

NATIONAL Assessment Centre Services. (wef 1 Jan 05) MNA118036417

Date In: 17/3/18-1020	Job description	Date & Time Completed	Done by
Ref No: NA/INC8005054/24	SAS e-filing		
Veh No: 6V 39600	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/2/18-09:25	i-Motor Claim Form	MT/0984228	17/3/18 1251
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 36X1595J 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:-	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

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill	
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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:-			
QC Checked by (Engr-In-Charge):	Q1:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Date 1:	Invoice dated	Fee Charged		
Date 2/3:	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	17/03/2018 10:20
Date Of Accident	26/02/2018 09:25
Exact Location Of Accident	BLK 432 CLEMENTI AVE 3 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3960U
Insured/Policyholder	
Name Of Registered Owner	SPEEDISLAND FORWARDERS
Co Reg No	52886277D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82280318
Alternative Phone No	OFFICE-82280318

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 5DR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5053560325-05
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NUR BIN OTHMAN
NRIC No	S8338054C
Date Of Birth	05/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86164116
Fax Number	
Contact Number	OFFICE-86164116
Email Address	NOEMAIL

Address BLK 343 TAMPINES STREET 33
#03-318

Postcode 520343

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 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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180313/2172. DRIVER MIA.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE SIZE TOO LARGE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX1595J

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)

1

SKETCH PLAN

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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.

Speedisland Forwarders
Blk 866 Jurong West St. 81
#09-539 Singapore 640866

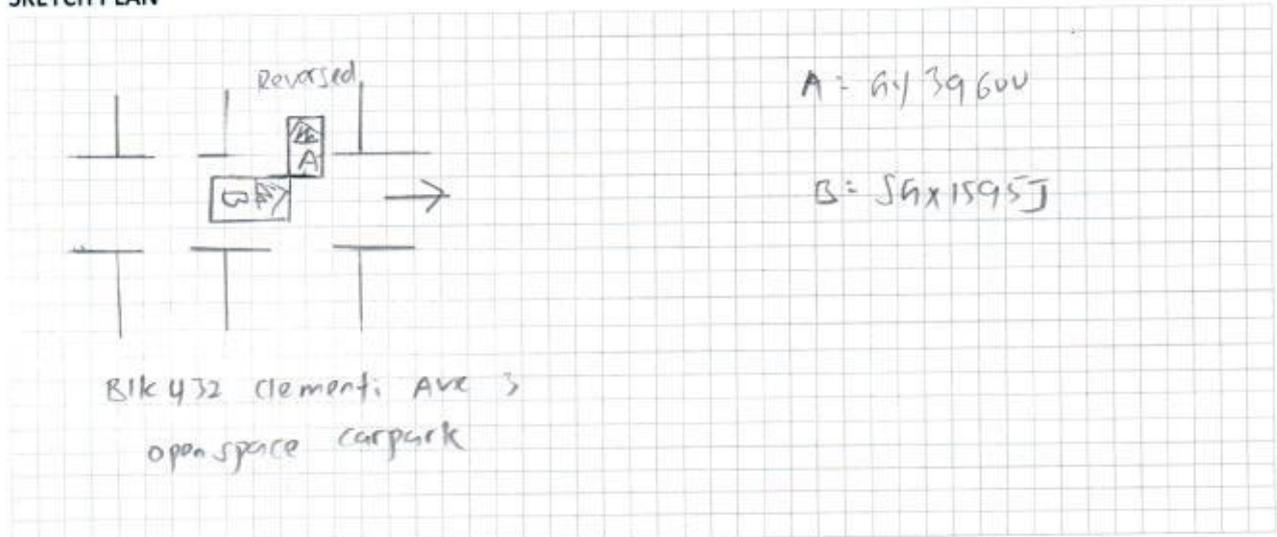
Policyholder's Signature
Date & Time:

on behalf
of driver

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 police report - T/20180313/2172.

DECLARATION

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

Speedisland Forwarders
Blk 866 Jurong West St. 81
#09-539 Singapore 640866

Policyholder's Signature

Date & Time:

GIAMJC SketchP

on behalf
of driver

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180313/2172

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20180313/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 20:36		Vide Report No.:	Station Diary No.: 97
Informant's Particulars			
Name of Informant: TAN KOON SENG		Address: APT BLK 866 JURONG WEST STREET 81 #09-539 SINGAPORE 640866	
ID Type / ID No.: NRIC NO / S1731358D		Contact No.: Home/Office:	Mobile: 82280318
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 20/03/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/02/2018 00:00	Type of Location: Car Park
Location: Along Road 1 CLEMENTI AVENUE 3 OSCP of BLK 432 Clementi Ave 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

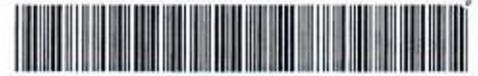
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY3960U	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180313/2172

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No. T/20180313/2172

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN KOON SENG		ID No. S1731358D
Related Vehicle	GY3960U (Van)		Contact No. 82280318
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Muhammad Nur Bin Othman		ID No. S8338054C
Related Vehicle	GY3960U (Van)		Contact No. 86164116
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/02/2018 at about 0926hrs, my worker namely, Muhammad Nur Bin Othman, S8338054C, Hp: 86164116, drove the company vehicles, GY3960U, to make a delivery at the location. After making the delivery he then reverses out the vehicle and subsequently there is another vehicle who collided on to my vehicles.

On 09/03/2018, I received a letter from my insurance company and mentioned that my vehicle is involve in accident on 26/02/2018. I then make a check with my company and the driver was Muhammad Nur Bin Othman. I then contacted him and he mentioned that he did not report to the police and also did not informed the company regards to the incident. There is a CCTV footage captured the incident.



**SINGAPORE
POLICE FORCE**



T/20180313/2172

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180313/2172

CONTINUATION OF REPORT

Sketch Plan

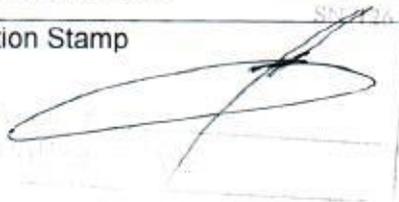
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD TASRIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt <u>TANG SIEW PING</u> Contact No.: 65476430

Signature Of Informant:
Date/Time: 13/03/2018 20:36
Classification Of Case:

Authentication Stamp
NP168 #



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8338054C



Name

MUHAMMAD NUR BIN OTHMAN



Race

INDIAN

Date of birth

05-12-1983

Country/Place of birth

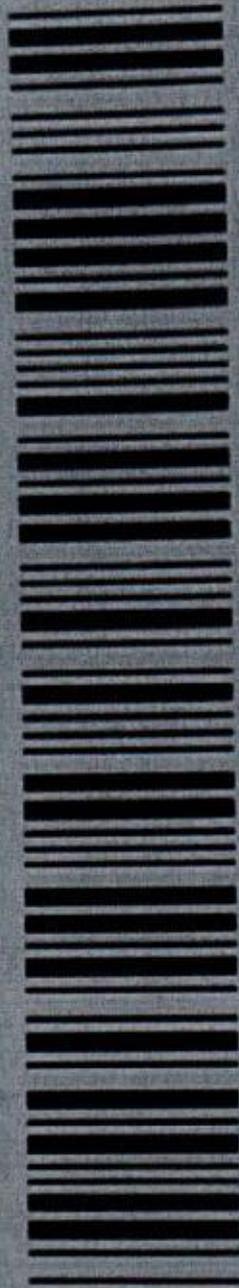
SINGAPORE

Sex

M



5317738



NRIC No. S8338054C



Date of Issue

14-06-2014

Address

APT BLK 343 TAMPINES STREET 33
#03-318
SINGAPORE 520343

PUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8338054C**

Name:

MUHAMMAD NUR BIN OTHMAN

Birth Date: **05 Dec 1983**

Issue Date: **05 Nov 2007**

001539326H



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="radio"/>	5053560325-05	SPEEDISLAND FORWARDERS	52886277D	GCV	Third Party	GY3960U	GY3960U	24/03/2017	23/03/2018

Exit

Claim Handling

Accident MT/0984228

Policy No.	5053560325-05	Vehicle No.	GY3960U	GST Registration No.			
Policyholder Name	SPEEDISLAND FORWARDERS	Cover Type	Third Party	Policyholder NRIC	52886277D		
Product Code	COMMERCIAL VEHICLE INSUR	Contact No.(Office)		Loading	0		
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)			
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No		
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason			
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Not available		
Accident Details			Time of Accident (h:mm)	09:35	Accident Type	Side Swipe	
Report Date	01/03/2018 15:10	Orange Force		Country of Accident	SINGAPORE	ICM No.	
Date of Accident	25/02/2018						
Reporting Centre							
Accident Location	BLK 432 CLEMENTI AVENUE 3 CARPARK						
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	No	GST Registration Date		GST Status Verified	Yes		
GST Registration No.							
Modification History	01/03/2018 16:53:14 Karthlyn Yuen changed GST Status Verified from No to Yes						

Policyholder Mailing Address					
Address 1	BLK 006 #09-535	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640856
Address 4		Address Type	Singapore address	Post Code	640866
Unit No.	09-539	Related Policy Number	5053560325-05		
DI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Regular Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 2	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	SPEEDISLAND FORWARDERS	Insured NRIC	52886277D	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	98626612	
Email Address		DI Vehicle Number	GY3960U	TP Vehicle Number	SGX15953	
Claim Description	GY3960U / SGX15953 ON 26 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	17/03/2018 00:00	
Date Registered	17/03/2018 10:57	Claim Close Date				
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

Attachment

Accident No.	MT/0984228	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/03/2018 10:57
Path *			
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Category *
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Confidential
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Urgency *
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Description *
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	
<input type="checkbox"/> Send Message <input type="button" value="Upload"/>			

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
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NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Mar

