

NATIONAL Assessment Centre Services

[wef 1 Jan'09] MNA1804418

Date In: 26/3/18-11:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005546/24	SAS e-filing		
Veh No: SJH 11565	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/3/18-06:50	i-Motor Claim Form	MT/0987604	26/3/18 12:48
OD TP Reporting 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: SDJ612J	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

NA1801898	Invoice Preparation Checklist:	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 2009)		
	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	26/03/2018 11:56
Date Of Accident	26/03/2018 06:50
Exact Location Of Accident	ALONG TELOK AYER ST AFTER JUNC CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1156S
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094228784
Cover Note Number	

Driver

Name of Driver	RAHMAT BIN ADBAN
NRIC No	S1473774Z
Date Of Birth	27/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1993
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83398700
Fax Number	
Contact Number	OFFICE-83398700
EMail Address	NOEMAIL

Address	BLK 372 HOUGANG STREET 31 #03-51
Postcode	530372
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 TELOK AYER ST. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 1 WITHOUT TURNING ON HIS INDICATOR LIGHT AND TRYING CUT ONTO MY LANE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT 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 Witness 1

Name	NASRI
Phone Number	92701096
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDJ612J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	MCLAUGHLIN IAIN TATE
NRIC/Passport Number	F2159572Q
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: 24/3/18 12:05 hrs.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

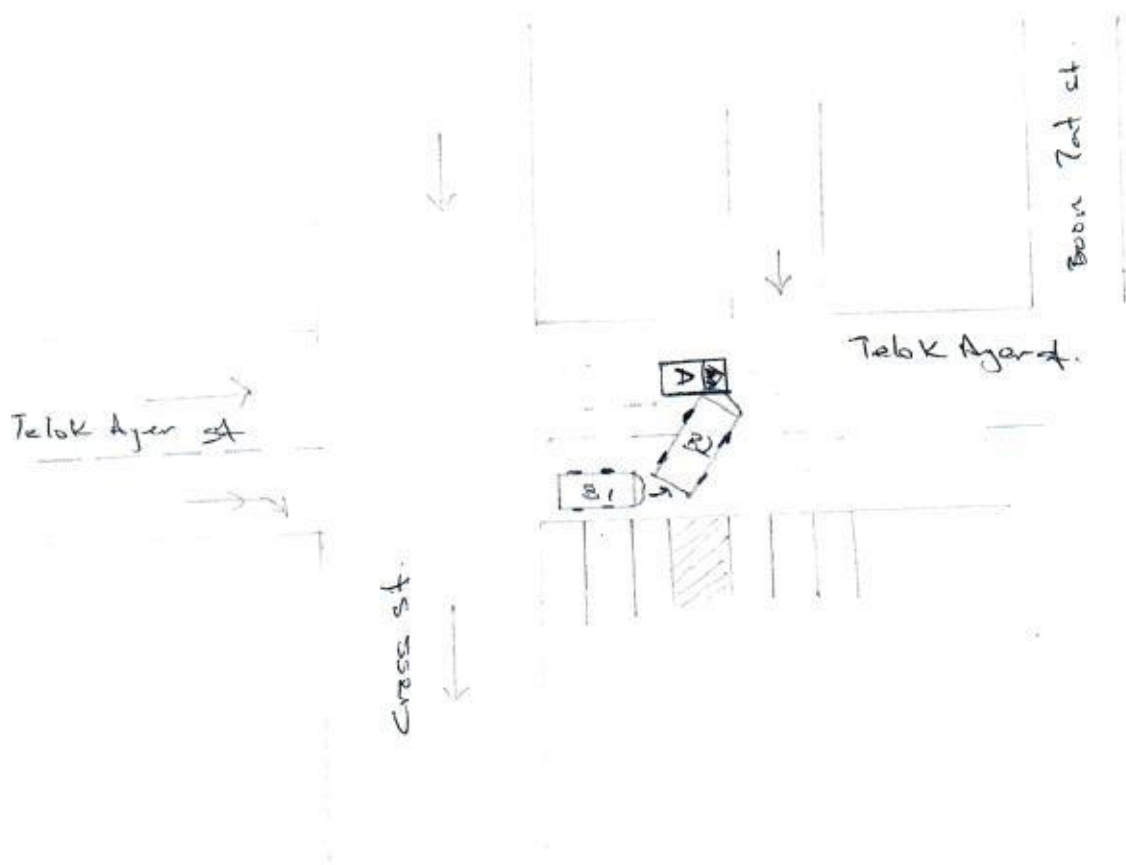
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIACC SketchPlanForm V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/2/18 1205hrs

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




A = SJH 11565

B = SDJ 6123

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1473774Z



Name
RAHMAT BIN ADBAN
رحمت بن ادين
Race
MALAY
Date of Birth
27-06-1961 M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1473774Z
Name
RAHMAT BIN ADBAN
Birth Date 27 Jun 1961
Issue Date 07 Jan 2003




2193149



NRIC No S1473774Z



Blood Group O+ Date of issue 08-07-1994

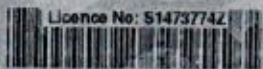
APT BLK 372 HOUGANG STREET 31 #03-51
SINGAPORE 530372
NRIC No: S1473774Z Date: 27-02-1999 No: 3791763

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	05 Feb 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Dec 1993

NP 428A

Licence No: S1473774Z



eBaoTech

GeneralClaim

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"/>	5094228784	FORTE AUTO LEASING PTE LTD	201631486C	GFT	Third Party, Fire & Theft	SJH1156S	SJH1156S	04/10/2017	

Policy Information

Policy No.	5094228784	Policyholder Name	FORTE AUTO LEASING PTE LTD	Policyholder NRIC	201631486C
Address	25 KAKI BUKIT ROAD 4 #01-62 SYNERGY @ KB SINGAPORE 417800				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/09/2017	Effective Date	12/09/2017 00:00	Expiry Date	11/09/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	11744.32		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	01-62	Related Policy Number	5097558305		

Insured Object: SJH1156S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/09/2017 00:00	Basic Information Endorsement	000001286652901	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Sep 2017, the Hire Purchase Company is amended as follows: HIRE PURCHASE COMPANY: GENIE FINANCIAL SERVICES PTE LTD
2	14/09/2017 00:00	Basic Information Endorsement	000001286653758	Endorsement Undo	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJD6191C 14-09-2017 \$1,138.74 In view of this amendment, an additional premium of \$1,138.74 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and

[Exit](#)

Claim Handling

The premium on this policy has not been collected.

Accident HT/0987604

Policy No.	5094228784	Vehicle No.	SH11565	GST Registration No.	201631486C
Policyholder Name	PORTE AUTO LEASING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	0
Product Code	PLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91449265	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	26/03/2018 12:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	26/03/2018	Time of Accident hh:mm	06:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK AYER ST AFTER JUNC CROSS ST				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	Yes
GST Registration No.		GST Status Verified	
Modification History			

Policyholder Mailing Address

Address 1	25 KAKI BLKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	01-62	Related Policy Number	5097558305		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/06/1961
Unnamed driver Name	RAHMAT BIN ADBAN	Driver NRIC	S14737742	Driving Experience	24
Register Date of Driver License	08/12/1993	Driver Age	56	Contact No. (Home)	0
Contact No. (Mobile)	83398700	Contact No. (Office)	0	Address 1	SINGAPORE 530372
Address 1	BLK 372	Address 2	HOUANG STREET 31	Post Code	530372
Address 4		Address Type	Singapore address		
Unit No.	03-51	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Modification History

Claim 001 [New](#)

Claim Type *	GD-MX	Insured Name	PORTE AUTO LEASING PTE LTD	Insured NRIC	201631486C
Contact No. (Mobile)	97984296	Contact No. (Home)		Contact No. (Office)	+
Email Address		OI Vehicle Number	SH11565	TP Vehicle Number	SD36123
Claim Description	SH11565 / SD36123 ON 26 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/03/2018 12:48	Claim Close Date		Date Received	26/03/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.	HT/0987604	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 12:49

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message [Upload](#)

Attachment List						
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO) Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	SAS		Normal	SAS 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:49	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:48	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:48	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:48	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:48	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 12:48	Photos		Normal	Photos 2018-3-26	Edit
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						