

NATIONAL Assessment Centre Services

Form 1-2004

Date In: 29/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005829/13	SAS e-filing		
Veh No: SKT3994B	E-mail (within 8hrs, AD: 2hrs)		
D.O.A: 28/03/18 1010	i-Motor Claim Form	107/0988185	
OD: (P) 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: SKM3814M	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

NA1801969

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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 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 willful 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	29/03/2018 10:58
Date Of Accident	28/03/2018 10:10
Exact Location Of Accident	HARBOURFRONT FERRY TERMINAL(COACH BAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT3994B
Insured/Policyholder	
Name Of Registered Owner	GOODRIDE AUTO
Co Reg No	53364825D
Email Address	BLUERAIN_214@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96828864

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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
Fleet Policy	YES
Policy Number	5092235245
Cover Note Number	

Driver

Name of Driver	MUHAMMAD TAWFIQ BIN MELING
NRIC No	S8622554I
Date Of Birth	08/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91924496
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 50 CHAI CHEE STREET #04-807
Postcode	461050
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	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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLS REFER TO THE 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 Witness 1

Name	UNKNOWN
Phone Number	81260854
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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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:

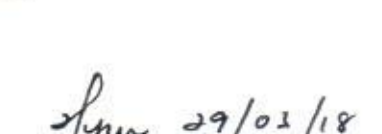
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 28/03/18

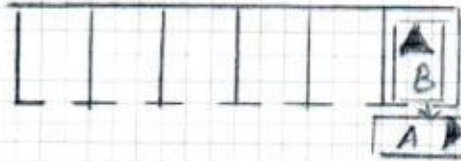


29/01/18

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

SKETCH PLAN

HARBOURFRONT FERRY TERMINAL
(COACH BAY)



A - SKT3994B

B - SLM3814M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the attached 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: 28/03/18

 29/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I STOP MY VEH AT HARBOURFRONT FERRY TERMINAL(COACH BAY) TO ALIGHT MY PASSENGER.WHEN I SAW THE VEH(B)DRIVER REVERSED HIS VEH,I HORNED AT HIM TO WARNED THAT MY VEH WAS BEHIND HIS VEH.THE VEH B DRIVER KEEP ON REVERSING HIS VEH AND HIT ONTO MY LEFT SIDE PORTION OF MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 03 / 2018) (DD/MM/YYYY), TIME: (10 : 10) (HH:MM)

LOCATION: HARBOUR FRONT FERRY TERMINAL (COACH BAY)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT 3994 B
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5092235245
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA AIRWAVE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: GEORGE AUTO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 9682 8864
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD TAWFIQ BIN MELANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8622554 CONTACT: 9192 4406
c) ADDRESS: BLK 50 CHAI CHEE ST 204-804, SPORE 461050

* d) DATE OF BIRTH: (08 / 08 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06 YEARS

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 3814 M MODEL: HONDA ODYSSEY
b) DRIVER'S NAME: ABDUL JALEEL S/O MOHAMED ALLY
c) NRIC/FIN/PASSPORT: S82060215 CONTACT: 9270 4795

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

WITNESS: UNKNOWN 81260854

Email = bluerain_214@hotmail.com (ATTN: KATHERINE)

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8622554

Name: MUHAMMAD TAWFIQ BIN MELING

Birth Date: 08 Aug 1986

Valid Date: 25 Jul 2016

002591759G

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

16 Apr 2011

NP 428A

Licence No: S6622554



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5092235245

Cover : Third Party

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SKT3994B |
| Chassis Number | : GJ11127133 |
| 2. Name of Policyholder | : GOODRIDE AUTO |
| 3. Effective Date of Insurance | : 27 Jun 2017 |
| 4. Expiry Date of Insurance | : 26 Jun 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HUANG GUOQING TERRY (00000573375)

Date of Issue : 27 Jun 2017 11:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0988185

Policy No.	5092235245	Vehicle No.	SKT39948	GST Registration No.	
Policyholder Name	GOODRIDE AUTO			Policyholder NRIC	53364825D
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96828864	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
KFK	<input 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	Yes

▼ Accident Details

Report Date	29/03/2018 11:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	28/03/2018	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HARBOURFRONT FERRY TERMINAL(COACH BAY)				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
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	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 836 #03-65	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640836
Address 4		Address Type	Singapore address	Post Code	640836
Unit No.	03-65	Related Policy Number	5092235245		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/08/1986
Unnamed driver Name	MUHAMMAD TAWFIQ BIN MELIN	Driver NRIC	S8622554I	Driving Experience	6
Register Date of Driver License	16/04/2011	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	91924496	Contact No.(Office)	0	Address 3	SINGAPORE 461050
Address 1	BLK 50	Address 2	CHAI CHEE STREET	Post Code	461050
Address 4		Address Type	Singapore address		
Unit No.	#04-807				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	GOODRIDE AUTO	Insured NRIC	53364825D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SKT39948	TP Vehicle Number	SLM3814M
Claim Description	SKT39948 / SLM3814M ON 28 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	29/03/2018 11:30	Claim Close Date		Date Received	29/03/2018 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment



Accident No.	MT/0988185	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/03/2018 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	
Clear Please Select ▼	NO ▼	Normal ▼	

3/29/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

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

Attachment List

Sen

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	SAS	Normal	SAS 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading