

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In 23/07/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18013353/13	SAS e-filing		
Veh No PC736E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 23/07/18 1555	i-Motor Claim Form	MT/1004208-001	
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: **QBES819Y** 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
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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	23/07/2018 16:44
Date Of Accident	23/07/2018 15:55
Exact Location Of Accident	ALONG GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC736E
Insured/Policyholder	
Name Of Registered Owner	TWENTY-EIGHT LIMO
Co Reg No	53324929E
Email Address	TWENTYEIGHTLIMO@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-83866696

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076618351-02
Cover Note Number	

Driver

Name of Driver	SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN
NRIC No	S8428274Z
Date Of Birth	13/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83866696
Fax Number	
Contact Number	
Email Address	TWENTYEIGHTLIMO@GMAIL.COM

Address	BLK 211B PUNGGOL WALK #03-631
Postcode	822211
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	
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

MY VEH WAS STATIONARY WITH HAZARD LIGHT ON AT THE SIDE ROAD OF GEYLANG RD. VEH(B) BEARING REG NO GBE5819Y REVERSED HIS VEH TO PARK INFRT OF MY VEH. I HORNED AT HIM TO WARNED THE DRIVER BUT HE KEEP ON REVERSING AND HIT ONTO MY FRT PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILES TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5819Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI CHUANGUANG
NRIC/Passport Number	G8633836G
Contact Number	62818211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 23/07/2018



Driver's Signature

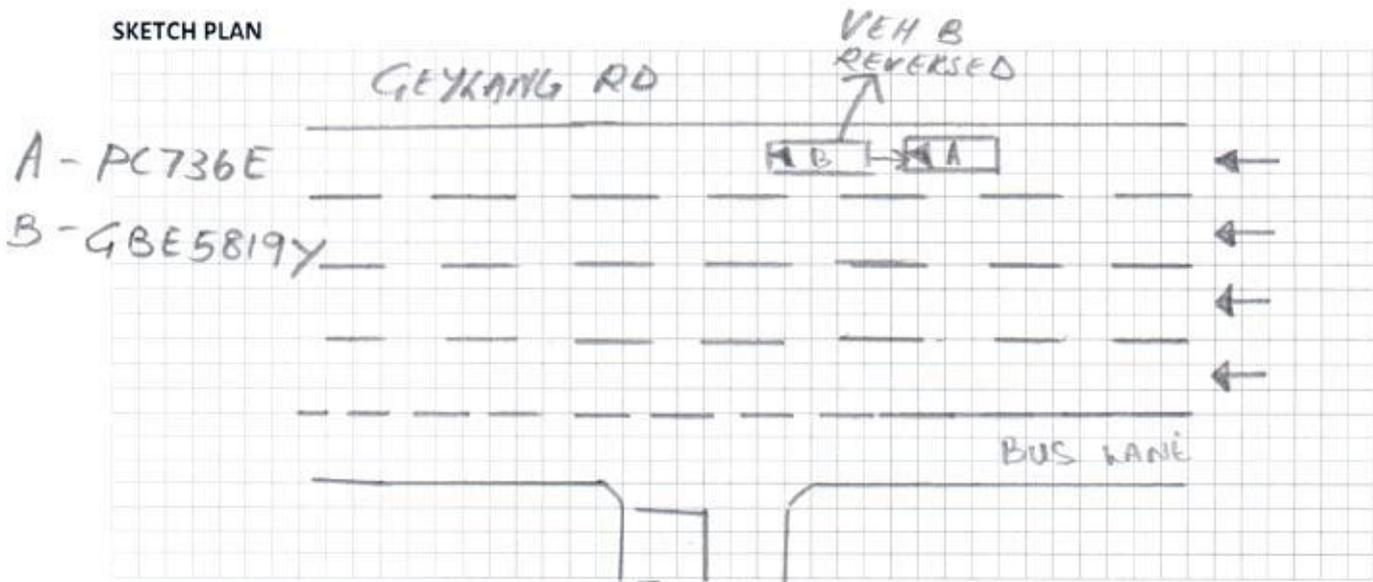
(If driver is not the policyholder)

Date & Time: 23/07/2018

Reporting Centre Personnel's Signature
Name: *lym 23/07/18*

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.



DECLARATION
We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: *23/07/2018*



Driver's Signature
(If driver is not the policyholder)
Date & Time: *23/07/2018*

Slyn *23/07/18*

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8428274Z**

Name: **SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN**

Birth Date: **13 Sep 1984**

Issue Date: **07 Jan 2006**

001392053B



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

Class	Description	Issue Date
Class 2B	Motorcycles <= 200 CC	07 Jan 2006
Class 2A	Motorcycles between 201 CC and 400 CC	25 Sep 2007
Class 2	Motorcycles > 400 CC	18 Nov 2008
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	09 Jan 2015

S8428274Z

S / No. 9000215028

Licence No: S8428274Z

NP 428A



AUTO TRANSMISSION VEHICLE ONLY

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S8428274Z**

Name: **SHAIKH MUHAMMAD SHALIH BIN SALIM M**

Issue Date: **11/3/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	11/03/2016
04	BUS ATTENDANT	11/03/2016



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8428274Z**

Name: **SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN**

شېخ محمد صليہ بن سليم مرچن

Race: **ARAB**

Date of birth: **13-09-1984**

Sex: **M**

Country/Place of birth: **SINGAPORE**




5404108

S8428274Z

DATE OF ISSUE: **27-12-2014**

Address: **APT BLK 211B PUNGGOL WALK #03-631 SINGAPORE 622211**




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="checkbox"/>	5076618351-02	TWENTY-EIGHT LIMO	53324929E	GBS	Third Party, Fire & Theft	PC736E	PC736E	21/12/2017	20/12/2018

Continue

V-S GARAGE

Claim Handling

The premium on this policy has not been collected.

Accident MT/1004208

Policy No.	5076618351-02	Vehicle No.	PC736E	GST Registration No.	
Policyholder Name	TWENTY-EIGHT LIMO	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53324929E
Product Code	BUS INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	83866696	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ **Accident Details**

Report Date	23/07/2018 18:24	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	23/07/2018	Time of Accident hh:mm	15:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GEYLANG RD				

▼ **Benefits**

▼ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 211B #03-631	Address 2	PUNGGOL WALK	Address 3	SINGAPORE 822211
Address 4		Address Type	Singapore address	Post Code	822211
Unit No.	03-631	Related Policy Number	5076618351-02		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/09/1984
Unnamed driver Name	SHAIKH MUHAMMAD SHALIH BI	Driver NRIC	S8428274Z	Driving Experience	2
Register Date of Driver License	11/03/2016	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	83866696	Contact No.(Office)	0	Address 3	PUNGGOL RIPPLES
Address 1	BLK 211B	Address 2	PUNGGOL WALK	Post Code	822211
Address 4	SINGAPORE 822211	Address Type	Singapore address		
Unit No.	#03-631				
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	TWENTY-EIGHT LIMO	Insured NRIC	53324929E
Contact No.(Mobile)	86840577	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC736E	TP Vehicle Number	GBE5819Y
Claim Description	PC736E / GBE5819Y ON 23 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/07/2018 18:28	Claim Close Date		Date Received	23/07/2018 00:00
Report Taken By	ROSLINDA				

Print AK letter

Attachment

Accident No.	MT/1004208	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2018 18:29
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="button" value="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"/> <input type="button" value="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"/> <input type="button" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:29	SAS	Normal	SAS 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:29	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:29	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:28	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:28	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:28	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:28	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:28	Photos	Normal	Photos 2018-7-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:28	Photos	Normal	Photos 2018-7-23

Video List

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