

NATIONAL Assessment Centre Services. [weF 1 JAN 05] MNA 118061953

Date In: 12/5/18 - 16:14	Job description	Date & Time Completed	Done by
Ref No: NA/M C18008703/24	SAS e-filing		
Veh No: 6 DA7123D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/5/18 - 12:10	i-Motor Claim Form	MT/0994089-001	12/5/18 17:10
OD / TP / 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: SHB3110R 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:- (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

NA1803045	Invoice Preparation Checklist	Amt (\$) for Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (weF 10 Jan 2005)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*:		
	*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 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	12/05/2018 16:14
Date Of Accident	12/05/2018 12:10
Exact Location Of Accident	SLIP RD BRADDELL RD TWDS LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7123D
Insured/Policyholder	
Name Of Registered Owner	MEI DE ENGINEERING PTE LTD
Co Reg No	200409513W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97362281
Alternative Phone No	OFFICE-97362281

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	5062794553-04
Cover Note Number	

Driver

Name of Driver	HOSSAIN BILLAL
Passport No/FIN	G6598844K
Date Of Birth	07/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83798265
Fax Number	
Contact Number	OFFICE-83798265
EEmail Address	NOEMAIL

Address	90 ONAN ROAD
Postcode	424510
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 - 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	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)	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

REFER TO 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	SHB3110R
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)	3
Passenger 1	NAME: ;
	GENDER: ;

Passenger 2

NAME: :

GENDER: :

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.

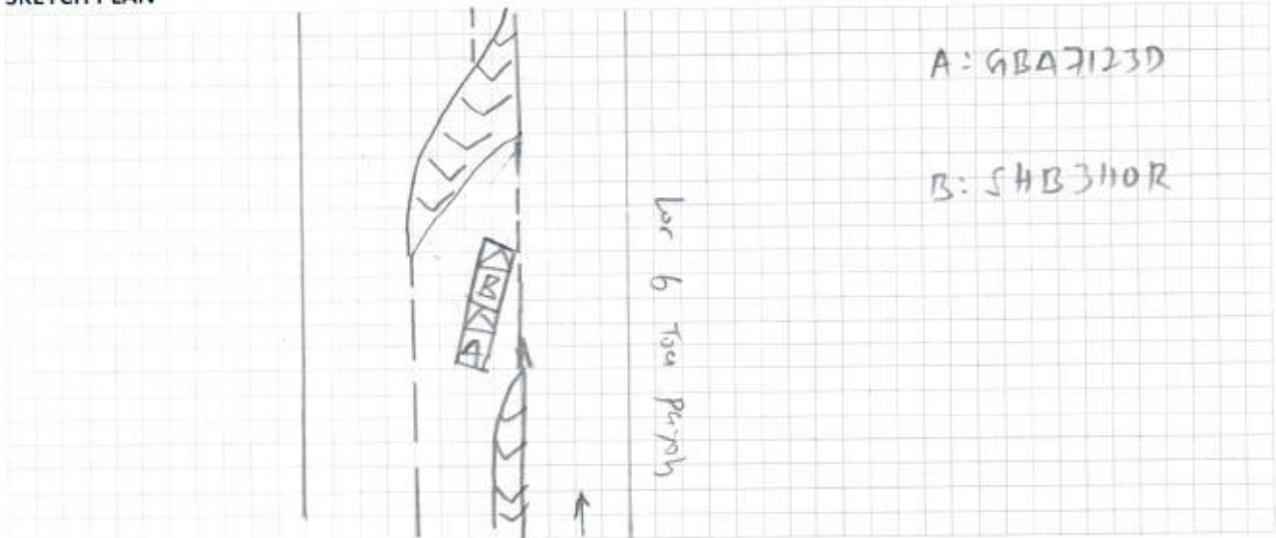


Policyholder's Signature
Date & Time:

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

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.:

ON STATED DATE AND TIME, I WAS TRAVELIING ALONG SLIP RD BRADDELL RD
TWDS LOR 6 TOA PAYOH. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. I WAS
LOOKING THE MAIN ROAD FOR INCOMING VEHICLE. IN A RESULT, MY VEHICLE
MOVED FORWARD AND SLIGHTLY HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 5 / 18) (DD/MM/YYYY), TIME: (12 : 10) (HH:MM)

LOCATION: Slip Rd Braddell Rd fuds lot 6 Toa Payoh

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA7123D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5062794553-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Mei De Engineering Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200409813W CONTACT: 97362281
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Hussain Bilal (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 96598844K CONTACT: 83798265
c) ADDRESS: _____

*d) DATE OF BIRTH: (7 / 8 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/5/2015

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: SHB3110R MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including d) (1)

* No of passenger (including d) (3)

* No of passenger (including d) (1)

email = mei-de-engineering@hotmail.com

fax = _____

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
MEI DE ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**



Name
HOSSAIN BILLAL

Occupation
PROJECT SUPERVISOR

S Pass No.
0 63233609

Date of Application
13-06-2017

Date of Issue
10-07-2017

Date of Expiry
18-08-2018



L8110968

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 6598844K**

Name: **HOSSAIN BILLAL**

Birth Date: **07 Aug 1989**

Issue Date: **20 May 2015**

Valid Till: **19/05/2020**



002429657D



VISIT PASS
Immigration Regulations

Name
HOSSAIN BILLAL



Date of Birth	Sex	Nationality
07-08-1989	M	BANGLADESHI
File	Date of Issue	Date of Expiry
G6598844K	10-07-2017	18-08-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

		<small>EFFECTIVE DATE</small>
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 May 2015



Licence No:G6598844K

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="radio"/>	5062794553-04	MEI DE ENGINEERING PTE LTD	200409513W	GCV	Comprehensive	GBA7123D	GBA7123D	06/11/2017	05/11/2018

Continue

Policy Information

Policy No.	5062794553-04	Policyholder Name	MEI DE ENGINEERING PTE LTD	Policyholder NRIC	200409513W
Address	90 ONAN ROAD SINGAPORE 424510				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	01/11/2017	Effective Date	06/11/2017 00:00	Expiry Date	05/11/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0.0	Own damage Excess	600	Windscreen Excess	100.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	90 ONAN ROAD	Address 2	SINGAPORE 424510	Address 3	
Address 4		Address Type	Singapore address	Post Code	424510
Unit No.		Related Policy Number	5089293788-01		

Insured Object: GBA7123D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Attachment	uploaded By/Date	Category	Urgency	Description	Mig Sent? Action (CO)
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	SAS	Normal	SAS 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	Photos	Normal	Photos 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	Photos	Normal	Photos 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	Photos	Normal	Photos 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	Photos	Normal	Photos 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	Photos	Normal	Photos 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	Photos	Normal	Photos 2018-5-12	Edit
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 May 2018 17:10	Photos	Normal	Photos 2018-5-12	Edit

Video List	Uploaded By/Date	Folder Date	File Name	Source	Action
Display in new Window		Scan and uploading			