

NATIONAL Assessment Centre Services

19111/20001 **MAA48756577**

Date In: 03/12/2018 19:02	Job description	Date & Time Completed	Done by
Ref No: MAA/INC/802/1744/Y	SAS e-illing		
Veh No: PC 613B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/11/2018 20:30	1-Motor Claim Form	mtl1022466-201	03/12/2018 12:03
OD / TP: Reporting Only	1-Motor W/O (Within 24 hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: SLT 9571Y	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 Rem: () Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repater.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: URGENTLINE 6788 60167	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

MAA7843	Invoice Preparation Checklist	Checked by	Signature
Human's Particulars:	1) AR: Accident Reporting (\$300)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2010)		
	6) TR: Re-inspection \$15		
	7) NI: (2x) DA + SMRT Survey \$160		
	8) NTUC Additional Survey Fee		
	Q11:		
C. Checked by (Engn-In-Charge):	*N1: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$15		
	*N8: DV / Collect Unseen Coordination \$5		
	TP (N11) / TP (Non-INC) against INC \$20		
	P: N11 Line Mobile \$0		
	Invoice dated	Paid Charged	
	Inspection dated	Max 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	03/12/2018 19:02
Date Of Accident	30/11/2018 20:30
Exact Location Of Accident	AYE (TUAS) BEFORE CLEMENTI AVENUE 2 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC613B
Insured/Policyholder	
Name Of Registered Owner	SHALUTIONZ TRANSPORTATION & SERVICES
Co Reg No	53233336E
Email Address	SHAHUL_969@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83336006
Alternative Phone No	OFFICE-83336006

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGHROOF
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO PICKUP
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5074123108-03
Cover Note Number	

Driver

Name of Driver	SHAHUL HAMEED S/O HALITHU IBRAHIM
NRIC No	S8243538G
Date Of Birth	29/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83336006
Fax Number	
Contact Number	OTHERS-83336006
Email Address	SHAHUL_969@YAHOO.COM.SG

Address	BLK 110A DEPOT ROAD #10-627
Postcode	101110
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	2
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

PLEASE REFER TO SKETCH PLAN

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	SLT9371Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI BOON LIM (LAI WENLIN)
NRIC/Passport Number	S7237370G
Contact Number	
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.
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: 3/12/2018 1640hrs

Reporting Centre Personnel's Signature
Name: Road
NRIC/FIN No.: 03/12/2018

SKETCH PLAN

A/E Towards Tuar Bifork CLEMENT AVENUE 2 EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/11/2018, at 2030HRS I WAS TRAVELLING ON AYE (TUAR) BEFORE CLEMENT AVENUE 2 EXIT. I WAS ON THE 2ND LANE. A CAR PLATE NUMBER SIT 9371Y WHICH WAS TRAVELLING ON THE 3RD LANE TO THE LEFT OF MY VEHICLE PC613B. HE SWERVED OFF HIS LANE TO HIT MY VEHICLE ON THE 1ST HALF (LEFT SIDE) OF MY VEHICLE. WE BOTH MOVED TO THE ROAD SHOULDER TO TAKE PHOTOS & EXCHANGE PARTICULARS. MY LEFT SIDE MIRROR WAS DAMAGED WITH DENTS & MINOR SCRATCHES TO THE LEFT SIDE OF MY VEHICLE. HIS VEHICLE ALSO HAD MINOR SCRATCHES & DENTS TO THE RIGHT SIDE OF HIS VEHICLE. HIS VEHICLE HAD A LADY PASSENGER WHO LEFT THE SCENE FROM THE ROAD SHOULDER. NO ONE WAS INJURED.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/12/2018 1650HRS

[Signature] 03/12/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident HT/1022486

Policy No.	5074123108-03	Vehicle No.	PC613B	GST Registration No.	
Certificate No.					
Policyholder Name	SHALUTIONZ TRANSPORTATION & SERVICES	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S3233336E
Product Code	BUS INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	83336006	Special Remark		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	No *
eFR	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	04/12/2018 11:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/11/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE (TUAS) BEFORE CLEMENTI AVENUE 2 EXIT				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 5 #07-43B	Address 2	TELUK BLANGAH CRESCENT	Address 3	MOUNT FABER GREEN
Address 4	SINGAPORE 090005	Address Type	Singapore address	Post Code	090005
Unit No.	07-43B	Related Policy Number	5074123108-03		
▼ Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/12/1982
Unnamed driver Name	SHAHUL HAMEED S/O HALITHU	Driver NRIC	S8243538G	Driving Experience	10
Register Date of Driver License	13/02/2008	Driver Age	35	Contact No. (Home)	
Contact No. (Mobile)	83336006	Contact No. (Office)		Address 3	DEPOT HEIGHTS
Address 1	BLK 110A #10-027	Address 2	DEPOT ROAD	Post Code	101118
Address 4	SINGAPORE 101115	Address Type	Foreign address		
Unit No.	10-027				
Does he own a Singapore Registered car?	= Yes = No	Driver Vehicle No.	PC613B	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	GD-MX	Insured Name	SHALUTIONZ TRANSPORTATION	Insured NRIC	S3233336E	
Contact No. (Mobile)	83552879	Contact No. (Home)		Contact No. (Office)		
Email Address	husein@shalutionz.com	Q1 Vehicle Number	PC613B	TP Vehicle Number	S1T931	
Claim Description	PC613B / S1T931 Y CN 30 Nov 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Special No. Finalisation	YES	Repair Option	Preferred Workshop, Name unknown			
Date Registered	04/12/2018 12:02	Claim Close Date		Date Received	04/12/2018	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	HT/1022486	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/12/2018 12:03
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:03		Photos	Normal	Photos 2018-12-4

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:03	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:03	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:03	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	Photos	Normal	Photos 2018-12-4
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 12:02	SAS	Normal	SAS 2018-12-4

[Video List](#)

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

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 11 / 2018) (DD/MM/YYYY), TIME: (20 : 30) (HH:MM)

LOCATION: AYE (TOLL) BEFORE CEMENTI AVENUE 2 EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC613B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 507423108-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA / TOYOTA, HIACE HIROAF AUTO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY TO PICKUP
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SHALUTIONZ TRANSPORTATION & SERVICES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S323336E CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHAHUL HAMEED S/O HALITH U IBRAHIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82435386 CONTACT: 83336006
 c) ADDRESS: 110A, DEPT ROAD, #10-627, SINGAPORE (101110)

* d) DATE OF BIRTH: (29 / 12 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/2/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT 9371Y MODEL: BYO (GRAB)
 b) DRIVER'S NAME: LAI BOON LIM (LAI WEPLIN)
 c) NRIC/FIN/PASSPORT: S7237370G CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 (2)

* No of passenger
 (Including driver)
 ()

Email = shahul_969@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8243538G



Name
SHAHUL HAMEED S/O
HALITHU IBRAHIM
شاهول حميد بن حليثو ابراهيم

Race
INDIAN

Date of birth
29-12-1982

Sex
M

Country of birth
SINGAPORE



ID813644908

4940278



NRIC No. S8243538G



Date of issue
09-03-2013

APT BLK 110A DEPOT ROAD #10-B27
SINGAPORE 101110


NRIC No. S8243538G Date: 18/08/2017

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	08 Mar 2004
Class 2A	Motorcycles between 201 CC and 400 CC	23 Aug 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Feb 2008

S / No. 9000066813

License No: S8243538G



My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/11/2018 19:04"/>
Vehicle No.(For Motor)	<input type="text" value="PC613B"/>	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"/>	5074123108-03		SHALUTIONZ TRANSPORTATION & SERVICES	53233336E	GBS	Third Party, Fire & Theft	PC613B	PC613B	25/06/2018	22/06/2019