

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 20/10/2018 10:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019069/K4	SAS e-filing		
Veh No: GBD 2530D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/10/2018 H:30	i-Motor Claim Form	MT/10/6475-001	22/10/18 09:50
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: XD 2341

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

NA1806703

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est. Bill

Add. Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile \$30

Invoice dated

Fee Charged

Am't (\$)

Am't (\$)



## 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	20/10/2018 10:42
Date Of Accident	19/10/2018 11:30
Exact Location Of Accident	LORNIE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD2530D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLSCRIPT ESTABLISHMENT (S) PTE LTD
Co Reg No	199101815G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93765227
Alternative Phone No	OFFICE-93765227
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102370646
Cover Note Number	
<b>Driver</b>	
Name of Driver	RAMLEE BIN RAHMAT
NRIC No	S1746862F
Date Of Birth	06/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1986
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93765227
Fax Number	
Contact Number	OTHERS-93765227
Email Address	NOEMAIL

Address	BLK 276 YISHUN STREET 22
	#11-244
Postcode	760276
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	SIDE SWIPE
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	XD2341
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

**Allscript**

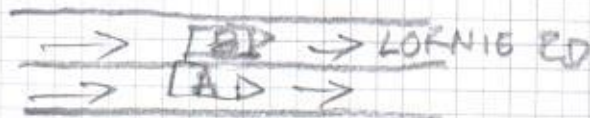
Policyholder's Signature  
Date & Time  
605A Macpherson Road  
Umicore Industrial Complex  
Singapore 368240



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

  
20/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



A - GIBD2530D  
B - XD2341

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A was driving along Lorne Rd  
about to change lane Car A misjudge and hit  
Car B. Dented right signal light and cabin. Car B.

Car A dented left side door and rear light damage

## DECLARATION

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

**Allscript**

Policyholder's Signature  
Block 905A Macpherson Road  
#Date & Time  
Singapore 368240

GRAPHIC Sketch Platform V3.0

*[Signature]*

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

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

20/10/2018



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1746862F




RAMLEE BIN RAHMAT

Race  
JAVANESE  
Date of Birth 06-04-1966 Sex M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Member S1746862F  
Name  
RAMLEE BIN RAHMAT

Birth Date 06 Apr 1966  
Issue Date 09 Sep 2003



311690



NRIC No. S1746862F



Blood Group O Date of issue 06-01-2000

APT BLK 276 YISHUN STREET 22 #11-244  
SINGAPORE 760276


NRIC No. S1746862F Date 30-07-2006 (R) No. 5416719

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	27 Aug 1990
Class 2A Motorcycles between 201 cc and 400 cc	27 Aug 1990
Class 3 Motor Cars and Motor tractors the weight of which unladen does not exceed 2500 kilograms	16 Jul 1986

NP 422A

Licence No: S1746862F



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"/>	5102370646		ALLSCRIPT ESTABLISHMENT (S) PTE LTD	199101815G	GCV	Comprehensive	GBD2530D	GBD2530D	04/08/2018	03/08/2019

## ▼ Policy Information

Policy No.	5102370646	Policyholder Name	ALLSCRIPT ESTABLISHMENT (S)	Policyholder NRIC	199101815G
Certificate No.					
Address	605A MACPHERSON ROAD #04-04 SINGAPORE 368240				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/07/2018	Effective Date	04/08/2018 00:00	Expiry Date	03/08/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	SONA INSURANCE AGENCIES	Agent Tel.	81131335	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	605A MACPHERSON ROAD	Address 2	#04-04	Address 3	SINGAPORE 368240
Address 4		Address Type	Singapore address	Post Code	368240
Unit No.		Related Policy Number	5094551868-01		

▶ Insured Object: GBD2530D

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				



## Claim Handling

Accident MT/1016475

Policy No.	5102370646	Vehicle No.	GBD2530D	GST Registration No.
Certificate No.				
Policyholder Name	ALLSCRIPT ESTABLISHMENT (S) PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93765227	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
<b>Accident Details</b>				
Report Date	22/10/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/10/2018	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LORNIE ROAD			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	No	
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	605A MACPHERSON ROAD	Address 2	#04-04	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5094551868-01	
<b>OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	RAMLEE BIN RAHMAT	Driver NRIC	S1746862F	Driving Experience
Register Date of Driver License	16/07/1986	Driver Age	52	Contact No.(Home)
Contact No.(Mobile)	93765227	Contact No.(Office)	0	Address 3
Address 1	BLK 276 #	Address 2	YISHUN STREET 22	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ALLSCR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBD25
Claim Description	GBD2530D / XD2341 ON 19 Oct 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered			
Report Taken By		Claim Close Date	22/10/2018 09:53
Print AK letter		Workshop Repairer	

Save Submit

## Attachment



Accident No. MT/1016475 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 22/10/2018 09:50

Path \*

Choose File No file chosen

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Message Read

Category \*

Confidential

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NO

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NO

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2018 09:53	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2018 09:51	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2018 09:50	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2018 09:50	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2018 09:50	Photos	Normal	Photos ;
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