NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 28/09/2018 15:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801766/K4	SAS e-filing		
Veh No: GV7660A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/2018 15:40	i-Motor Claim Form	MT/C013542-001	29/9/18 09:30
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: SKR2597G 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

NA1806183

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

at. 1:

at. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) 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		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA118126048 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 28/09/2018 15:24
SUBMITTED BY: Krishnasamy s/o Gorindasamy

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	28/09/2018 15:24
Date Of Accident	27/09/2018 15:40
Exact Location Of Accident	ALONG PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GV7660A
Insured/Policyholder	
Name Of Registered Owner	ASIATECK INDUSTRIAL SUPPLIER PTE. LTD.
Co Reg No	200718815R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93395811
Alternative Phone No	OFFICE-93395811
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 D
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	5099851872
Cover Note Number	
Driver	
Name of Driver	AHAMED ALI KHATHERUSEN
Passport No/FIN	G2532944P
Date Of Birth	15/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93395811
Fax Number	
Contact Number	OTHERS-93395811
EMail Address	NOEMAIL

Address	ASIATECK INDUSTRIAL SUPPLIER PTE LTD
Postcode	
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	CHAIN COLLISION
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

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	SKR2597G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO PENG KEONG
NRIC/Passport Number	
Contact Number	93395811
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC4494B
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

A-Thathoery

ASIATECK INDUSTRIAL SUPPLIER PTE LTD

28/9/2018

Policyholder's Signature
Date & Time:

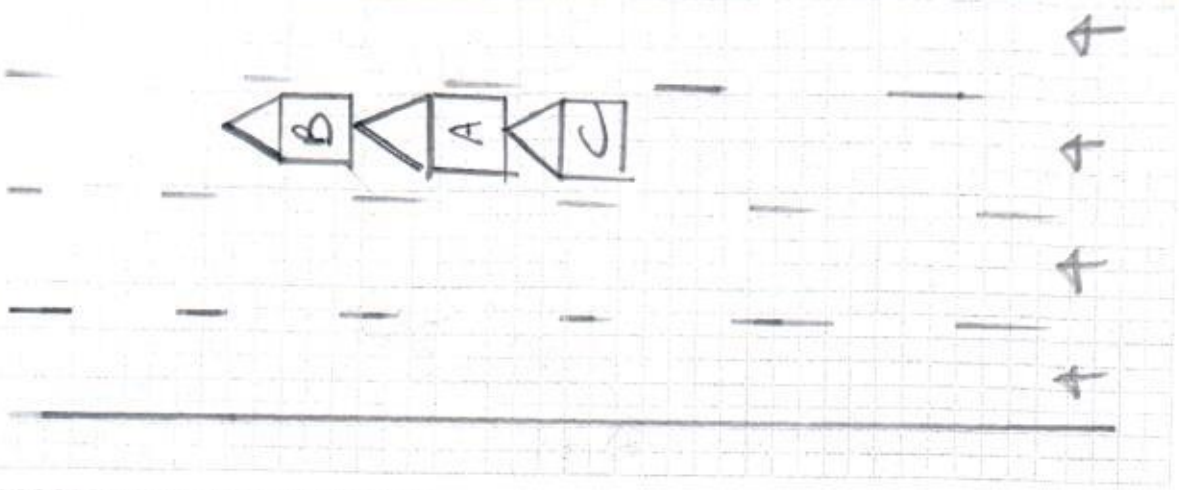
Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Vehicle A: GV 7660A
Vehicle B: SKR 2597 G
Vehicle C: PC 4494 B

SKETCH PLAN

PIE TOWARDS CHANGI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on PIE towards Changi on the above mentioned date and time. The traffic was heavy and slow moving. I came to a complete stop. Moments later, vehicle C could not brake in time and knocked onto my rear. The impact pushes my vehicle forward to knock vehicle B

DECLARATION

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

A-Thatheus

ASIATECK INDUSTRIAL SUPPLIER PTE LTD

28/9/2018

Date & Time:

If driver's not available, police officer's Signature
Date & Time:

Reporting Officer / Authorities's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: GV 7660A MAKE & MODEL : TOYOTA DYNA

DATE OF ACCIDENT	27 / 09 / 2018
TIME OF ACCIDENT	3.40 AM / PM
LOCATION OF ACCIDENT	ALONG PIE TOWARDS CHANGI
Exact Purpose use during accident	WORK
NAME OF OWNER	ASIATECIC INDUSTRIAL SUPPLIER PTE LTD
TELP NO	
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	NTUC
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	As above / If No: AHAMED ALI KHATHERUSEN
NRIC	WORK PERMIT (O 36663820) Any passengers: NIL
DATE OF BIRTH	15 / 06 / 1993
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	30/ 03 / 2015
GENDER	Male / Female
CONTAC NO.	82855958 Office: Home:
ADDRESS	
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other :
ROAD SURFACE	Dry / Wet / Other :
ANY INJURIES	No / If yes : Who?
CONTAC NO.	
POLICE REPORT	No / If yes : Where?
VEHICLE B NO.	SKR 2597 G Any Passenger :
NAME	YEO PENG KEONG
CONTAC NO.	93395811
VEHICLE C NO.	PC 4494 B Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
FAX NO.	Singapore 417883
	Telp : 67476106 (6 lines)

6 Speed Autowerkz Pte Ltd
68 Kaki Bukit Avenue 6
#02-05 ARK @ KB, Singapore 417896
Tel: 6384 7037 Fax: 6384 7039
Email: 6speedautowerkz@gmail.com

VISIT PASS
Immigration Regulations

Name
AHAMED ALI KHATHERUSEN

Date of Birth	Sex	Nationality
15-06-1993	M	INDIAN
FIN	**Date of Issue**	**Date of Expiry**
G2532944P	11-04-2017	30-03-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ASIATECK INDUSTRIAL SUPPLIER PTE. LTD.

Sector: CONSTRUCTION

Name
AHAMED ALI KHATHERUSEN
Occupation
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.
0 38663820

Date of Application
30-03-2017
Date of Issue
11-04-2017
Date of Expiry
30-03-2019

L7836250

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	30 Mar 2015
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	30 Mar 2015

Licence No: G2532944P

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2532944P
Name:
AHAMED ALI KHATHERUSEN

Birth Date: 15 Jun 1993
Issue Date: 30 Mar 2015
Valid Till 29 Mar 2020

002410830D

SG 50

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: 27/09/2018 15:40
Vehicle No.(For Motor): GV7660A | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5099851872		ASIATECK INDUSTRIAL SUPPLIER PTE. LTD.	200718815R	GCV	Third Party, Fire & Theft	GV7660A	GV7660A	23/04/2018	22/04/2019

Continue

Policy Information

Policy No.	5099851872	Policyholder Name	ASIATECK INDUSTRIAL SUPPLIE	Policyholder NRIC	200718815R
Certificate No.					
Address	28 SENANG CRESCENT #05-10 BIZHUB28 SINGAPORE 416601				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	13/04/2018	Effective Date	23/04/2018 00:00	Expiry Date	22/04/2019 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	ZEAL INSURANCE AGENCY	Agent Tel.	66848884	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	28 SENANG CRESCENT	Address 2	#05-10 BIZHUB28	Address 3	SINGAPORE 416601
Address 4		Address Type	Singapore address	Post Code	416601
Unit No.		Related Policy Number	5099851872		

Insured Object: GV7660A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1013542

Policy No.	5099851872	Vehicle No.	GV7660A	GST Registrat
Certificate No.				
Policyholder Name	ASIATECK INDUSTRIAL SUPPLIER PTE. LTD.			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	93395811	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	● No ○ Yes	TCA	● No ○ Yes	eCode Reasor
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	29/09/2018 09:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/09/2018	Time of Accident hh:mm	15:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE TWDS CHANGI			

Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	28 SENANG CRESCENT	Address 2	#05-10 BIZHUB28	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5099851872	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	AHAMED ALI KHATHERUSEN	Driver NRIC	G2532944P	Driver DOB
Register Date of Driver License	30/03/2015	Driver Age	25	Driving Exper
Contact No.(Mobile)	93395811	Contact No.(Office)	0	Contact No.(I
Address 1	ASIATECK INDUSTRIAL SUPPLIE	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insure

Declaration

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

Modification History

Claim 001 OD-MX **New**

Claim Type * OD-MX — Insured Name

Contact No.(Mobile) — Contact No. (Home)

Email Address — OI Vehicle Number

Claim Description: GV7660A ON 27 Sept 2018

Preferred Workshop — Insured Liability: Please Select

Contact No. — Preferred Repair Option: Please Select

Finalisation: Yes — GIA report: Pending

Date Registered: 29/09/2018 09:25 — Claim Close Date

Report Taken By — Workshop Repairer

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1013542	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	29/09/2018 00:00

Path *		Category *	Confid
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:25	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:23	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:23	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:23	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:23	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:23	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:22	Photos	Normal	P

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window | Scan and uploading