

NATIONAL Assessment Centre Services

Date In: 27/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013706/13	SAS e-filing		
Veh No: SFR9616K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/18 1815	i-Motor Claim Form	MT/1004861-001	
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: (TWINCAR) Tel: Fax:

TP Particulars:	Veh No: CB6914C	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

NA1804740	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	OP*		
	*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	27/07/2018 12:04
Date Of Accident	26/07/2018 18:15
Exact Location Of Accident	BUKIT PURMEI CARPARK GANTRY EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK9616K
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICES
Co Reg No	53315973C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5086951265-01
Cover Note Number	

Driver

Name of Driver	OTHMAN BIN JAAFAR
NRIC No	S0245766J
Date Of Birth	29/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98316564
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 515 JELAPANG ROAD #02-213
Postcode	670515
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6914C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OTHMAN BIN JAAFAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFK9616K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

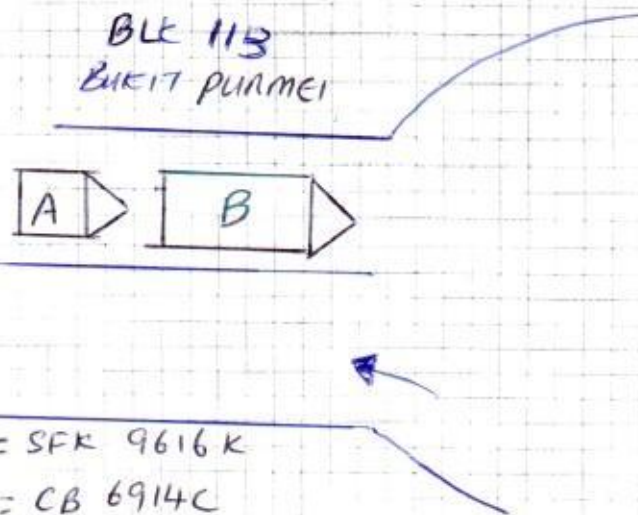
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On 26/7/2018 about 6:15 PM, I was driving out of the carpark at BLK 113 Bukit Purmei. As I approached the gantry, I was behind vehicle B, (CB 6914C). I stopped my vehicle while waiting for my turn to exit car park. Suddenly, vehicle B reversed his bus and hit onto the front of my vehicle. I was in shocked for a while. Then I came out to check and found dents on the front portion of my vehicle. We exchanged particulars. I have video footage of the collision.

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: S0245766J

NAME: OTHMAN BIN JAAFAR

Birth Date: 29 Nov 1951

Issue Date: 04 Jan 2003

000116282H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0245766J

Name: OTHMAN BIN JAAFAR

Race: MALAY

Date of Birth: 29-11-1951

Sex: M

Country of Birth: SINGAPORE




Land Transport Authority


VOCATIONAL LICENCE

Licence No: S0245766J

Name: OTHMAN BIN JAAFAR

Issue Date: 10/8/2012

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




YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 08 Feb 1983

Licence No: S0245766J

NP 428A



3288544

NRIC No: S0245766J

Blood Group:

Date of Issue: 31-12-2002

Address: APT BLK 515 JELAPANG ROAD #02-213 SINGAPORE 670515




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	14/06/2006
02	TAXI VL	12/10/1994
04	BUS ATTENDANT	14/06/2006



Vehicle No.	SFK 9616 k	Model / Make	TOYOTA ALTIS
Date of Accident	26/07/2018		
Time of Accident	6:16 PM	HRS	
Location of Accident	BUKIT PURMEI CAR PARK GANTRY EXIT.		
Exact purpose use during accident			
Name of Owner	SHIN-HAN LIMO SERVICES		
Telephone No.	H/P : 9857 5910	Home :	Office :
NRIC			
Address	43 SPRINGSIDE WALK S(786628)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	INCOME NTUE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5086951265-01		
Name of Driver	As Above If No, OTHMAN BIN JAAFAR		
NRIC	S0245766 J	Any Passengers :	
Date of birth	29/11/1951		
Occupation	Outdoor /	Indoor	
Driving License Pass Date	08/02/1983		
Gender	Male /	Female	
Contact No.	H/P : 98316564	Home :	Office :
Address	BLK 515 JELAPANG ROAD #02-213		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	CB 6914C	Any Passengers :	
Name of Driver	BRAR JAGJEET SINGH	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Front Portion		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	TUNCOO Automobiles Pte		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	mohd		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5086951265-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SFK9616K**
 Chassis Number : **MR053ZEE106126241**
2. Name of Policyholder : **SHIN-HAN LIMO SERVICES**
3. Effective Date of Insurance : **29 Dec 2017**
4. Expiry Date of Insurance : **28 Dec 2018**
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LIAN HONG PRIVATE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HOBBS INSURANCE AGENCY (00000572363)

Date of Issue : 11 Oct 2017 10:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 53315973C
 Owner ID Type: Business
 Owner Name: SHIN-HAN LIMO SERVICES
 Registered Address: 43 SPRINGSIDE WALK SINGAPORE 786628
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: SFK9616K
 Previous Vehicle No.: -
 Effective Date of Ownership: 29 Dec 2017
 Original Regn Date: 24 Dec 2008
 Registration Date: 24 Dec 2008
 Year of Manufacture: 2008
 Vehicle Type: Private Hire (Chauffeur) Motor Car
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: TOYOTA
 Vehicle Model: COROLLA ALTIS 1.6 AUTO
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: MR053ZEE106126241
 Engine No.: 3ZZ4820567
 Engine Capacity /Power Rating: 1598 cc / -
 Maximum Power Output: 80.0 kW (107 bhp)
 Propellant: Petrol

Claim Handling

Accident MT/1004861

Policy No.	5086951265-01	Vehicle No.	SFK9616K	GST Registration No.	
Certificate No.					
Policyholder Name	SHIN-HAN LIMO SERVICES			Policyholder NRIC	53311
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98575910	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	27/07/2018 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	26/07/2018	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT PURMEI CARPARK GANTRY EXIT				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	7866
Unit No.		Related Policy Number	5097682815		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	OTHMAN BIN JAAFAR	Driver NRIC	S0245766J	Driver DOB	29/11
Register Date of Driver License	08/02/1983	Driver Age	66	Driving Experience	35
Contact No.(Mobile)	98316564	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 515	Address 2	JELAPANG ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	6705
Unit No.	#02-213				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SHIN-HAN LIMO SERVICES
Contact No.(Mobile)	98575910	Contact No. (Home)	
Email Address		OI Vehicle Number	SFK9616K
Claim Description	SFK9616K / CB5914C ON 26 Jul 2018		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/07/2018 15:03
		Workshop Repairer	ROSINDA
<input checked="" type="checkbox"/> Print AK letter			
<div>Save</div> <div>Submit</div>			

Attachment

Accident No.
Last Doc. Received

MT/1004851
● Yes ○ No

Claim No.
Upload Date

001
27/07/2018 00:00

Path *

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

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Confidential

Urgency *

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 15:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 15:02	SAS	Normal	SAS 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 15:02	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 14:59	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 14:59	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 14:59	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 14:59	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 14:59	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 14:59	Photos	Normal	Photos 2018-7-27

Video List

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