

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MWA 118037227

| | | | |
|---------------------------------|--|-----------------------|---------------|
| Date In: 1913/18 15:08 | Job description | Date & Time Completed | Done by |
| Ref No: MA/INC18005092/44 | SAS e-filing | | |
| Veh No: GV 6527 J | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 1913/18 13:00 | i-Motor Claim Form | MT/0986836 | 2013/18 14:55 |
| OD / TP / <u>Reporting</u> Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SLB 3214 C | 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 |
|-----------|---------|
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|--------------------------|---|-------------|----------|
| Claimant's Particulars:- | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | 30.00 | |
| Damaged Portion: | 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 - | | |
| | Q1: | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |
| Auditors' Comments:- | | | |
| Pat 1: | | | |
| Pat 2 / 3: | | | |

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 19/03/2018 15:08
 Date Of Accident 19/03/2018 13:00
 Exact Location Of Accident KATONG REGENCY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GV6527J
Insured/Policyholder
 Name Of Registered Owner COTTON CARE
 Co Reg No 52943438E
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67477844

Vehicle Particulars

Manufacturer TOYOTA
 Model LITEACE
 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 FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5045697475-07
 Cover Note Number -

Driver

Name of Driver MUHAMMAD IBRAHIM BIN HARON
 NRIC No S8304638D
 Date Of Birth 28/02/1983
 Occupation OUTDOOR
 Date Of Driving Pass 25/05/2010
 Driving Experience 7 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96484379
 Fax Number
 Contact Number NOEMAIL
 Email Address

Address BLK 431D YISHUN AVE 1 #06-609
Postcode 764431
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 -
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

PLEASE REFER TO 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 SLB3214C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MORIYAMA YUSUKE
NRIC/Passport Number G5966805L
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.

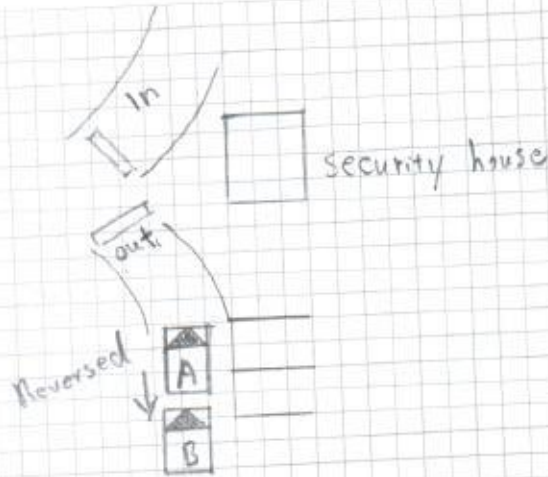


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = GV 6527 J
B = SLB 3214 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1pm I was about to leave the condo but need to change pass at security. So before exit I decided to park the nearest lot to the exit as I will walk to security post. However upon reverse I heard the honking sound out of sudden and bang a car behind. The car was too near when I about to stop so I accidentally bang it.

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 DRIVING LICENCE

Licence Number: **S8304638D**

Name: **MUHAMMAD IBRAHIM BIN HARON**

Birth Date: **28 Feb 1983**

Issue Date: **25 May 2010**

001860012A




REPUBLIC OF SINGAPORE

MY CARD NO. **S8304638D**

Name: **MUHAMMAD IBRAHIM BIN HARON**

Race: **MALAY**

Date of birth: **28-02-1983** Sex: **M**

Country of birth: **SINGAPORE**



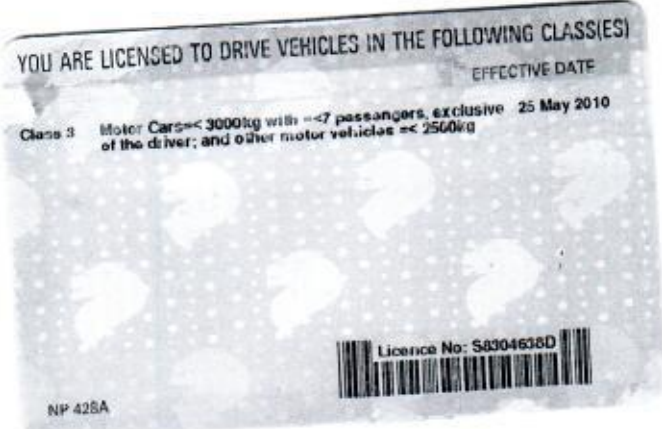


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: **25 May 2010**

Class 3: Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

NP 428A

Licence No: **S8304638D**

NPIC No: **S8304638D**

Date of issue: **14-10-2004**

431D YISHUN AVENUE 1 #06-609

764431

S8304638D

Date: **17/03/2015**




eBaoTech

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

General Claim

Change Language

Change Password

Log Out

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

19/03/2018 14:58

Search

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5045697475-07 | COTTON CARE | 52943438E | GCV | Third Party, Fire & Theft | GV65273 | GV65273 | 01/10/2017 | 30/09/2018 |

Continue

Claim Handling

Accident MT/0986836

| | | | | | |
|---|--|-------------------------------|--|------------------------|-----------------------|
| Policy No. | 5045697475-07 | Vehicle No. | GV6527J | GST Registration No. | |
| Policyholder Name | COTTON CARE | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | 52943438E |
| Product Code | COMMERCIAL VEHICLE INSURAT | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 67477844 | 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(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 20/03/2018 14:50 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 19/03/2018 | Time of Accident hh:mm | 13:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | KATONG REGENCY | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | 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 | No | GST Registration Date | | GST Status Verified | No |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 53 UBI AVENUE 1 | Address 2 | #01-29 PAYA UBI INDUSTRIAL 1 | Address 3 | SINGAPORE 408934 |
| Address 4 | | Address Type | Singapore address | Post Code | 408934 |
| Unit No. | 01-29 | Related Policy Number | 5087968406-01 | | |
| O1 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 28/02/1983 |
| Unnamed driver Name | MUHAMMAD IBRAHIM BIN HARC | Driver NRIC | S8304638D | Driving Experience | 7 |
| Register Date of Driver License | 25/03/2010 | Driver Age | 35 | Contact No.(Home) | |
| Contact No.(Mobile) | 96484379 | Contact No.(Office) | | Address 3 | VISTA SPRING @ YISHUN |
| Address 1 | BLK 431D #06-609 | Address 2 | YISHUN AVENUE 1 | Post Code | 764431 |
| Address 4 | SINGAPORE 764431 | Address Type | Singapore address | | |
| Unit No. | 06-609 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001

New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | COTTON CARE | Insured NRIC | 52943438E |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 67477844 |
| Email Address | | O1 Vehicle Number | GV6527J | TP Vehicle Number | SLB3214C |
| Claim Description | GV6527J / SLB3214C ON 19 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 | 20/03/2018 00:00 |
| Date Registered | 20/03/2018 14:53 | Claim Close Date | | | |
| Report Taken By | LEW SHAN HUI | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| | | | Save | Submit | |

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|-----------|--------|
| Accident No. | MT/0986836 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 20/03/2018 14:55 | | |
| Path * | | Category * | Confidential | Urgency * | Descr |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |

3/20/2018

Claim Handling(accident reporting Claim Task)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

| | | | | |
|-------|---------------|----|--------|--|
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |

Sen

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 14:55 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-3-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 14:55 | SAS | Normal | SAS 2018-3-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 14:53 | Photos | Normal | Photos 2018-3-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 14:53 | Photos | Normal | Photos 2018-3-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 14:53 | Photos | Normal | Photos 2018-3-20 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 14:53 | Photos | Normal | Photos 2018-3-20 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading