

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA18125934

Date In: 28/1/18 - 13:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017689/24	SAS e-filing		
Veh No: G06452301	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/9/18 - 17:10	i-Motor Claim Form	147/1013270-002	28/1/18 18:07
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: 5754577	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

NA1806218	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	28/09/2018 13:54
Date Of Accident	18/09/2018 17:10
Exact Location Of Accident	JUNC NICOLL HWY & RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5230J
Insured/Policyholder	
Name Of Registered Owner	QISTHINA SERVICES
Co Reg No	52996314X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90614467
Alternative Phone No	OFFICE-90614467

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093437369-01
Cover Note Number	

Driver

Name of Driver	ABDUL FARISH DANI BIN ABDUL MANAP
NRIC No	S9129950Z
Date Of Birth	02/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94385998
Fax Number	
Contact Number	OFFICE-94385998
EMail Address	NOEMAIL

Address	BLK 564 CHOA CHU KANG STREET 52 #03-212
Postcode	680564
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	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180919/2038.

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	SJT5457J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM HAI SZE
NRIC/Passport Number	S1263637G
Contact Number	96439470
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

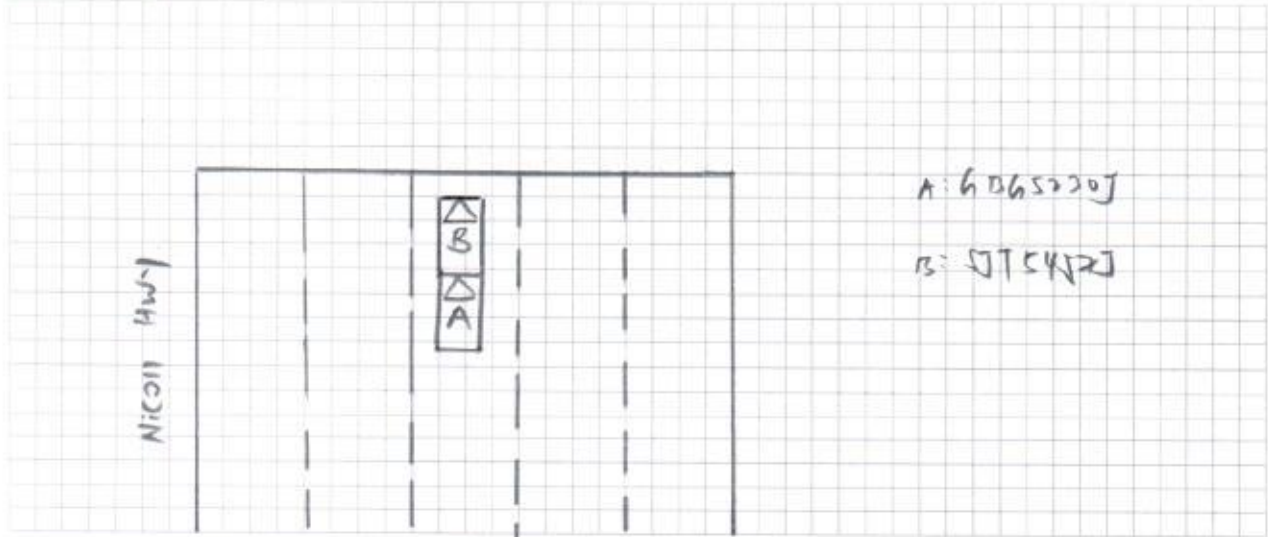


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180919/2035

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/7

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



**SINGAPORE
POLICE FORCE**



T/20180919/2038

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20180919/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2018 09:34	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: ABDUL FARISH DANI BIN ABDUL MANAP			Address: APT BLK 564 CHOA CHU KANG STREET 52 #03-212 SINGAPORE 680564		
ID Type / ID No.: NRIC NO / S9129950Z			Contact No.: Home/Office: Mobile: 94385998		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 02/09/1991	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/09/2018 05:15	Type of Location: T-Junction
Location: Along Road 1 NICOLL HIGHWAY				
T-Junction of Nicoll Highway to right Raffles Boulevard				
Weather: Raining		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5230J	Van				No Damage	0
SJT5457J	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180919/2038

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20180919/2038

CONTINUATION OF REPORT

Driver			
Name	ABDUL FARISH DANI BIN ABDUL MANAP		ID No. S9129950Z
Related Vehicle	NIL		Contact No. 94385998
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Passenger			
Name	LAM HAI SZE		ID No. S1263637G
Related Vehicle	NIL		Contact No. 96439470
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 18.09.2018 at about 1715hrs, I was driving a company van, GBG5230J, along T-Junction of Nicoll Highway turning right to Raffles Boulevard. I was at the 3rd lane and going straight. I was looking at the traffic light and checking on my blind spot. The moment I turned my head to the front, there was a car, SJT5457J, came right in front of my vehicle. I did not manage to stop my vehicle in time because it was raining and subsequently I hit the vehicle. The driver is a lady came out from her car and I told her since it was just a minor accident we then move to Suntec Convection Centre to settle the matter. We then exchange particulars and checked on our vehicle. There was no damage to my vehicle. There was slightly dent to the driver vehicle and scratches. The driver was not happy and she decided to make a police report as she informing that her daughter got injured during the accident.

I am lodging this Traffic Police report for my record in case I might receive any claim from the other party.



**SINGAPORE
POLICE FORCE**



T/20180919/2038

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20180919/2038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 DEWI SYARIMAH BINTE HASSAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/09/2018 09:34
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUM Contact No.: 65476151	Classification Of Case: SN 154
Authentication Stamp NP168  Singapore Police Force	Signature: 

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9129950Z**
Name

**ABDUL FARISH DANI BIN
ABDUL MANAP**

Birth Date **02 Sep 1991**
Issue Date **16 Apr 2013**

002171084B



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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 16 Apr 2013

NP 428A

Licence No: S9129950Z

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S91299502



Name

ABDUL FARISH DANI BIN
ABDUL MANAP

Race

MALAY

Date of birth

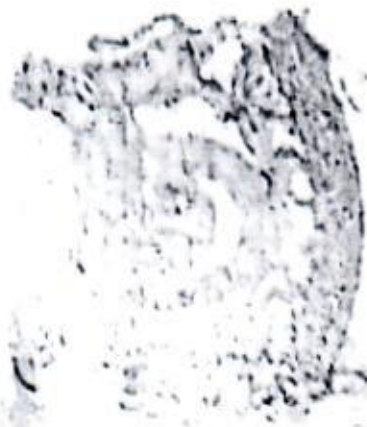
02-09-1991

Sex

M

Country of birth

SINGAPORE



S91299502

392



NRIC No. **S9129950Z**

Date of issue

06-09-2006

Address

**APT BLK 564 CHOA CHU KANG STREET 52
#03-212
SINGAPORE 680564**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/09/2018 17:10"/>
Vehicle No. (For Motor)	<input type="text" value="GBG5230J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093437369-01		QISTHINA SERVICES	52996314X	GCV	Comprehensive	GBG5230J	GBG5230J	28/08/2018	27/08/2019

Claim Handling

• Exit

Accident MT/1012270

Policy No.	5093437369-01	Vehicle No.	GBG52303	GST Registration No.	
Certificate No.					
Policyholder Name	QISTHINA SERVICES	Cover Type	Comprehensive	Policyholder NRIC	52996314X
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	N/A	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	aCode	<input type="text"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	aCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	20/09/2018 14:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/09/2018	Time of Accident hh:mm	17:05	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	JUNCTION OF NICOLL HIGHWAY AND RAFFLES BOULEVARD				

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	Yes
Modification History	21/09/2018 09:02:10 Deborah Mui changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 564 #03-212	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 680564
Address 4		Address Type	Singapore address	Post Code	680564
Unit No.		Related Policy Number	5093437369-01		

▼ OI Driver Info

Driver Name	Unnamed driver Name	Driver Type	Driver NRIC	Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No. (Mobile)		Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	DD-MX	Insured Name	QISTHINA SERVICES	Insured NRIC	52996314X	
Contact No. (Mobile)	90614467	Contact No. (Home)		Contact No. (Office)		
Email Address		OI Vehicle Number	GBG52303	TP Vehicle Number	5JT54571	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBG52303 / 5JT54571 ON 18 Sept 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	28/09/2018 18:03	Claim Close Date		Date Received	28/09/2018 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

Attachment







Accident No.	MT/1012270	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/09/2018 18:04

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	

Attachments

☐ Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:04	SAS	Normal	SAS 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Sep 2018 18:03	Photos	Normal	Photos 2018-9-28		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	