

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MMA118104377.

Date In: 13/8/18 16:19	Job description	Date & Time Completed	Done by
Ref No: MA1 INC18014625/44	SAS e-filing		
Veh No: PC1260D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/8/18 10:45	i-Motor Claim Form	MA1/1007006-001	13/8/18 19:52
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: SLW 8514T.	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

MA1805129

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) iFT: 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:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat. 1:

Dat. 2/3:

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	13/08/2018 16:19
Date Of Accident	11/08/2018 10:45
Exact Location Of Accident	KOON SENG RD JUNC WITH PULASAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1260D
Insured/Policyholder	
Name Of Registered Owner	CHARIOT TRAVELS PTE LTD
Co Reg No	199802965G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91996420

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054895265-06
Cover Note Number	-

Driver

Name of Driver	MOHAMED SAID BIN MARKOP
NRIC No	S1398001B
Date Of Birth	22/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85352679
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 327B SUMANG WALK #02-926
Postcode	822327
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 - MAJOR/MINOR RD
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)	2

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

I WAS TRAVELLING STRAIGHT ALONG KOON SENG RD WHILE APPROACHING PULASAN RD, SUDDENLY VEH B (BEARING NO SLW8514T) COMING FROM THE PULASAN RD WITHOUT STOPPING AT THE STOP LINE AND DASHED OUT HIT ONTO MY VEH RIGHT HAND SIDE.

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	SLW8514T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOUISA LEE YING HAN
NRIC/Passport Number	S9242945H
Contact Number	81883298
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.:

A = PC 1260D
B = SLW 8514T

B = SLW 8514 T

Pulisan RN

Koon Seng Rd

Please Refer to statement


Please Refer to Statement

I/We declare the foregoing particulars are true in every respect.



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1398001B



Name
MOHAMED SAID BIN MARKOP

Race
MALAY

Date of birth
22-06-1959

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1398001B

Name
MOHAMED SAID BIN MARKOP

Birth Date 22 Jun 1959

Issue Date 27 Jun 2013

002195672H

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1398001B

Name MOHAMED SAID BIN MARKOP

Issue Date 22/7/2013

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

5192894



NRIC No. S1398001B



Date of issue
26-06-2013

APT BLK 327B SUMANG WALK #02-926
SINGAPORE 822327

NRIC No: S1398001B Date: 28/04/2018

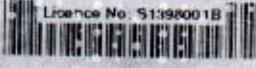
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3	Motor Cars <= 3600kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	03 Jan 1993
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	23 Sep 1996
Class 5	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	17 Jan 1990
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	


NP 428A

Licence No. S1398001B



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	29/01/1992



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5054895265-06		CHARIOT TRAVELS PTE LTD	199802965G	GBS	Comprehensive	PC1260D	PC1260D	03/08/2018	02/08/2019

Claim Handling

Accident MT/1007006

Policy No.	5054895265-06	Vehicle No.	PC1260D	GST Registration No.	199801
Certificate No.					
Policyholder Name	CHARIOT TRAVELS PTE LTD			Policyholder NRIC	199801
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91995420	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	13/08/2018 19:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	11/08/2018	Time of Accident hh:mm	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KOON SENG RD JUNG WITH PULASAN RD				
Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	199802965G	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	101 KITCHENER ROAD	Address 2	#03-38 JALAN BESAR PLAZA	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	20851
Unit No.	03-38	Related Policy Number	5054895265-06		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED SAID BIN MARKOP	Driver NRIC	S1398001B	Driver DOB	22/06/1992
Register Date of Driver License	29/01/1992	Driver Age	59	Driving Experience	26
Contact No.(Mobile)	85352679	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 327B #02-926	Address 2	SUMANG WALK	Address 3	PUNGGOL
Address 4	SINGAPORE 822327	Address Type	Singapore address	Post Code	822327
Unit No.	02-926				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHARIOT TRAVELS PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address	enquiry@chariot.com.sg	01 Vehicle Number	PC1260D
Claim Description	PC1260D / SLW8514T ON 11 Aug 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	13/08/2018 19:50	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1007006	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

13/08/2018 19:52

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

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Please Select ▼

NO ▼

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Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:52	SAS	Normal	SAS 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:51	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:51	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:51	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:51	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:51	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:50	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:50	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:50	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:50	Photos	Normal	Photos 2018-8-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2018 19:50	Photos	Normal	Photos 2018-8-13

Video List

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