

NATIONAL Assessment Centre Services

Date In 16/05/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18008892/13	SAS e-filing		
Veh No YN1603J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 09/05/18 0800	i-Motor Claim Form	MT/0993753 - 002	
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLC2181P	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

NA1803086

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) RT : Follow-Through Survey (Resurvey) \$30		
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:-		
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

Invoice dated

Fee Charged

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	16/05/2018 14:07
Date Of Accident	09/05/2018 08:00
Exact Location Of Accident	TECK WHYE AVE IN BETWEEN BLK 4 & 6 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1603J
Insured/Policyholder	
Name Of Registered Owner	MATTRESS INTERNATIONAL PTE LTD
Co Reg No	200300006N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93973429

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	OTW TO WAREHOUSE
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	5067718839-03
Cover Note Number	

Driver

Name of Driver	MOHAMAD RAFEEZ BIN HUSNI
NRIC No	S8607743D
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93973429
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 632A SENJA RD #03-165
Postcode	671632
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	SLC2181P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.

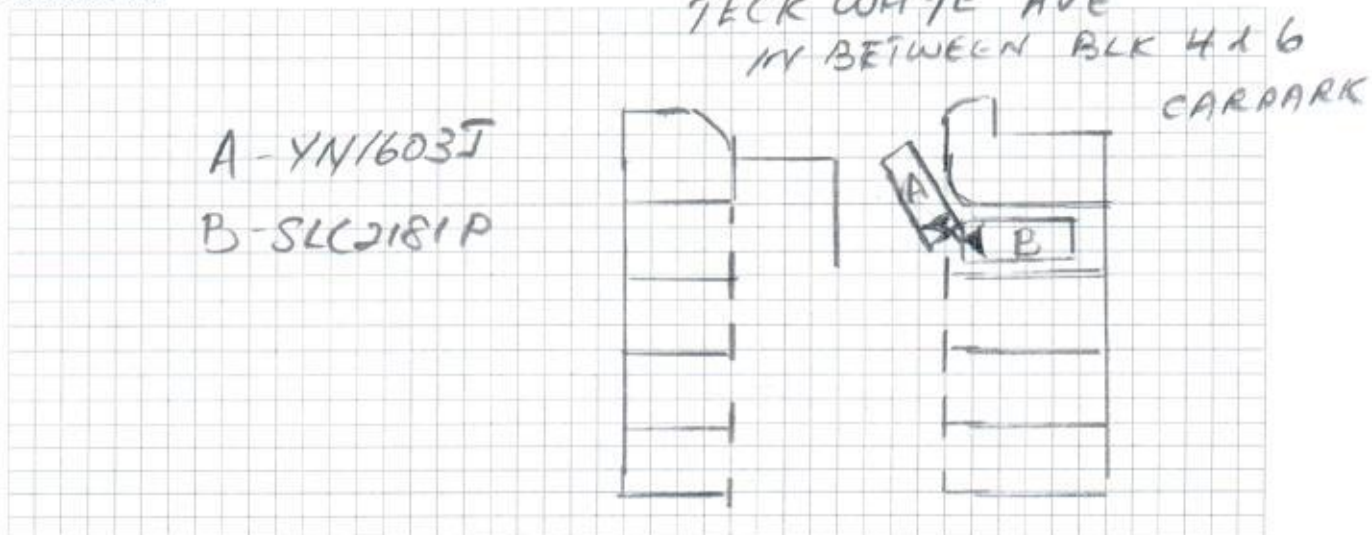


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/5/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/5/18

[Signature] 16/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I WAS DRIVING AT THE DRIVEWAY OF THE TECK WHYE AVE IN BETWEEN BLK 4 & 6 CARPARK. WHILE MAKING A RIGHT TURN, MY VEH GRAZED ONTO VEH B (PARKED VEH) FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 5 / 2018) (DD/MM/YYYY), TIME: (0 : 800) (HH:MM)

LOCATION: Teek Whye Ave Carpark entrance

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YV1603J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: Mitsubishi Fuso
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Fuso
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: OTW to Warehouse
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Refeez Bin Yusni (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S86077470 CONTACT: 93973429
c) ADDRESS: Blk 632 # 03-165 Serangoon Road 671632

* d) DATE OF BIRTH: (61 / 07 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2 1/2

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: SLC 2181P MODEL: NISSAN
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: _____

15/05/18
waiting for company
stamp
&
veh.

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8607743D**




Name
MOHAMAD RAFEEZ BIN HUSNI

Race
JAVANESE

Date of birth
01-04-1986

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8607743D**

Name:
MOHAMAD RAFEEZ BIN HUSNI

Birth Date: **01 Apr 1986**

Issue Date: **22 Jan 2016**

002521659K



5515945



NRIC No: **S8607743D**



Date of issue
24-08-2015


Address
**APT BLK 632A SENJA ROAD
#03-165
SINGAPORE 671632**

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	22 Jan 2016

NP 428A

Licence No: S8607743D



Hello, NAC_BUKIT_MERAH_800676

[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"/>	5067718839-03	MATTRESS INTERNATIONAL PTE LTD	200300006N	GCV	Comprehensive	YN1603J	YN1603J	05/10/2017	04/10/2018

Claim Handling

Accident MT/0993753

Policy No.	5067718839-03	Vehicle No.	YN1603J	GST Registration No.	200300006N
Policyholder Name	MATTRESS INTERNATIONAL PTE LTD			Policyholder NRIC	200300006N
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
KPK	<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(%)	20	Private Hire	No
▼ Accident Details					
Report Date	10/05/2018 11:05	Accident Report Within 24 hrs	No	Accident Type	Collided into Parked Vehicle
Date of Accident	09/05/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	TECK WHYE AVE CARPARK				
▼ 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	Yes	GST Registration Date	01/01/2003		
GST Registration No.	200300006N	GST Status Verified	Yes		
Modification History	10/05/2018 14:32:39 Carol Wan changed GST Registered from No to Yes 10/05/2018 14:32:39 Carol Wan changed GST Registration No. from null to 200300006N 10/05/2018 14:32:39 Carol Wan changed GST Registration Date from null to 01/01/2003				
▼ Policyholder Mailing Address					
Address 1	10 CHANGI NORTH STREET 1	Address 2	#04-01 EXPRESSION TECHNOLOGY	Address 3	SINGAPORE 498826
Address 4		Address Type	Singapore address	Post Code	498826
Unit No.		Related Policy Number	5065462772-04		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/04/1986
Unnamed driver Name	MOHAMAD RAFEEZ BIN HUSNI	Driver NRIC	S8607743D	Driving Experience	2
Register Date of Driver License	22/01/2016	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	93973429	Contact No.(Office)		Address 3	SENJA GREEN
Address 1	BLK 632A #03-165	Address 2	SENJA ROAD	Post Code	671632
Address 4	SINGAPORE 671632	Address Type	Singapore address		
Unit No.	03-165				
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		

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MATTRESS INTERNATIONAL PTE	Insured NRIC	200300006N
Contact No.(Mobile)	98427523	Contact No.(Home)		Contact No.(Office)	68447555
Email Address		OI Vehicle Number	YN1603J	TP Vehicle Number	SLC2181P
Claim Description	YN1603J / SLC2181P ON 9 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/05/2018 00:00
Date Registered	17/05/2018 14:03	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0993753	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/05/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

5/17/2018

Claim Handling(Claim Task 002 OD-MX)

 No file chosen No file chosen No file chosen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:03	SAS	Normal	SAS 2018-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:02	Photos	Normal	Photos 2018-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:02	Photos	Normal	Photos 2018-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:02	Photos	Normal	Photos 2018-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:02	Photos	Normal	Photos 2018-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:02	Photos	Normal	Photos 2018-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2018 14:02	Photos	Normal	Photos 2018-5-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>