

NATIONAL Assessment Centre Services: [wef 1 Jan'05] **MUA 11814428-01**

Date In: 8/11/18 - 11:14	Job description	Date & Time Completed	Done by
Ref No: NA/11814428/14	SAS e-filing		
Veh No: JIC 18144	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/11/18 - 16:40	i-Motor Claim Form	M1/10/18966-201	8/11/18 20:25
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: JIC 18144	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

NA 1807289	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		for Bill	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):	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments :-	TP (N11): TP (N-in INC) against INC \$20		
Ref 1:	9) N12: Idao Mobile 30		
Ref 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 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	08/11/2018 11:14
Date Of Accident	07/11/2018 16:40
Exact Location Of Accident	WOODLANDS TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8547H
Insured/Policyholder	
Name Of Registered Owner	BETHLEHEM AUTO
Co Reg No	53347232J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90927202
Alternative Phone No	OFFICE-90927202

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5084781498-02
Cover Note Number	

Driver

Name of Driver	NIZAM BIN NOH
NRIC No	S6908035I
Date Of Birth	08/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96335116
Fax Number	
Contact Number	OFFICE-96335116
Email Address	NOEMAIL

Address	BLK 536 WOODLANDS DRIVE 14 #06-617
Postcode	730536
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ON THE PARKING LOT OF WOODLANDS TERRACE FOR ABOUT 10 MIN FOR WAITING MY WIFE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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	SHD3464J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KO HONG KWAN (GAO HONGGUANG)
NRIC/Passport Number	S7303261Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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

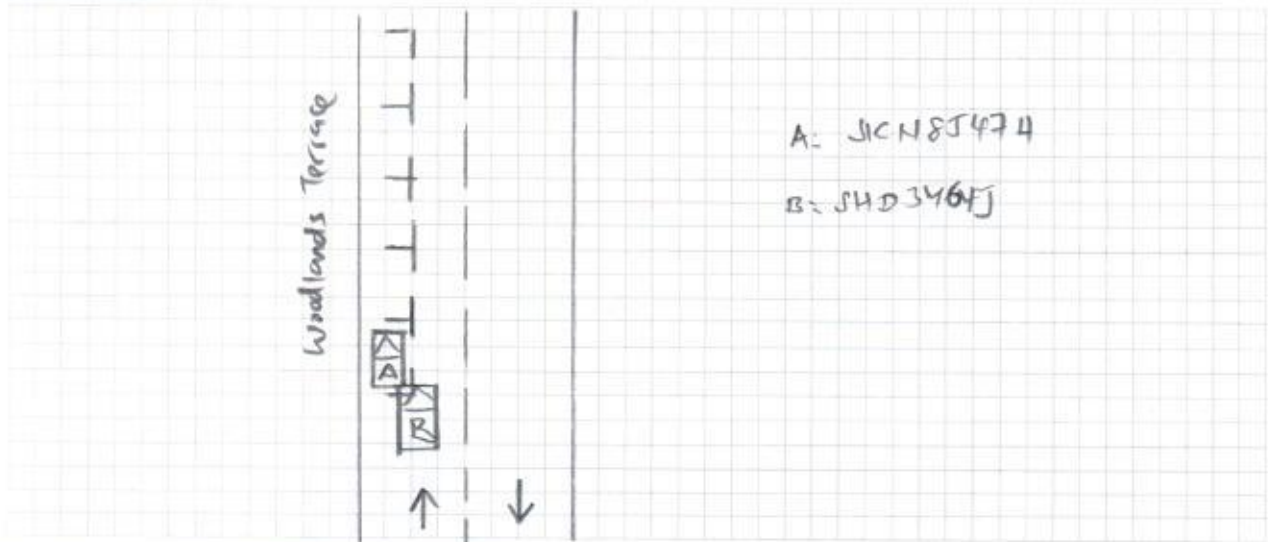


Policyholder's Signature
Date & Time:

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 statement.

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MUA118144398 Vehicle Registration No: JE485474
Name(as shown in NRIC) : Khizam Bin Hish NRIC/FIN/Passport No : S69080351
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 21C J36 Woodlands Drive 14 806-67 Singapore(75)
Contact (Tel) : _____ Mobile No. : 96335116
Email Address : _____
Date of Accident : 7/11/18 Time of Accident : 16:40
Place of Accident : Woodlands Terrace
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend 1p vehicle number (JH034643)

Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S69080351



Name
NIZAM BIN NOH

Race
BOYANESE
Date of Birth
08-03-1969 Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S69080351**

Name
NIZAM BIN NOH

Birth Date: **08 Mar 1969**

Issue Date: **05 Aug 2010**



2331344



NRIC No. **S69080351**

Blood Group Date of issue
O+ 30-08-1994

Address

**APT BLK 536 WOODLANDS DRIVE 14 #00-817
SINGAPORE 730530**

NRIC No: **S69080351**

Date: **11-07-1998**

No: **2684251**

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	14 May 1988
Class 2A	Motorcycles between 201 cc and 400 cc	09 Jun 1992
Class 2	Motorcycles > 400 cc	23 Sep 1997
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	09 Oct 1991
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	24 Mar 1998
	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	



Licence No: **S69080351**

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

07/11/2018 16:40

Vehicle No. (For Motor)

SKN8547H

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084781498-02		BETHLEHEM AUTO	533472323	GFT	drive CLASSIC	SKN8547H	SKN8547H	06/10/2018	

Continue

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

8/11/2018

Policy Information

Policy No.	5084781498-02	Policyholder Name	BETHLEHEM AUTO	Policyholder NRIC	53347232J
Certificate No.					
Address	38 ANG MO KIO INDUSTRIAL PARK 2 #03-26 SINGAPORE 569511				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/10/2018	Effective Date	06/10/2018 00:00	Expiry Date	05/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	2802.39		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		Young/Inexperience Driver Excess
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	38 ANG MO KIO INDUSTRIAL PARK	Address 2	#03-26	Address 3	SINGAPORE 569511
Address 4		Address Type	Singapore address	Post Code	569511
Unit No.	01-369	Related Policy Number	5104224138		

Insured Object: SKN8547H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/10/2018 00:00	Basic Information Endorsement	000001286916034	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN1224Y 06-10-2018 \$1,198.26 2. SLE2902R 06-10-2018 \$1,198.26 3. SJF5597L 06-10-2018 \$1,198.26 4. SJM2193B 06-10-2018 \$1,198.26 5. SLS4313D 06-10-2018 \$1,198.26 6. SGG8729J 06-10-2018 \$1,198.26 7. SJL8052R 06-10-2018 \$1,314.23 In view of this amendment, an additional premium of \$8,503.79 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

Continue

Cancel

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1018966

Policy No.	S084781498-02	Vehicle No.	SKN8547H	GST Registration No.	
Certificate No.					
Policyholder Name	BETHLEHEM AUTO			Policyholder NRIC	53347232J
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90927202	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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	Yes

Accident Details

Report Date	08/11/2018 20:25	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	07/11/2018	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS TERRACE				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	38 ANG MO KIO INDUSTRIAL PY	Address 2	#03-26	Address 3	SINGAPORE 569511
Address 4		Address Type	Singapore address	Post Code	569511
Unit No.	01-369	Related Policy Number	5104224138		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NIZAM BIN MOH	Driver NRIC	56908035J	Driver DOB	08/03/1969
Register Date of Driver License	09/10/1993	Driver Age	49	Driving Experience	27
Contact No.(Mobile)	96335116	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 538	Address 2	WOODLANDS DRIVE 14	Address 3	WOODLANDS VISTA
Address 4	SINGAPORE 730536	Address Type	Singapore address	Post Code	730536
Unit No.	06-617				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BETHLEHEM AUTO	Insured NRIC	53347232J
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		DI Vehicle Number	SKN8547H	TP Vehicle Number	SHD3464J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKN8547H / SHD3464J ON 7 Nov 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	08/11/2018 20:25	Claim Close Date		Date Received	08/11/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1018966	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/11/2018 20:27

Path *

Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NIL	Normal	
Browse... Clear Please Select	NIL	Normal	
Browse... Clear Please Select	NIL	Normal	

Browse...	Clear	Please Select	1/0	Normal
Browse...	Clear	Please Select	1/0	Normal
Browse...	Clear	Please Select	1/0	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:27	SAS	Normal	SAS 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:27	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:27	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:27	Photos	Normal	Photos 2018-11-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:27	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:26	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:26	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:26	Photos	Normal	Photos 2018-11-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:25	Photos	Normal	Photos 2018-11-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:25	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Nov 2018 20:25	Photos	Normal	Photos 2018-11-8		Edit

Video List

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