

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 04/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010023/13	SAS e-filing		
Veh No: GBA1931C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/06/18 0845	i-Motor Claim Form	MT/0997/55-002	
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:	)
TP Particulars:	Veh No: 5403740T	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

NA1803451	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	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		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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	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	04/06/2018 11:54
Date Of Accident	02/06/2018 08:45
Exact Location Of Accident	JUNC OF BUKIT BATOK EAST AVE 4 & AVE 2 TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1931C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABJ PTE LTD
Co Reg No	200009785D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62555333

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091582058
Cover Note Number	

### Driver

Name of Driver	NOR MOHAMED BIN ABU BAKAR
NRIC No	S7010150E
Date Of Birth	01/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82067932
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 267 BUKIT BATOK EAST AVE 4 #08-214
Postcode	650207
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	DRIZZLING
Road Surface	WET

#### 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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20180602/2039

#### 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	SHD2740T
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.



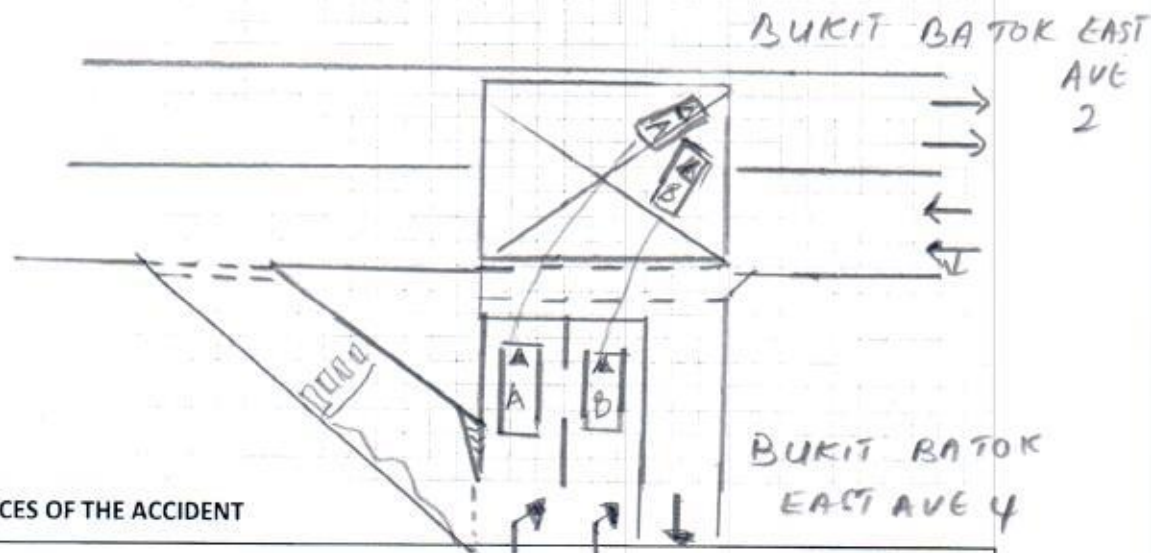
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A - GBA1931C  
B - SHD2740T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the police report: J/20180602/2039*

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.:





**SINGAPORE  
POLICE FORCE**



J/20180602/2039

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20180602/2039

Police Station Of Origin  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Date/Time Report Made 02/06/2018 09:46	Vide Report No.	Station Diary No. 42
Name Of Informant NOR MOHAMED BIN ABU BAKAR	Address APT BLK 267 BUKIT BATOK EAST AVENUE 4 #08-214 SINGAPORE 650267	
ID Type / ID No. NRIC NO / S7010150E	Contact No. Home/Office Mobile 82067932	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TECHNICIAN.	Sex Male	Age 48
	Date of Birth 01/04/1970	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 02/06/2018 08:45	Location Of Incident Bukit Batok East Ave 2 towards PIE SINGAPORE	

**Brief details.**

On 02/06/2018 at about 0845hrs I was driving my company's van registration number: GBA1931C, I was at the T-Junction of Bukit Batok East Avenue 4 on the left lane of two lanes turning right to Bukit Batok East Avenue 2 towards PIE.

I felt an impact on the right side and thus stop my van to make a check when I realized a vehicle had collided into mine. A PRIME taxi registration number: SHD2740T on the right lane turning right as well

Signature Of Officer Recording The Report: J / Sr Staff Sgt SHANIZA BINTE SITAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/06/2018 09:46
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / ASP TAN JIA HUI, BRIAN Contact No.: 67910000	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



J/20180602/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180602/2039

had collided to the middle portion of the right side of my van.

The male Chinese in his late 40's claimed that I was in his lane and was the one who had hit into his taxi. He refused to change particulars and contact details. Both our vehicles do not have any passengers with us. The taxi driver and myself are not injured. He mentioned that I should report the incident to my company and he will also report the matter to his. The incident is captured by my van's in-car camera. I have informed my company and was advise to lodge a report to facilitate the process of insurance claiming.

Signature Of Officer Recording The Report:

J / Sr Staff Sgt SHANIZA BINTE SITAL

Signature Of Interpreter:  
Not applicable

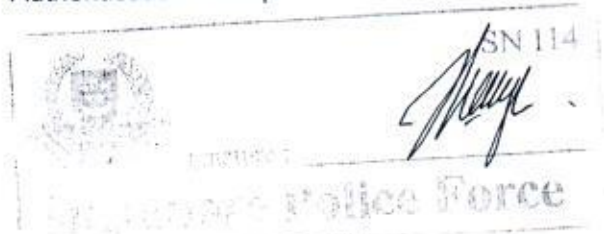
Officer In-Charge Of Case:  
J / Jurong Police Divisional Investigation Branch /  
ASP TAN JIA HUI, BRIAN  
Contact No.: 67910000

Signature Of Informant:

Date/Time:  
02/06/2018 09:46

Classification Of Case:

Authentication Stamp





REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number **S7010150E**

Name **NOR MOHAMED BIN ABU BAKAR**

Birth Date **01 Apr 1970**

Issue Date **12 Nov 2003**

0009988508



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7010150E**


Name **NOR MOHAMED BIN ABU BAKAR**

Race **MALAY**

Date of Birth **01-04-1970**

Sex **M**

Country of Birth **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS


Class 2B	Motorcycles <= 200 CC	12 Nov 2003
Class 2A	Motorcycles between 201 CC and 400 CC	05 Jun 2007
Class 2	Motorcycles > 400 CC	24 Jun 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	05 May 2014

S / No. 9000196867

S7010150E

NP 425A

License No: S7010150E



2932770

S7010150E

A+

26-12-1996

APT BLK 267 BUKIT BATOK EAST AVENUE 4 #08-214  
SINGAPORE 650267

PIC No: S7010150E Date: 24-07-2004 No: 1996006




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"/>	5091582058	ABJ PTE LTD	200009785D	GCV	Third Party	GBA1931C	GBA1931C	05/06/2017	08/10/2018



Claim Handling

Accident MT/0997155

Policy No.	5091582058	Vehicle No.	GBA1931C	GST Registration No.	
Policyholder Name	ABJ PTE LTD			Policyholder NRIC	200009785D
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)	62555333	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available
▼ Accident Details					
Report Date	04/06/2018 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/06/2018	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BUKIT BATOK EAST AVE 4 & AVE 2 TWDS PIE				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL B	Address 3	SINGAPORE 536203
Address 4		Address Type	Singapore address	Post Code	536203
Unit No.		Related Policy Number	5070869014-03		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NOR MOHAMED BIN ABU BAKAR	Driver NRIC	S7010150E	Driver DOB	01/04/1970
Register Date of Driver License	05/05/2014	Driver Age	48	Driving Experience	4
Contact No.(Mobile)	82067932	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 267 #08-214	Address 2	BUKIT BATOK EAST AVENUE 4	Address 3	SINGAPORE 650267
Address 4	SINGAPORE 650207	Address Type	Singapore address	Post Code	650267
Unit No.	08-214				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>		
Modification History					

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	ABJ PTE LTD	Insured NRIC	200009785D
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	62555333
Email Address	abjpest@starhub.net.sg	OJ Vehicle Number	GBA1931C	TP Vehicle Number	SHD2740T
Claim Description	GBA1931C / SHD2740T ON 2 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/06/2018 10:51	Claim Close Date		Date Received	05/06/2018 00:00
Report Taken By	RDSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/0997155	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/06/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 10:51	SAS	Normal	SAS 2018-6-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 10:51	Photos	Normal	Photos 2018-6-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 10:50	Photos	Normal	Photos 2018-6-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 10:50	Photos	Normal	Photos 2018-6-5
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 10:50	Photos	Normal	Photos 2018-6-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 10:50	Photos	Normal	Photos 2018-6-5

Video List

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