

NATIONAL Assessment Centre Services

Date In: 01/08/2018 14:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013971/14	SAS e-filing		
Veh No: GY9936B	E-mail (within 8hrs, AIC 2hrs)		
DOA: 31/07/2018 19:50	i-Motor Claim Form	MT/1005640	-001, 2/8/18 10:15
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GX7363Y, 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)

Remarks	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

NA1804825

Claimant's Particulars:	Invoice Preparation Checklist		Amt (\$) Int. Bill	Amt (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)			
Damaged Portion:	3) TF: 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:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idau 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: Idau 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	01/08/2018 14:18
Date Of Accident	31/07/2018 19:50
Exact Location Of Accident	ECP TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9936B
Insured/Policyholder	
Name Of Registered Owner	WHEELS4YOU
Co Reg No	53340926L
Email Address	SMOHSENBAHASHWAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98266221
Alternative Phone No	OFFICE-98266221

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
Exact Purpose for which vehicle was being used at time of accident	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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5089099539-01
Cover Note Number	

Driver

Name of Driver	SHEIKH MOHSEN BIN MUNIR BAHASHWAN
NRIC No	S8537288B
Date Of Birth	06/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98266221
Fax Number	
Contact Number	OTHERS-98266221
Email Address	SMOHSENBAHASHWAN@YAHOO.COM

Address BLK 423 TAMPINES STREET 41
#07-176
Postcode 520423
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 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? 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) 2
Passenger 1
NAME: : NIL
GENDER: : FEMALE

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GX7363Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver GOVINDASAMY SANTHOSH KUMAR
NRIC/Passport Number G5077093T
Contact Number 91112305
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.

WHEELS 4 YOU

REG NO: 53340926L

BLK 423 TAMPINES ST 41

SINGAPORE 520423

TEL: 9826 6221

EMAIL: smonsenbahashwan@yahoo.com

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.:

01/8/2018

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8537288B**




Name
**SHEIKH MOHSEN BIN MUNIR
 BAHASHWAN**
 شيخ محسن بن منير باحشوان

Race
ARAB

Date of birth: **06-11-1985** Sex: **M**

Country of birth*
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8537288B**

Name
**SHEIKH MOHSEN BIN MUNIR
 BAHASHWAN**

Birth Date: **06 Nov 1985**
 Issue Date: **10 Mar 2009**




001717936K

4430950



NRIC No. **S8537288B**



Date of issue
30-06-2009

Address
**APT BLK 423 TAMPINES STREET 41
 #07-176
 SINGAPORE 520423**

YOU ARE LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASSIFICATION

CLASS 3
 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

ISSUE DATE: 07 Mar 2009

NP 423

Licence No: **S8537288B**



eBaoTech

GeneralClaim

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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089099539-01		WHEELS4YOU	53340926L	GCV	Third Party, Fire & Theft	GY9936B	GY9936B	21/04/2018	20/04/2019

Continue

Mta-autosolutions@gmail.com ✓

▼ Policy Information

Policy No.	5089099539-01	Policyholder Name	WHEELS4YOU	Policyholder NRIC	53340926L
Certificate No.					
Address	BLK 423 #07-176 TAMPINES STREET 41 SUN PLAZA GARDENS SINGAPORE 520423				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	28/03/2018	Effective Date	21/04/2018 00:00	Expiry Date	20/04/2019 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	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 423 #07-176	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GARDENS
Address 4	SINGAPORE 520423	Address Type	Singapore address	Post Code	520423
Unit No.	07-176	Related Policy Number	5089099539-01		

▶ Insured Object: GY9936B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1005640

Policy No.	5089099539-01	Vehicle No.	GY9936B	GST Registration No.	
Certificate No.				Policyholder NRIC	5334
Policyholder Name	WHEELS4YOU	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	98266221	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	02/08/2018 10:05	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	31/07/2018	Time of Accident hh:mm	19:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP TWDS CHANGI AIRPORT				

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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 423 #07-176	Address 2	TAMPINES STREET 41	Address 3	SUN
Address 4	SINGAPORE 520423	Address Type	Singapore address	Post Code	5204
Unit No.	07-176	Related Policy Number	5089099539-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/1
Unnamed driver Name	SHEIKH MOHSEN BIN MUNIR B/	Driver NRIC	S8537288B	Driving Experience	10
Register Date of Driver License	07/03/2008	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	98266221	Contact No.(Office)	0	Address 3	
Address 1	BLK 423	Address 2	TAMPINES STREET 41	Post Code	5204
Address 4		Address Type	Singapore address		
Unit No.	#07-176	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	WHEELS4YOU	Insured NRIC	5334	
Contact No.(Mobile)	98266221	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	GY9936B	TP Vehicle Number	GX7?	
Claim Description	GY9936B / GX7363Y ON 31 Jul 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rece	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/0	
Date Registered	02/08/2018 10:14	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1005640	Claim No.	001
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