

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA18111412

Date In: 28/8/14/12	Job description	Date & Time Completed	Done by
Ref No: NA/INC8015693/24	SAS e-filing		
Veh No: JKRJ7554	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 28/8/18-09:15	i-Motor Claim Form	M7/1009170-001	28/8/18 17:44
OD <input checked="" type="checkbox"/> 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: HDE1769J	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%. P: 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

NA805444	Invoice Preparation Checklist	Amt (\$) Est 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		
	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		
QC Checked by (Engr-In-Charge):	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Auditors' Comments:-	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
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	28/08/2018 14:52
Date Of Accident	28/08/2018 09:15
Exact Location Of Accident	JUNC MERCHANT RD & EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5755Y
Insured/Policyholder	
Name Of Registered Owner	SOFIAN BIN OSMAN
NRIC No	S8015467D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91461643
Alternative Phone No	OFFICE-91461643

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4 A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097544007
Cover Note Number	

Driver

Name of Driver	SOFIAN BIN OSMAN
NRIC No	S8015467D
Date Of Birth	27/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91461643
Fax Number	
Contact Number	OFFICE-91461643
EMail Address	NOEMAIL

Address	BLK 889A WOODLANDS DRIVE 50 #06-235
Postcode	731889
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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
Passenger 1	NAME: : - GENDER: : MALE

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

ON STATED DATE AND TIME, AS I WAS TRAVELLING ALONG 2ND LANE MERCHANT RD TWDS EU TONG SEN ST. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 1 CUT ONTO MY LANE WITHOUT CHECKING HIS BLIND SPOT. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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	GBE1769J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM XING
NRIC/Passport Number	G2319421Q
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1


SKETCH PLAN

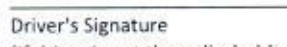
IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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.:

Marchant Rd

A: SERJ755y

B: 6BE1769J

[illegible]

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

Signature: _____

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

Fire Personnel's Signature

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8015467D



Name

SOFIAN BIN OSMAN

Race

MALAY

Date of birth

27-05-1980

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8015467D

Name

SOFIAN BIN OSMAN

Birth Date: 27 May 1980

Issue Date: 01 Jul 2004



4622273



NRIC No. S8015467D



Date of issue

11-08-2010

APT BLK 889A WOODLANDS DRIVE 50 #06-235
SINGAPORE 731889

NRIC No. S8015467D

Date: 18/02/2016

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

PASS DATE

Class 2B	Motorcycles <= 200 CC	04 Jan 2001
Class 2A	Motorcycles between 201 CC and 400 CC	26 Feb 2002
Class 2	Motorcycles > 400 CC	18 Mar 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Aug 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	14 Sep 2012

S8015467D

S / No. 9000169279



NP 428A

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097544007		SOFIAN BIN OSMAN	S8015467D	GPC	drive CLASSIC	SKR5755Y	SKR5755Y	01/02/2018	08/02/2019

Claim Handling

Exit

Accident MT/1009170

Policy No.	5097544007	Vehicle No.	SKR575SY	GST Registration No.	
Certificate No.					
Policyholder Name	SOFIAN BIN OSMAN	Cover Type	drive CLASSIC	Policyholder NRIC	58015467D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91461643	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	28/08/2018 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	28/08/2018	Time of Accident (h:mm)	09:19	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC MERCHANT RD & EU TONG SEN ST				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 889A #05-235	Address 2	WOODLANDS DRIVE 50	Address 3	TRETRAIL@WOODLANDS
Address 4	SINGAPORE 731889	Address Type	Singapore address	Post Code	731889
Unit No.	05-235	Related Policy Number	5097544007		
OT Driver Info					
Driver Name	SOFIAN BIN OSMAN	Driver Type	Main Driver	Driver DOB	27/05/1980
Unnamed driver Name		Driver NRIC	58015467D	Driving Experience	19
Register Date of Driver License	13/08/1999	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	91461643	Contact No.(Office)	0	Address 3	TRETRAIL@WOODLANDS
Address 1	BLK 889A	Address 2	WOODLANDS DRIVE 50	Post Code	731889
Address 4	SINGAPORE 731889	Address Type	Singapore address		
Unit No.	05-235				
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	SOFIAN BIN OSMAN	Insured NRIC	58015467D
Contact No.(Mobile)	91461643	Contact No.(Home)	67550471	Contact No.(Office)	
Email Address	sofian@hotmail.com	OT Vehicle Number	SKR575SY	TP Vehicle Number	G8E1769J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKR575SY / G8E1769J ON 28 Aug 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	28/08/2018 17:44	Claim Close Date		Date Received	28/08/2018 00:00
Report Taken By	Jackson				

☒ Print A4 letter

Save Submit

Attachment

Attachment					
Accident No.	MT/1009170	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2018 17:46		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

Please Select

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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Aug 2018 17:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Aug 2018 17:46	SAS	Normal	SAS 2018-8-28		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Aug 2018 17:46	Photos	Normal	Photos 2018-8-28		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Aug 2018 17:46	Photos	Normal	Photos 2018-8-28		Edit
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	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Aug 2018 17:44	Photos	Normal	Photos 2018-8-28		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Aug 2018 17:44	Photos	Normal	Photos 2018-8-28		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Aug 2018 17:44	Photos	Normal	Photos 2018-8-28		Edit

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

28/8/2018