

NATIONAL Assessment Centre Services

Page 1 of 1

MMMA 118130897.

Date In: 9/10/18 13:43	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 INC 18018251/h4.	E-mail (within 5hrs, AIC 2hrs)		
Veh No: GBB 2860L	i-Motor Claim Form	MT/1014972-001	9/10/18 16:51.
D.O.A: 9/10/18 09:50.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: Vch No: SHB 2174M. 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

NA1806445

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*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 \$0		
	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 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. 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	09/10/2018 13:43
Date Of Accident	09/10/2018 09:50
Exact Location Of Accident	38 BEACH RD (SOUTH BEACH TOWER PICKUP POINT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2860L
Insured/Policyholder	
Name Of Registered Owner	AUTO 51 LEASING PTE LTD
Co Reg No	201632910R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83885151

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 100 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091161451-01
Cover Note Number	-

Driver

Name of Driver	NORSAZUANDY BIN ROSLI
NRIC No	S9400987A
Date Of Birth	17/01/1994
Occupation	INDOOR
Date Of Driving Pass	19/09/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81853055
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 785A WOODLANDS RISE #07-104
Postcode	731785
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 - OPENING DOOR OF VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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)	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 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	SHB2174M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

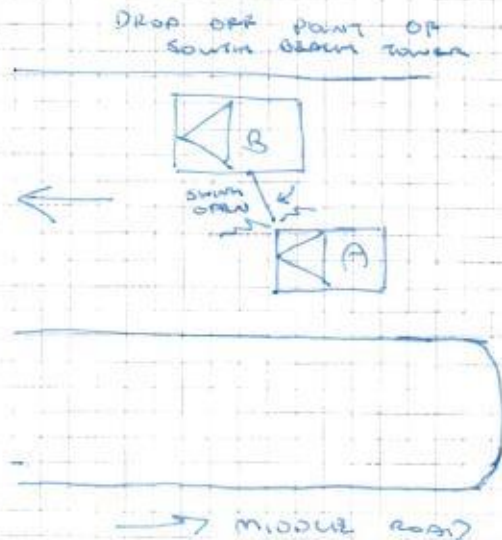
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A - GBB 2860L

VEHICLE B - SHB 2174 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE LEFT SIDE OF THE PICK UP/DROP OFF
POINT OF SOUTH BEACH TOWER, THE LEFT SIDE WHICH MEANT
FOR DRIVE ON TO EXIT FROM THE PICK UP/DROP OFF
POINT.
SO WHEN I WAS DRIVING ON THE LEFT SIDE HEADON
TOWARDS THE LOAD/UNLOADING OF THE BUILDING, SUDDENLY
A VEHICLE ON MY RIGHT SIDE, SWING OUT THE
DOOR AND HIT ONTO MY VEHICLE. AS IT WAS TOO SUDDEN
I COULDN'T REACT OR PREVENT THE INCIDENT HAPPENED.
ALIGNED FROM MY VEHICLE AND REALIZED IT WAS A
VEHICLE WITH LICENCE PLATE NUMBER (SHB 2174 M) DOOR
SWINGED OUT AND HIT ONTO MY VEHICLE.
VEHICLE A - GBB 2860L
VEHICLE B - SHB 2174 M

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:



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

Vehicle No.	G3B 260L	Model / Make	TOYOTA DYNA
Date of Accident	9/10/18		
Time of Accident	0950	HRS	
Location of Accident	38 BEACH RD (SOUTH BEACH TOWER PICKUP POINT)		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	AUTO 51 LEASING PTE LTD		
Telephone No.	H/P: 83885151	Home :	Office :
NRIC	201632910 R		
Address	15 YISHUN IND'L STREET 1 #01-01 WWS S(768041)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NINE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5091161451 - 01		
Name of Driver	As Above If No, NORMA ZHANG AN ROSLI		
NRIC	59400987 A	Any Passengers :	NIL
Date of birth	17 JAN 1994		
Occupation	Outdoor / Indoor		
Driving License Pass Date	19 SEP 2018		
Gender	Male / Female		
Contact No.	H/P: 81853055	Home :	Office :
Address	BLK 785A WOODLANDS RISE #07-104 S(731755)		
Driver have any own vehicle	No If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No If Yes, Where?		
Vehicle B No.	SHB 2174 M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT FRONT PORTION		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
PARTICULAR WORKSHOP	TUNJIAN AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ian		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9400987A



Name
NORSAZUANDY BIN ROSLI

نورساذواندي بن روسلي

Race

MALAY

Date of birth

17-01-1994

Sex

M

Country of birth

SINGAPORE

4431787

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9400987A**

Name:

NORSAZUANDY BIN ROSLI

Birth Date: **17 Jan 1994**

Issue Date: **19 Sep 2018**



002847540G



4431787
IRIC No. **S9400987A**



Date of issue

16-07-2009

APT BLK 785A WOODLANDS RISE #07-104
SINGAPORE 731785

IRIC No. **S9400987A**

20/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EXPIRY DATE

Class 1 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **19 Sep 2018**



Licence No: **S9400987A**

NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5091161451-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBB2860L**
Chassis Number : JTFNT24Y50K400060
2. Name of Policyholder : AUTO 51 LEASING PTE LTD
3. Effective Date of Insurance : 24 Sep 2018
4. Expiry Date of Insurance : 23 Sep 2019
5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 12 Mar 2018 08:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1014972

Policy No.	5091161451-01	Vehicle No.	GBB2860L	GST Registration No.	
Certificate No.					
Policyholder Name	AUTO S1 LEASING PTE LTD			Policyholder NRIC	20163
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	83885151	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	09/10/2018 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	09/10/2018	Time of Accident hh:mm	09:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	30 BEACH RD (SOUTH BEACH TOWER PICKUP POINT)				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	76809
Unit No.	02-06	Related Policy Number	5093489587-01		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NORSAZUANDY BIN ROSLI	Driver NRIC	S9400987A	Driver DOB	17/01/
Register Date of Driver License	19/09/2018	Driver Age	24	Driving Experience	0
Contact No.(Mobile)	81853055	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 785A #07-104	Address 2	WOODLANDS RIJE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73178
Unit No.	07-104				
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	AUTO S1 LEASING PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	GBB2860L
Claim Description	GBB2860L / SHB2174M ON 9 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/10/2018 16:50
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. Claim No.

MT/1014972

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

09/10/2018 16:51

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:51	SAS	Normal	SAS 2018-10-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:51	Photos	Normal	Photos 2018-10-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:51	Photos	Normal	Photos 2018-10-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:50	Photos	Normal	Photos 2018-10-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:50	Photos	Normal	Photos 2018-10-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:50	Photos	Normal	Photos 2018-10-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Oct 2018 16:50	Photos	Normal	Photos 2018-10-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading