

NATIONAL Assessment Centre Services

Wef 1 Jan 2005

MMA1180P3638

Date In: 28/6/18 16:52	Job description	Date & Time Completed	Done by
Ref No: UAA/INC18011832/h4	SAS e-filing		
Veh No: 58 GW 8215R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/6/18 16:50	i-Motor Claim Form	M710999330 ⁰⁰²	28/6/18 17:24
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/Whsp		

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

TP Particulars: Veh No: Property 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1804107	1) AR: Accident Reporting (\$30);	30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	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:-		
	QP:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments :-	TP (N11): TP (N-in INC) against INC \$20		
Pat 1:	9) N12: Idac Mobile 20		
Pat 2 / 3:	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	28/06/2018 16:52
Date Of Accident	11/06/2018 16:50
Exact Location Of Accident	NEAR 705 BEDOK NORTH RD RESERVOIR RISE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW8215R
Insured/Policyholder	
Name Of Registered Owner	SYSTEM PEST CONTROL SERVICES PTE LTD
Co Reg No	199004930W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67488966

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR69E
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	NO
Policy Number	5084825735-01
Cover Note Number	-

Driver

Name of Driver	SENIN BIN PUKARI
NRIC No	S1125841G
Date Of Birth	07/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96701366
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 8 FRENCH RD #04-16
Postcode	200008
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	COLLIDED INTO PROPERTY
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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

Unable to provide sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 6 / 18) (DD/MM/YYYY), TIME: (16 : 50) (HH:MM)

LOCATION: Near 705 bedok north Rd Reservoir Rise Carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 8215 R.
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
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: System Pest Control Services pte ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67488966
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Senin Bin Pukar: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96701366
c) ADDRESS: _____

*d) DATE OF BIRTH: (___ / ___ / ___) (DD / MM / YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Produce Employee

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: Paya Lebar MPP.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: property. 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 driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* wanting vehicle photo.

Singapore@systempest.com.

email = Singapore@systempest.com

fax = 67498966



**SINGAPORE
POLICE FORCE**



F/20180627/2083

1 of 1

POLICE REPORT (NP299)

Report No. F/20180627/2083

Police Station Of Origin
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Date/Time Report Made 27/06/2018 14:44		Vide Report No.		Station Diary No. 23	
Name Of Informant CHONG KOK SANG		Address 133 HEMMANT ROAD #02-01 SINGAPORE 438686			
ID Type / ID No. NRIC NO / S2580833I		Contact No. Home/Office		Mobile 96701366	
Nationality MALAYSIAN		Email Address			
Occupation Company director		Sex Male	Age 60	Date of Birth 17/05/1958	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 26/06/2018 14:00 - 26/06/2018 15:00		Location Of Incident 10 UBI CRESCENT #06-81 UBI TECHPARK SINGAPORE 408564			

Brief details.

On 26/06/2018 at about 1400hrs, I received a letter from NTUC Income stating that my company lorry bearing registration number GW8215R is involved in an accident. I wish to inform that I do not know of any accident as the company lorry was driven by my ex-employee namely, Senin Bin Pukari (IC: S1125841G Blk 8 French road #04-16 HP: 82667828). The purpose of me making this police report is to inform that the said person is no longer my employee and also to show the insurance side this report.

Signature Of Officer Recording The Report: F / Sgt 2 MUHAMMAD IZZUWAN BIN SYED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2018 14:44
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt TAN SZE HERNG Contact No.: 64890999	Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE DRIVING LICENCE

S1125841G

SENIN BIN PUKARI

Birth Date: 07 Feb 1955
Issue Date: 29 Dec 2009

001816569F



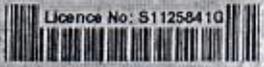
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

353 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Jan 1982

NP 428A

Licence No: S1125841G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2580833I



Name
CHONG KOK SANG

張國生

Race
CHINESE
Date of birth
17-05-1958 Sex
M
Country of birth
MALAYSIA



874

NRIC No. **S2580833I**



Nationality
MALYSIAN
Date of issue
26-12-2005

Address
**1 HEMMANT ROAD
2-01
SINGAPORE 438686**

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"/>	5084825735-01	SYSTEM PEST CONTROL SERVICES PTE LTD	199004930W	GFT	Third Party	GW8215R	GW8215R	11/10/2017	

Continue

▼ **Policy Information**

Policy No.	5084825735-01	Policyholder Name	SYSTEM PEST CONTROL SERVIC	Policyholder NRIC	199004930W
Address	10 UBI CRESCENT #06-81 UBI TECHPARK SINGAPORE 408564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/09/2017	Effective Date	11/10/2017 00:00	Expiry Date	10/10/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	10 UBI CRESCENT	Address 2	#06-81 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5084825735-01		

▶ **Insured Object: GW8215R**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Our Ref: MT/CA/TP/001/0999330-001/DP/VU

20 Jun 2018

SYSTEM PEST CONTROL SERVICES PTE LTD
10 UBI CRESCENT
#06-81 UBI TECHPARK
SINGAPORE 408564

Dear Policyholder

CLAIM NUMBER: MT/0999330-001
ACCIDENT INVOLVING GW8215R / PROPERTY on 11 Jun 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/0999330

Policy No.	5084825735-01	Vehicle No.	GW8215R	GST Registration No.	M200958772
Policyholder Name	SYSTEM PEST CONTROL SERVICES PTE LTD			Policyholder NRIC	199004930W
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	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	MCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	20/06/2018 11:51	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	11/06/2018	Time of Accident hh:mm	16:48	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEAR 705 BEDOK NORTH ROAD RESERVOIR RISE CARPARK CODE B57 ENTRY 3				

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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200958772	GST Status Verified	Yes
Modification History	21/06/2018 12:18:57 Nur Shahira Hassan changed GST Registration Date from 01/01/2015 to 01/04/1994 21/06/2018 12:18:57 Nur Shahira Hassan changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#06-81 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5084825735-01		

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

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	SYSTEM PEST CONTROL SERVIC	Insured NRIC	199004930W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67488966
Email Address		OI Vehicle Number	GW8215R	TP Vehicle Number	
Claim Description	GW8215R ON 11 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	28/06/2018 00:00
Date Registered	28/06/2018 17:22	Claim Close Date			
Report Taken By	LJEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0999330	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/06/2018 17:24
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		



Video List

Uploaded By/Date

Folder Date

File Name



Source

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Scan and uploading