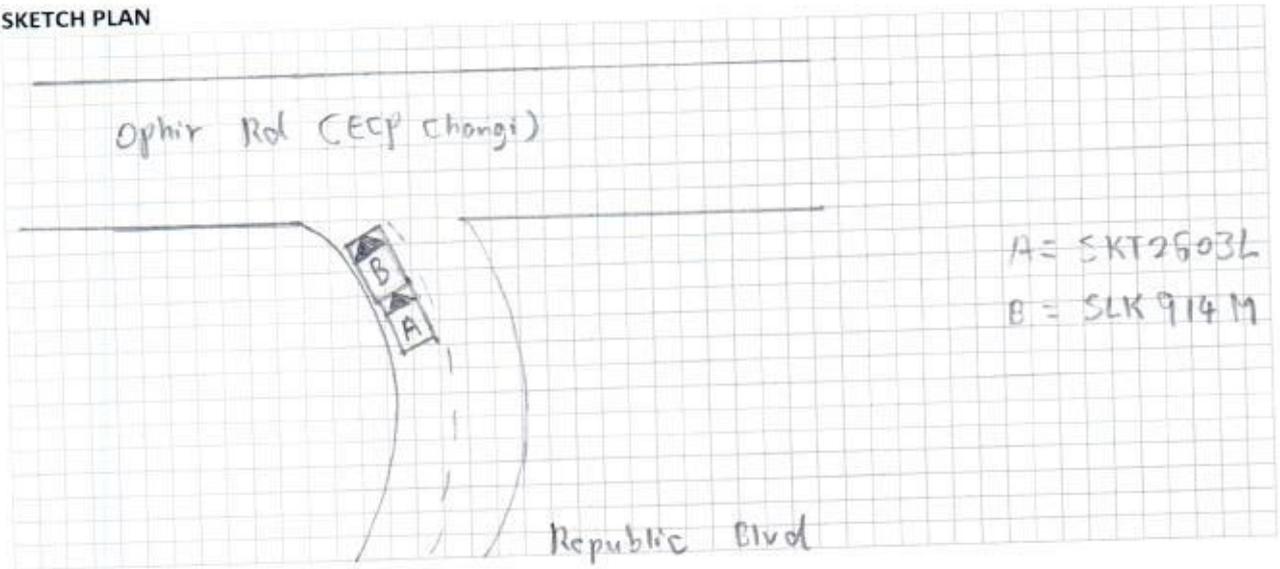


Policyholder's Signature  
Date & Time:

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

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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1563641F



Name

DAUD BIN SHARIFF

داود بن ساريف

Race

MALAY

Date of birth

28-01-1962

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1563641F

Name

DAUD BIN SHARIFF

Issue Date: 28 Jan 1962

Issue Date: 06 Apr 2017



002672890K

5439035



HRIC No. S1563641F



Date of issue

18-03-2015

Address

APT BLK 618 BEDOK RESERVOIR ROAD  
#04-1316  
SINGAPORE 470618

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	07 Apr 1980
Class 2A	Motorcycles between 201 cc and 400 cc	07 Apr 1980
Class 2	Motorcycles > 400 cc	07 Apr 1980
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	23 Nov 1984



Licence No: S1563641F

NP 428A

Hello, NAC\_PAVA\_UBI\_800601

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5074970081-02	EIZY INTERNATIONAL PTE. LTD.	200501454W	GPC	drivo CLASSIC	SKT2603L	SKT2603L	30/11/2017	29/11/2018

Continue

3/8/2018

**Claim Handling**

**Accident MT/0985131**

Policy No.	5074970081-02	Vehicle No.	SKT2603L	GST Registration No.	
Policyholder Name	EIZY INTERNATIONAL PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	200501454W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	Not available

**Accident Details**

Report Date	07/03/2018 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	06/03/2018	Time of Accident hh:mm	19:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

**Benefits**

<b>Excess</b>		Additional Excess	0.00	Windscreen Excess	1
Own damage Excess	2,000.00	Outside Singapore OD Excess	2,000.00		
Unnamed Driver Excess		Outside Singapore TP Excess	1,500.00		
Third Party Excess	1,500.00				

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	07/03/2018 18:29:53 Karthlyn Yuen changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	7500A BEACH ROAD	Address 2	#04-324 THE PLAZA	Address 3	SINGAPORE 199591
Address 4		Address Type	Singapore address	Post Code	199591
Unit No.		Related Policy Number	5074970081-02		

**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.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

Modification History

**Claim 002** New

Claim Type *	OD-MX	Insured Name	EIZY INTERNATIONAL PTE. LTD.	Insured NRIC	200501454W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65543940
Email Address		OI Vehicle Number	SKT2603L	TP Vehicle Number	SLK914M
Claim Description	SKT2603L / SLK914M ON 6 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	08/03/2018 00:00
Date Registered	08/03/2018 15:49	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

**Attachment**

Accident No.	MT/0985131	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/03/2018 15:50
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="button" value="Please Select"/>	<input type="button" value="Clear"/> <input type="button" value="Please Select"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="button" value="Please Select"/>	<input type="button" value="Clear"/> <input type="button" value="Please Select"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="button" value="Please Select"/>	<input type="button" value="Clear"/> <input type="button" value="Please Select"/>
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<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="button" value="Please Select"/>	<input type="button" value="Clear"/> <input type="button" value="Please Select"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="button" value="Please Select"/>	<input type="button" value="Clear"/> <input type="button" value="Please Select"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:50	SAS	Normal	SAS 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:50	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:50	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:50	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:49	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:49	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:49	Photos	Normal	Photos 2018-3-8
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:49	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 15:49	Photos	Normal	Photos 2018-3-8

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window    Scan and uploading