

NATIONAL Assessment Centre Services. (used 1 Jan 2005)

Date In: 24/04/2018 16:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007569/F4	SAS e-Milling		
Veh No: YN-9016B	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 10/04/2018 06:35	I-Motor Claim Form	MT/0990905-0025/4/18 09:45	
OD / TP / Reporting Only	I-Motor W/O (within 2hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: SHC719.7J, 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: YBS () / 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

NA1802593	Invoice Preparation Checklist	INC Bill	Land Bill
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$130	
	5) RT: Follow-Through Survey (Resurvey)	\$30	
	Forfeiture against INC Only (waf 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: 120 DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	OT:		
	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repairs Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DY / Collect Excess Coordination	\$5	
	TP (NI): TP (Run INC) against INC	\$20	
	*NI: 120s liability	\$10	
	Invoice dated	Fees Charged	
	Invoice dated	Fees 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	24/04/2018 16:09
Date Of Accident	10/04/2018 06:35
Exact Location Of Accident	FERNVALE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9016B
Insured/Policyholder	
Name Of Registered Owner	KENTRANS EXPRESS NETWORKS
Co Reg No	53217647B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83605611
Alternative Phone No	OFFICE-83605611

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083265600-01
Cover Note Number	

Driver

Name of Driver	MOHAMAD HANAFI BIN JA'ABAR
NRIC No	S7718323Z
Date Of Birth	30/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83605611
Fax Number	
Contact Number	OTHERS-83605611
Email Address	NOEMAIL

Address	BLK 435A FERNVALE ROAD #03-206
Postcode	791435
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7197J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

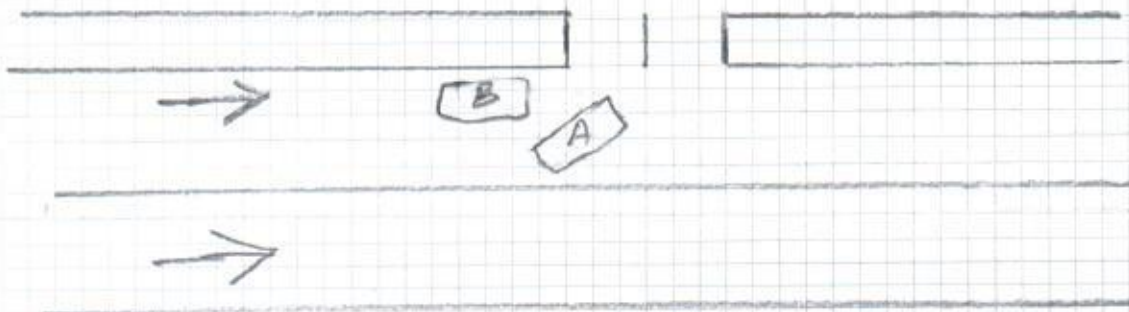
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A - YN 9016B

B - TAXI SHC 7197J



FERNVALE ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A WAS TRAVELLING ALONG FERNVALE RD & WAS ABOUT TO TURN LEFT INTO THE CARPARK. SUDDENLY A TAXI IN FRONT STOP TO PICK UP A PASSENGER. THE DRIVER MAKE A LONG STOP, ~~WHILE~~ ~~WHEN~~ WHILE THE TAXI STILL IN THE TAXI. SO I HORN THE TAXI & THE DRIVER WIND DOWN THE RIGHT WINDOW PUTTING OUT HIS HAND TO ASK ME TO OVERTAKE THE TAXI. AS I ALREADY OVERTAKE THE & ABOUT TO TURN LEFT INTO THE CARPARK, THE TAXI MOVE FORWARD BANG ONTO THE REAR LEFT OF THE LORRY.

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.:

24/4/2018

Our Ref: MT/CA/TP/059/0990905-001/SN/VU

18 Apr 2018

KENTRANS EXPRESS NETWORKS
BLK 324D #04-613
SENGKANG EAST WAY
SINGAPORE 544324

Dear Policyholder

CLAIM NUMBER: MT/0990905-001
ACCIDENT INVOLVING YN9016B / SHC7197J on 10 Apr 2018

We would like to inform you that a claim for S\$6,241.52 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.


If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7718323Z



Name
**MOHAMAD HANAFI BIN
JA'ABAR**


Race
MALAY

Date of birth
30-06-1977


Sex
M

Country of birth
SINGAPORE

4120380



NRIC No. S7718323Z



Date of issue
25-10-2007

APT BLK 435A FERNVALE ROAD #03-206
SINGAPORE 791435

NRIC No: S7718323Z Date: 22/09/2016

SINGAPORE DEPT

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7718323Z

Name
**MOHAMAD HANAFI BIN
JA'ABAR**

Birth Date **30 Jun 1977**

Issue Date **09 Nov 2009**



001802091J

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

PASS DATE

cars < 3000kg with < 7 passengers, exclusive of driver; and other motor vehicles < 2500kg



Licence No: S7718323Z



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

10/04/2018 06:35

Vehicle No.(For Motor)

YN9016B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083265600-01	KENTRANS EXPRESS NETWORKS	53217647B	GCV	Comprehensive	YN9016B	YN9016B	08/09/2017	07/09/2018

Claim Handling

Task Transfer Exit

Accident MT/0990905

LOS SAL SUB

Policy No.	5083265600-01	Vehicle No.	YN9016B	GST Registration No.	
Policyholder Name	KENTRANS EXPRESS NETWORKS			Policyholder NRIC	53217647B
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	18/04/2018 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	10/04/2018	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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 Registration No.		GST Status Verified	Yes
Modification History	19/04/2018 14:03:57 Emily Tan changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 324D #04-613	Address 2	SENGKANG EAST WAY	Address 3	SINGAPORE 544324
Address 4		Address Type	Singapore address	Post Code	544324
Unit No.	04-613	Related Policy Number	5091022379-01		

OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	
Address 1	Address 2	Address 3	

Claim Handling

Accident MT/0990905

Policy No.	5083265600-01	Vehicle No.	YN9016B	GST Registration No.	
Policyholder Name	KENTRANS EXPRESS NETWORKS			Policyholder NRIC	532
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	Not

▼ Accident Details

Report Date	18/04/2018 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Unk
Date of Accident	10/04/2018	Time of Accident hh:mm	06:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

▼ Benefits

▼ Excess

Own damage Excess	600.00	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 Registration No.		GST Status Verified	Yes
Modification History	19/04/2018 14:03:57 Emily Tan changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 324D #04-613	Address 2	SENGKANG EAST WAY	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	544
Unit No.	04-613	Related Policy Number	5091022379-01		

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

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	KENTRANS EXPRESS NETWORKS	Insured NRIC	532
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YN9016B	TP Vehicle Number	SHC
Claim Description	YN9016B / SHC7197J ON 10 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	25/04/2018 09:45	Claim Close Date		Date Received	25/04
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/0990905	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/04/2018 09:45
Path *		Category *	
		Confidential	Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 09:45	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 09:43	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 09:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 09:43	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 09:42	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 09:42	Photos	Normal	Photos 2018

Video List

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

Scan and uploading



NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0
n 25 Apr 2018 09:42

Photos

Normal

Photos 2018-4-25

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div> <div>Scan and uploading</div>	