NATIONAL Assessment Centre Services (ref: Jan'05) MNA 41810995 1

Date In: 24/08/2018 18:35	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/00154604	SAS e-filing		
Veh No: SKY 8537A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/08/2018 18:45	i-Motor Claim Form	MI/1008705-001	24/08/2018 18:57.
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: SLG2608E. 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

NA180S415

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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:-			
OD*			
*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		[redacted]
Invoice dated	*Fee Charged*	[redacted]	
Invoice dated	*Fee Charged*		

MNA418109951-01 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 24/08/2018 18:35
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	24/08/2018 18:35
Date Of Accident	23/08/2018 18:45
Exact Location Of Accident	BT TIMAH RD U-TURN INTO DUNEARN RD B/F TURF CLUB
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU8537A
Insured/Policyholder	
Name Of Registered Owner	SG LIMO & GROUND SERVICES PTE LTD
Co Reg No	201317713N
Email Address	FAZILADAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82828294
Alternative Phone No	OFFICE-82828294
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	5087058067-01
Cover Note Number	
Driver	
Name of Driver	SHAIK FAZIL MAIDEEN S/O SHAIK ADAM
NRIC No	S8112269Z
Date Of Birth	30/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-82828294
Fax Number	
Contact Number	OTHERS-82828294
EMail Address	FAZILADAM@GMAIL.COM

Address	BLK 324 TAMPINES STREET 32 #04-424
Postcode	520324
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?	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

PLEASE REFER TO SKETCH PLAN

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	SLG2608E
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH PHUNG YONG
NRIC/Passport Number	S0340791H
Contact Number	96676214
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**.
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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) [illegible] with requirements under any regulations, laws or court orders.

SG LIMO & GROUND SERVICES PTE. LTD. Co.Reg.No. 201317713N

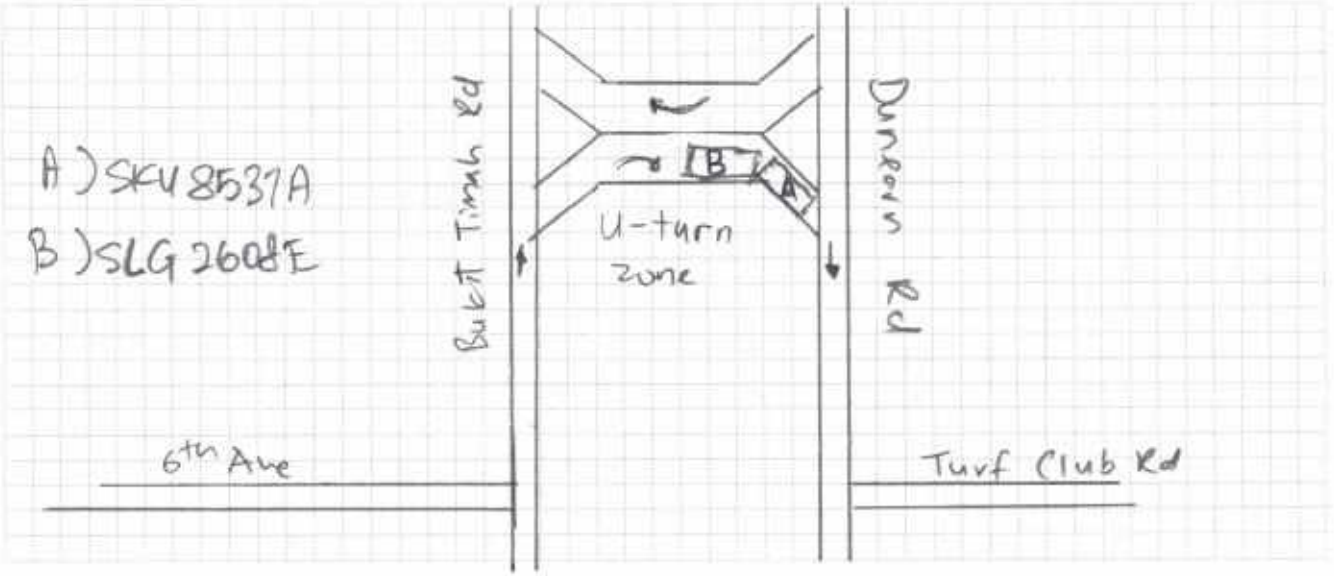
Policyholder's Signature
Date & Time:

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

24/08/2016

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a Uturn from Bt Timah Rd to Dunearn Rd after 6th Ave Junction. There was a stop line and i had to stop since vehicles were approaching me in dunearn Rd.

The other vehicle came behind me, did not stop, and hit me in the back. my car jerked forward hard. Fortunately there was no injuries.

We stopped to assess the damage. Mr Goh told me he did not expect to see a stopped car as he was looking ahead and saw no oncoming vehicles.

Based on the Picture above, I am Driving CAR A, waiting for vehicles to clear from Dunearn Rd, Mr GOH was driving CAR B, and he hit my rear.

DECLARATION

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

SG LIMO

Policyholder's Signature
Date & Time:

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

24/08/2018

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

Claim Handling

Accident MT/1008705

Policy No.	5087058067-01	Vehicle No.	SKU8537A	GST Registration No.	
Certificate No.					
Policyholder Name	SG LIMO & GROUND SERVICES PTE LTD			Policyholder NRIC	201317713N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82828294	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	24/08/2018 18:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/08/2018	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BT TIMAH RD U-TURN INTO DUNEARN RD B/F TURF CLUB				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 246 #03-91	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510246
Address 4		Address Type	Singapore address	Post Code	510246
Unit No.	03-91	Related Policy Number	5087058067-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHAIK FAZIL MAIDEEN S/O SHA	Driver NRIC	S8112289Z	Driver DOB	30/04/1981
Register Date of Driver License	01/09/2012	Driver Age	37	Driving Experience	5
Contact No.(Mobile)	82828294	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 324 #04-424	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520324
Address 4		Address Type	Foreign address	Post Code	520324
Unit No.	04-424				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKU8537A	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SG LIMO & GROUND SERVICES
Insured NRIC	20131		
Contact No.(Mobile)		Contact No. (Home)	
Contact No. (Office)			
Email Address		OI Vehicle Number	SKU8537A
TP Vehicle Number	SLG26		
Claim Description	SKU8537A / SLG26088 ON 23 Aug 2018	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Contact No. Finalisation	Yes		
Date Registered	24/08/2018 18:49	Claim Close Date	
Date Received	24/08/		
Report Taken By	ROSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1008705	Claim No.	001
Last Doc. Received	Yes No	Upload Date	24/08/2018 18:57

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Road

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Hi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 18:57	SAS		Normal	SAS 2018-8-24	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 18:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 18:50	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 18:50	Photos	Normal	Photos 2018-8-24
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 18:49	Photos	Normal	Photos 2018-8-24

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 08 / 2018) (DD/MM/YYYY), TIME: (18 : 45) (HH:MM)

LOCATION: Bukit Timah Rd

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SKU 6537 A
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5087058067-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: TOYOTA ALPHARD
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. **INSURED / POLICY HOLDER**
   A) NAME: SG Limo & GROUND SERVICES PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 82828294
   c) ADDRESS: BLK 324, Tampines St 32, #04-424, S(520324)

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

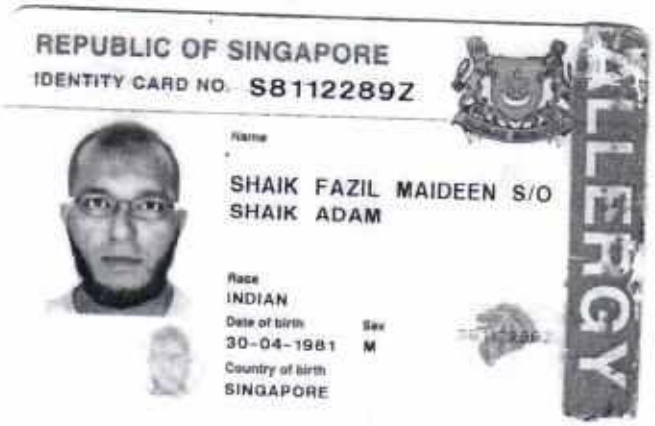
*No of passenger (including driver) (__)

3. **DRIVER**
   a) NAME: SHAIK FAZIL MAIDEEN SHAIK MOHAMED (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8117209Z CONTACT: 82828294
   c) ADDRESS: BLK 324, Tampines St 32, #04-424, S(520324)

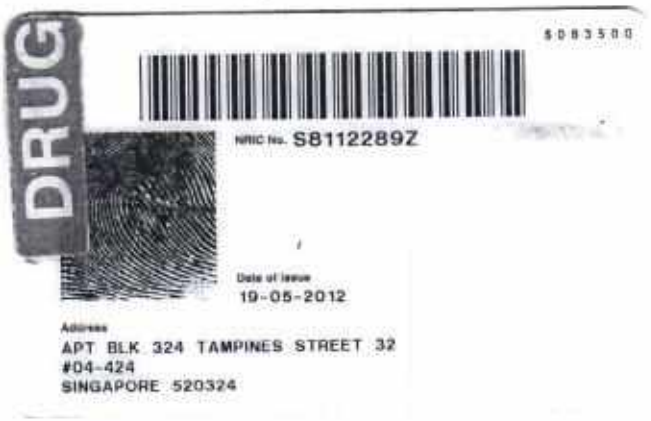
   *d) DATE OF BIRTH: (30 / 04 / 1981) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS : 01 09 2012
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
   b) ROAD SURFACE: (DRY / WET / OTHERS _____)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SLG 2608E MODEL: MERCEDES
   b) DRIVER'S NAME: GOH PHUNG YONG
   c) NRIC/FIN/PASSPORT: S0340791H CONTACT: 96676214
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = faziladam@gmail.com

fax =


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8112289Z
Name
SHAIK FAZIL MAIDEEN S/O
SHAIK ADAM
Race
INDIAN
Date of birth
30-04-1981
Sex
M
Country of birth
SINGAPORE
ALLERGY


REPUBLIC OF SINGAPORE
DRIVING LICENCE
S8112289Z
SHAIK FAZIL MAIDEEN S/O
SHAIK ADAM
30 Apr 1981
01 Sep 2012


DRUG
NRIC No. S8112289Z
Date of issue
19-05-2012
Address
APT BLK 324 TAMPINES STREET 32
#04-424
SINGAPORE 520324


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3
Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
01 Sep 2012
RUG ALLERGY
Licence No: S8112289Z
NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 23/08/2018 18:24
Vehicle No.(For Motor): SKU8537A | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087058067-01		SG LIMO & GROUND SERVICES PTE LTD	201317713N	GPC	drivo CLASSIC	SKU8537A	SKU8537A	18/03/2018	17/03/2019

Continue

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN4418C9951 Vehicle Registration No: SKU 8537A

Name(as shown in NRIC) : SHAIK FAZIL MOHAMM S/O SHAIK ABDUL NRIC/FIN/Passport No : S8912789Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 82828294

Email Address : _____

Date of Accident : 23/08/2018 Time of Accident : 18:45

Place of Accident : BT TIMAH U-TURN INTO DUNEARN RD B/F TURF CLUB

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made ~~a report on the~~ above mentioned accident and would like to include additional information or make the following amendments:

INSERT SKETCH PLAN WITH COMPANY STAMP

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: KARL WATTS
NRIC/FIN No.:
Date: 27/08/2018