

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MNA 118055902.**

Date In: 28/1/18 14:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007844/h4	SAS e-filing		
Veh No: YM 8291J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 26/1/18 18:25	i-Motor Claim Form	MT10992250-001	28/1/18 16:13
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **33U 2295Z** 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: 90-100%]

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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
NA1802691	1) AR: Accident Reporting (\$30);	30.00	
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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	

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	28/04/2018 14:47
Date Of Accident	26/04/2018 18:25
Exact Location Of Accident	KPE TUNNEL TWDS TAMPINES ENTRANCE OF BARTLEY RD E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8291J
Insured/Policyholder	
Name Of Registered Owner	FARREL TRANSPORT & TRADING PTE. LTD
Co Reg No	201008016M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96492506

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FK61FMJ1RDEA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096823303
Cover Note Number	-

Driver

Name of Driver	MOHAMED RASHID BIN EBRAHIM MARICAN
NRIC No	S1308066F
Date Of Birth	01/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1979
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090581
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 294 TAMPINES ST 22 #08-586
Postcode	520294
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	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	
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

I WAS TRAVELLING INSIDE THE KPE TUNNEL TOWARDS TAMPINES DIRECTION. WHILE APPROACHING THE ENTRANCE FROM BARTLEY ROAD EAST TO THE KPE TUNNEL, I WAS ON THE THIRD LANE, SUDDENLY VEH B (BEARING NO SJU2295Z) COMING FROM THE BARTLEY RD EAST DIRECTION ENTER TO THE TUNNEL AND CUT INTO MY LANE, CAUSING THE COLLISION BETWEEN MY LORRY LEFT FRONT PORTION AND VEH B RIGHT REAR PORTION. NO INJURY AT THAT TIME.

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	SJU2295Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMANATHAN S/O KARUPPIAH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

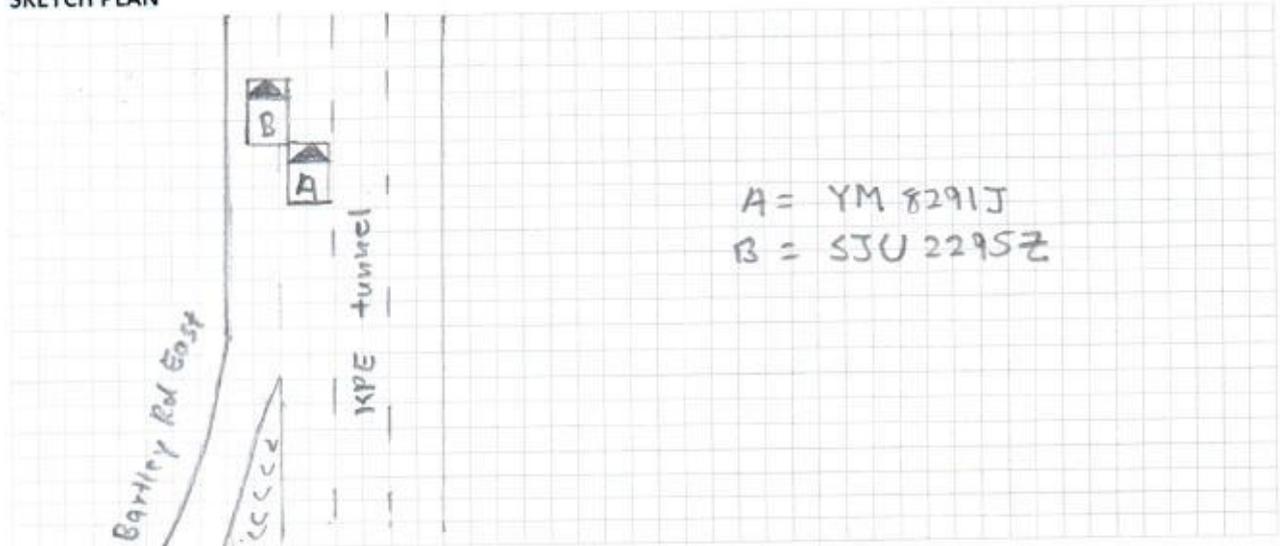


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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:

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

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1308066F



Name
MOHAMED RASHID BIN EBRAHIM MARICAN

Race
INDIAN

Date of birth
01-04-1958

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1308066F**

MUHAJED HASHID BIN EBRAHIM MARICAN

Birth Date: **01 Apr 1958**
 Issue Date: **24 Sep 2014**




5859086



NRIC No. **S1308066F**



Date of issue
25-01-2018

Address
**APT BLK 294 TAMPINES STREET 22
 #05-586
 SINGAPORE 520294**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	22 Mar 1977
Class 2A Motorcycles between 201 cc and 400 cc	22 Mar 1977
Class 2 Motorcycles > 400 cc	22 Mar 1977
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	15 May 1977
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	17 May 1979
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	14 Jul 1979

NP 428A



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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5096823303	FARREL TRANSPORT & TRADING PTE. LTD	201008016M	GFT	Comprehensive	YM8291J	YM8291J	11/03/2018	

Continue

▼ Policy Information

Policy No.	5096823303	Policyholder Name	FARREL TRANSPORT & TRADING	Policyholder NRIC	201008016M
Address	33 MARIAM WALK SINGAPORE 507154				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/12/2017	Effective Date	21/12/2017 00:00	Expiry Date	30/10/2018 23:59
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess		OS Premium	7968.37		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	33 MARIAM WALK	Address 2	SINGAPORE 507154	Address 3	
Address 4		Address Type	Singapore address	Post Code	507154
Unit No.	07-27	Related Policy Number	5096823303		

▶ Insured Object: YM8291J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/02/2018 00:00	Basic Information Endorsement	000001286761819	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YP2007M 07-04-2018 \$1,286.46 2. GBA4533Z 13-04-2018 \$ 659.94 3. YP1907Y 19-04-2018 \$1,211.88 In view of this amendment, an additional premium of \$3,158.28 (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 policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	09/03/2018 00:00	Basic Information Endorsement	000001286771852	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicles are subject to Endorsement M42(A) - EQUIPMENT AND THIRD-PARTY WORKING RISKS : VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YM8291J 11-03-2018 \$1,625.75 In view of

Claim Handling

The premium on this policy has not been collected.

Accident MT/0992250

Policy No.	5096823303	Vehicle No.	YMB291J	GST Registration No.	201008016M
Policyholder Name	FARREL TRANSPORT & TRADING PTE. LTD	Policyholder NRIC		201008016M	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96492506	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	No
Accident Details					
Report Date	28/04/2018 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	26/04/2018	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TUNNEL TWDS TAMPINES ENTRANCE OF BARTLEY RD E				
Benefits					
Excess					
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore DD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date		01/08/2011	
GST Registration No.	201008016M	GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	33 MARIAM WALK	Address 2	SINGAPORE 507154	Address 3	
Address 4		Address Type	Singapore address	Post Code	507154
Unit No.	07-27	Related Policy Number	5096823303		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/04/1958
Unnamed driver Name	MOHAMED RASHID BIN EBRAHI	Driver NRIC	S1308066F	Driving Experience	38
Register Date of Driver License	17/05/1979	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	91090581	Contact No.(Office)		Address 3	SINGAPORE 520294
Address 1	BLK 294 #08-586	Address 2	TAMPINES STREET 22	Post Code	520294
Address 4		Address Type	Singapore address		
Unit No.	08-586			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	FARREL TRANSPORT & TRADING	Insured NRIC	201008016M
Contact No.(Mobile)	96492506	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YMB291J	TP Vehicle Number	SJUZ295Z
Claim Description	YMB291J / SJUZ295Z ON 26 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	28/04/2018 00:00
Date Registered	28/04/2018 16:12	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Attachment

Accident No.	MT/0992250	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/04/2018 16:13
Path *			
<input type="button" value="Choose File"/> No file chosen		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO
		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO

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	

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:13	SAS	Normal	SAS 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:13	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:13	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:12	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:12	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:12	Photos	Normal	Photos 2018-4-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:12	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 16:12	Photos	Normal	Photos 2018-4-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
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