

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MN A118 087636

Date In: 7/7/18-15:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801239124	SAS e-filing		
Veh No: GBC10634	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/7/18-21:00	i-Motor Claim Form	MT/1002059-001	7/7/18 17:42
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: SHF5510 0	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

NA1804305	Invoice Preparation Checklist	Am't (\$) Inc 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:-		
QC Checked by (Engr-In-Charge):	QN*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 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	07/07/2018 15:03
Date Of Accident	06/07/2018 21:00
Exact Location Of Accident	BLK 807 TAMPINES AVE 4 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1063Y
Insured/Policyholder	
Name Of Registered Owner	AL XPRESS
Co Reg No	53155402C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96231778
Alternative Phone No	OFFICE-96231778

Vehicle Particulars

Manufacturer	KIA
Model	K2900 2.9L M/T 2WD 2DR TURBO
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	5050371148-07
Cover Note Number	

Driver

Name of Driver	SALLEH BIN SUDOH
NRIC No	S1237031H
Date Of Birth	19/09/1957
Occupation	INDOOR
Date Of Driving Pass	28/01/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96231778
Fax Number	
Contact Number	OFFICE-96231778
Email Address	NOEMAIL

Address	BLK 105 JALAN RAJAH #02-77
Postcode	320105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 PARKED VEHICLE
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

ON STATED DATE AND TIME, WHEN I REVERSED MY VEHICLE FROM BLK 807 TAMPINES AVE 4 OPEN SPACE CARPARK. MY VEHICLE ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT LEFT PORTION WHICH IS STATIONARY.

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	SGF55510
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)	0

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.

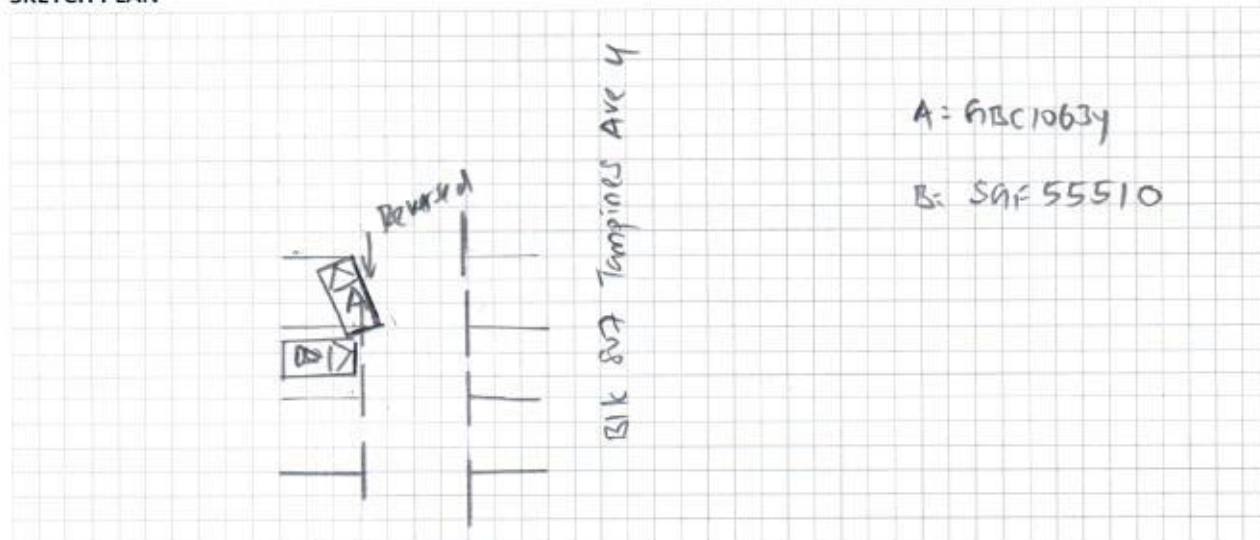


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



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 DRIVING LICENCE

Licence Number: **S1237031H**

Name: **SALLEH BIN SUDOH**

Birth Date: **19 Sep 1957**

Issue Date: **30 Jul 2008**

001632612G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1237031H



Name: **SALLEH BIN SUDOH**

Race: **BOYANESE**

Date of birth: **19-09-1957**

Sex: **M**


Country/Place of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	28 Jan 2002
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	14 Feb 2004
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	24 Aug 2004

Licence No: S1237031H



NP 428A

5879445



NRIC No: **S1237031H**



Date of issue: **07-02-2018**

Address: **APT BLK 105 JALAN RAJAH
#02-77
SINGAPORE 320105**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/07/2018 21:10"/>						
Vehicle No.(For Motor)	<input type="text" value="GBC1063Y"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5050371148-07	AL XPRESS	53155402C	GCV	Third Party	GBC1063Y	GBC1063Y	19/05/2018	18/05/2019
<input type="button" value="Continue"/>									

 Policy Information

Policy No.	5050371148-07	Policyholder Name	AL XPRESS	Policyholder NRIC	53155402C
Address	10 ANSON ROAD #05-16 INTERNATIONAL PLAZA SINGAPORE 079903				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy issue Date	18/05/2018	Effective Date	19/05/2018 00:00	Expiry Date	18/05/2019 23:59
Excess Type	All Claim Excess				
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
Agent	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

 Policyholder Mailing Address

Address 1	10 ANSON ROAD	Address 2	#05-16 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.	02-234	Related Policy Number	5050371148-07		

 Insured Object: GBC1063Y

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

[Exit](#)

Accident MT/1002059

Policy No.	S050371148-07	Vehicle No.	GBC1063Y	GST Registration No.	
Policyholder Name	AL XPRESS			Policyholder NRIC	S3155402C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96231778	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	No

Accident Details

Report Date	07/07/2018 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	06/07/2018	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 607 TAMPINES AVE 4 OPEN SPACE CARPARK				

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	10 ANSON ROAD	Address 2	#05-16 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.	02-234	Related Policy Number	S050371148-07		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/09/1957
Unnamed driver Name	SALLEH BIN SUDOH	Driver NRIC	S1273031H	Driving Experience	16
Register Date of Driver License	28/01/2002	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	96231778	Contact No.(Office)	0	Address 3	RAJAH COURT
Address 1	BLK 105	Address 2	JALAN RAJAH	Post Code	320105
Address 4	SINGAPORE 320105	Address Type	Singapore address		
Unit No.	02-77				
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 001 **New**

Claim Type *	OD-MX	Insured Name	AL XPRESS	Insured NRIC	S3155402C
Contact No.(Mobile)	83032782	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GBC1063Y	TP Vehicle Number	SGF55510
Claim Description	GBC1063Y / SGF55510 ON 6 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/07/2018 17:42	Claim Close Date		Date Received	07/07/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save **Submit****Attachment**

Accident No. MT/1002059 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 07/07/2018 17:43

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Mig Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:43	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:43	SAS		Normal	SAS 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:43	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:43	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
 Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>							