

NATIONAL Assessment Centre Services

Date In: 29/11/2018 14:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021542/K4	SAS e-filing		
Veh No: YL6710K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/11/2018 11:40	i-Motor Claim Form	MT/1021065-002	30/11/18 10:00
DD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD4027G	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 repaler.

() 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

NA1807808	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$50)			
3) TP: 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: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
Q1)*			
*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 (N-in INC) against INC \$20			
9) N12: Idao Mobile 30			
Invoice dated	Fee Charged		

Insurant's Particulars:-

Insurer/Owner:

Policy No:

Insured Portion:

Checked by (Engr-In-Charge):

Insurer's Comments:-

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	29/11/2018 14:45
Date Of Accident	21/11/2018 11:40
Exact Location Of Accident	UPPER SERANGOON ROAD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL6710K
Insured/Policyholder	
Name Of Registered Owner	ENLIGHTEN FURNITURE DECORATION CO PTE LTD
Co Reg No	199702965D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85886173
Alternative Phone No	OFFICE-85886173

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084443733-02
Cover Note Number	

Driver

Name of Driver	SHEIKH ELIAS
Passport No/FIN	G6994174K
Date Of Birth	10/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85886173
Fax Number	
Contact Number	OTHERS-85886173
Email Address	NOEMAIL

Address	ENLIGHTEN FURNITURE DECORATION CO 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	COLLISION - CHANGE/CROSS LANE
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?	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	SHD4027G
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

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.



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.:

29/11/2018

SKETCH PLAN

Upper Serangoon Road toward PIE

A - YL6710K
B - SHD4027G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Attached

DECLARATION

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



Policyholder's Signature
Date & Time:

Eddy

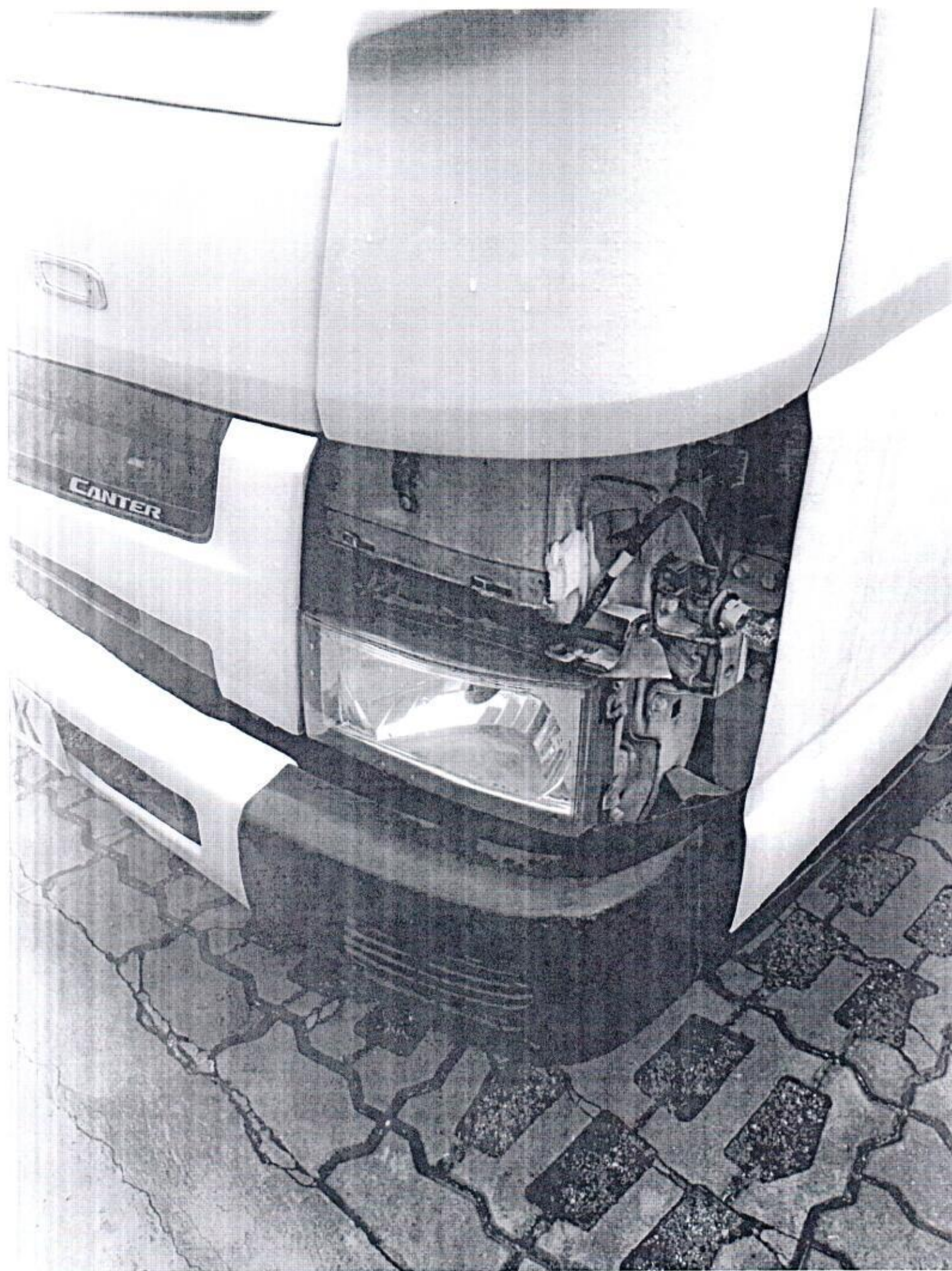
Driver's Signature
(If driver is not the policyholder)
Date & Time:

- 29/4/2018

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

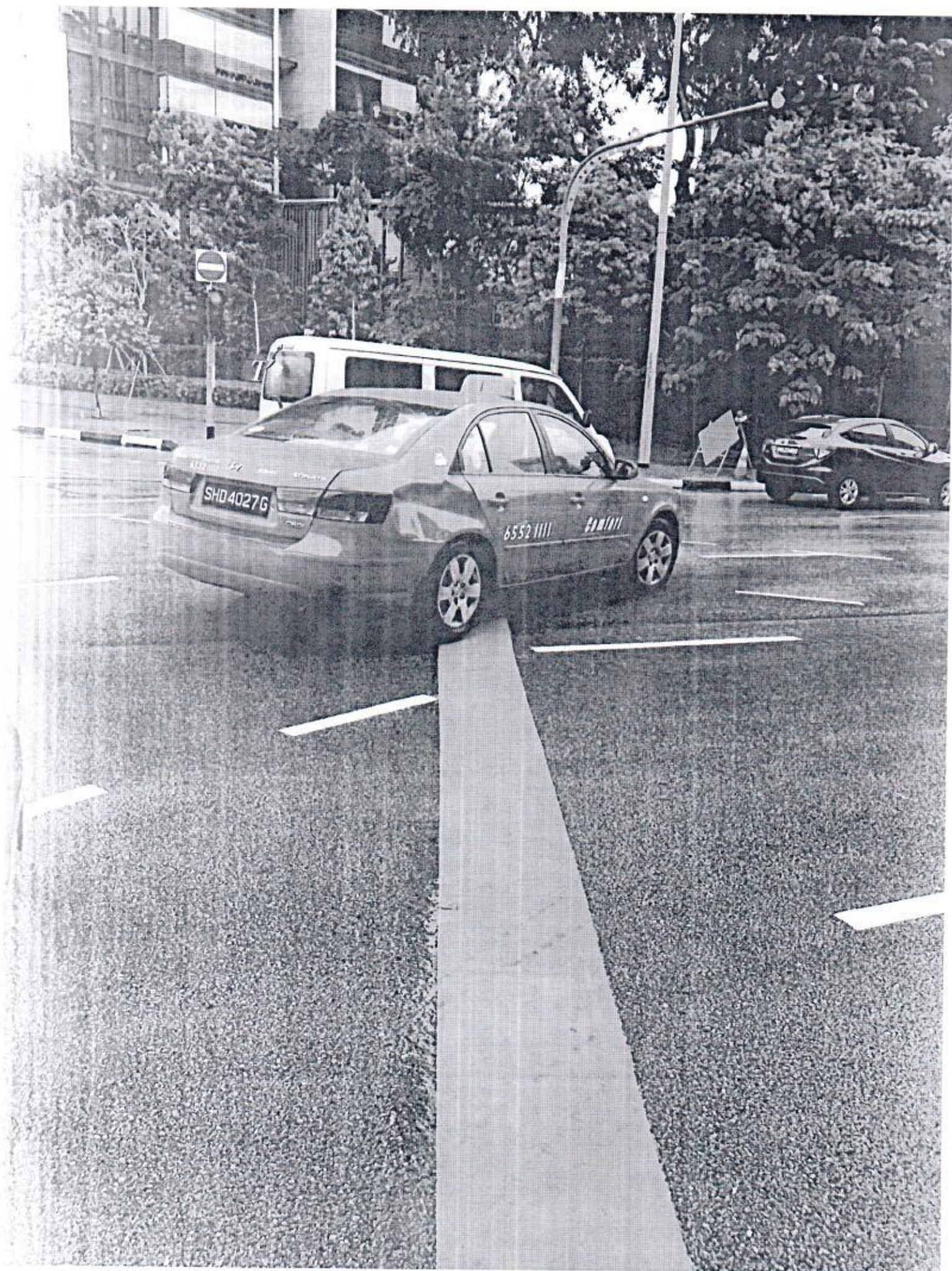
ANNEX E

Original to be issued to complainant
Duplicate to be submitted to Traffic Police











殷利登木器裝修私人有限公司
Enlighten Furniture Decoration Co Pte Ltd

Our Ref: PS6010/110184/18

29 November 2018

Attn: To Whom It May Concern

Dear Sir/Madam,

Re: Traffic Accident dated 21 November 2018 regarding our vehicle No: YL6710K

This letter serves to certify that **MR ELIAS SHEIKH – FIN: G6994174K** is currently employed at **ENLIGHTEN FURNITURE DECORATION CO PTE LTD** and is authorised to drive our vehicle no. YL6710K.

At the time of this accident, he was driving this vehicle for the business of our company.

Yours sincerely,


Alicia Brillantes
HR Manager



*bizSAFE*₃

Registration No: 199702965D
Tel: 67444175 Fax: 67449452
Email: sales@enlighten.com.sg
Address: 3 Loyang Way 6
Enlighten Building Singapore 507077

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

Employer
ENLIGHTEN FURNITURE DECORATION CO PTE LTD



Name
SHEIKH ELIAS

Work Permit No.
0 63554510

Sector
CONSTRUCTION




K0443234

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
G6994174K

Name
SHEIKH ELIAS

Birth Date: **10 Oct 1987**
Issue Date: **15 Oct 2015**
Valid Till **14/10/2020**



SG 50

VISIT PASS
Immigration Regulations

Name
SHEIKH ELIAS



FIN
G6994174K

Date of Birth
10-10-1987

Sex
M

Nationality
BANGLADESHI

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.



Download SGWorkPass App to check status



01-06-2019

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

EFFECTIVE DATE
15 Oct 2015

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

NP 428A



Licence No: G6994174K

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 : 5084443733-02

Cover : Comprehensive

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YL6710K |
| Chassis Number | : FEB21EA10326 |
| 2. Name of Policyholder | : ENLIGHTEN FURNITURE DECORATION CO PTE LTD |
| 3. Effective Date of Insurance | : 03 Nov 2018 |
| 4. Expiry Date of Insurance | : 02 Nov 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

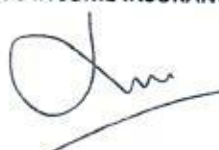
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JG MOTOR AGENCY (00000613374)
Date of Issue : 18 Oct 2018 13:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By:

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="21/11/2018 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="YL6710K"/>	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"/>	5084443733-02		ENLIGHTEN FURNITURE DECORATION CO PTE LTD	199702965D	GCV	Comprehensive	YL6710K	YL6710K	03/11/2018	02/11/2019

Claim Handling

Task Transfer Exit

Accident MT/1021065

LOS SAL SUB

Policy No.	5084443733-02	Vehicle No.	YL6710K	GST Registration No.	199702965D
Certificate No.					
Policyholder Name	ENLIGHTEN FURNITURE DECORATION CO PTE LTD			Policyholder NRIC	199702965D
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	23/11/2018 11:16	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	21/11/2018	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

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	Yes	GST Registration Date	12/01/1998
GST Registration No.	199702965D	GST Status Verified	Yes
Modification History	26/11/2018 08:34:18 Deborah Mui changed GST Registered from No to Yes 26/11/2018 08:34:18 Deborah Mui changed GST Registration No. from null to 199702965D 26/11/2018 08:34:18 Deborah Mui changed GST Registration Date from null to 12/01/1998		

Policyholder Mailing Address

Address 1	3 LOYANG WAY 6	Address 2	ENLIGHTEN BUILDING	Address 3	SINGAPORE 507077
Address 4		Address Type	Singapore address	Post Code	507077
Unit No.		Related Policy Number	5074931002-03		

OI Driver Info

Driver Name	Driver Type	
Unnamed driver Name	Driver NRIC	Driver DOB
Register Date of Driver License	Driver Age	Driving Experience
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)

Claim Handling

Accident MT/1021065

Policy No.	5084443733-02	Vehicle No.	YL6710K	GST Registration No.
Certificate No.				
Policyholder Name	ENLIGHTEN FURNITURE DECORATION CO PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
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

Accident Details

Report Date	23/11/2018 11:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/11/2018	Time of Accident hh:mm	11:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			

Excess

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		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	12/01/19
GST Registration No.	199702965D	GST Status Verified	Yes
Modification History	26/11/2018 08:34:18 Deborah Mui changed GST Registered from No to Yes 26/11/2018 08:34:18 Deborah Mui changed GST Registration No. from null to 199702965D 26/11/2018 08:34:18 Deborah Mui changed GST Registration Date from null to 12/01/1998		

Policyholder Mailing Address

Address 1	3 LOYANG WAY 6	Address 2	ENLIGHTEN BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5074931002-03	

OI Driver Info

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

Modification History

Claim 002 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Finalisation	Yes <input type="radio"/> No <input type="radio"/>	Preferred Repair Option	Please Select		

Date Registered

Report Taken By

OD-MX	Insured Name	ENLIGHTEN
	Contact No. (Home)	
	OI Vehicle Number	YL6710K

YL6710K / SHD4027G ON 21 Nov 2018

30/11/2018 09:57 Claim Close Date

Workshop Repairer

Print AX letter

Save Submit

Attachment

Accident No.

MT/1021065

Last Doc. Received

Yes No

Claim No.

002

Upload Date

30/11/2018 10:00

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

Clear

Clear

Clear

Clear

Clear

Category *

Confidential

Please Select

NO

Please Select

NO

Please Select

NO

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NO

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NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:57	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:55	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:54	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:54	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:54	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:54	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:54	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:53	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:53	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:53	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:53	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:53	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:53	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 09:53	Photos	Normal	Photos ;

Video List

Uploaded By/Date

Folder Date

File Name