

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MNA118068444

Date In: 26/5/18-10:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18009583/24	SAS e-filing		
Veh No: 62128M	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 23/5/18-11:50	i-Motor Claim Form	M1/0995839-002	26/5/18 11:27
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: 5JL1594P	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

NA1803306	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
	5) FT: 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:-		
	QJ)*		
	*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 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Ref 1:	Invoice dated	Fee Charged	
Ref 2/3:			

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	26/05/2018 10:15
Date Of Accident	23/05/2018 15:50
Exact Location Of Accident	JUNC YISHUN CENTRAL & YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1218M
Insured/Policyholder	
Name Of Registered Owner	UKA LEASING PTE LTD
Co Reg No	201105072Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63008385

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5061870376-04
Cover Note Number	

Driver

Name of Driver	SANIN BIN RIFFIN
NRIC No	S1476042C
Date Of Birth	26/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91607745
Fax Number	
Contact Number	OFFICE-91607745
Email Address	NOEMAIL

Address	BLK 554 WOODLANDS DRIVE 53 #07-01
Postcode	730554
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	WET

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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS TRAVELLING ALONG YISHUN CENTRAL AS AND THE TRAFFIC LIGHT TURN AMBER, I STOPPED MY VEHICLE. MY VEHICLE WAS OVERSHOT THE STOPPING LINE SO I REVERSED MY VEHICLE. I DID NOT NOTICED THAT VEHICLE B WAS AT THE BACK OF MY VEHICLE. MY VEHICLE SLIGHTLY HIT ONTO VEHICLE B FRONT PORTION.

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	SJL1594P
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

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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**.
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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

REVERSED

Yishun Central

A: GZ1218M

B: JU1594P

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1476042C



Name
SANIN BIN RIFFIN

Race
BOYANESE

Date of birth
26-09-1961

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1476042C**

Name
SANIN BIN RIFFIN

Birth Date **26 Sep 1961**

Issue Date **28 Apr 2003**




0003914378

5403724



NRIC No. **S1476042C**



91606045

Date of issue
08-12-2014

Address
**APT BLK 554 WOODLANDS DRIVE 53
#07-01
SINGAPORE 730554**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	07 Aug 1989
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	07 Aug 1989
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	03 Jan 1995
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	13 Jan 2015

S1476042C

S / No. 9000220729

Licence No. S1476042C



eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5061870376-04	UKA LEASING PTE LTD	201105072Z	GFT	Third Party	GZ1218M	GZ1218M	26/09/2017	

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/0995839

Policy No.	5061870376-04	Vehicle No.	G21218M	GST Registration No.	2011050722
Policyholder Name	UKA LEASING PTE LTD			Policyholder NRIC	2011050722
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input checked="" type="checkbox"/>
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 available

Accident Details

Report Date	25/05/2018 10:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/05/2018	Time of Accident (h:mm)	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF YISUNY CTRL / YISHUN AVE 9				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,000.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/05/2014
GST Registration No.	2011050722	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	30184 UBI ROAD 1	Address 2	#01-23	Address 3	SINGAPORE 408711
Address 4		Address Type	Singapore address	Post Code	408711
Unit No.	01-122	Related Policy Number	5078291250-02		

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 type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	UKA LEASING PTE LTD	Insured NRIC	2011050722
Contact No.(Mobile)	98579525	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	G21218M	TP Vehicle Number	SJL1594P
Claim Description	G21218M / SJL1594P ON 23 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/05/2018 11:27	Claim Close Date		Date Received	26/05/2018 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter.

Save Submit

Attachment

Accident No.	MT/0995839	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/05/2018 11:28

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
			Please Select	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Normal	
			Please Select	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Normal	
			Please Select	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Normal	
			Please Select	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Normal	
			Please Select	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Normal	
			Please Select	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Normal	

Attachment List

☐ Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:28	SAS	Normal	SAS 2018-5-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:27	Photos	Normal	Photos 2018-5-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:27	Photos	Normal	Photos 2018-5-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:27	Photos	Normal	Photos 2018-5-26	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:27	Photos	Normal	Photos 2018-5-26	Edit
 Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
					
		Display in New Window	Scan and uploading		