

NATIONAL Assessment Centre Services

Date In: 15/12/2018 14:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18022548/24	E-mail (within 8hrs, AIC 2hrs):		
Veh No: GBH8967S	i-Motor Claim Form: MT/1021647-002 17/12/18 09:47		
DOA: 26/11/2018 12:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Referred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

P Particulars:

Veh No:

SJV3954T. INC () / Non-INC ()

Tel:

Owner / Driver: (

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

NA1808219

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

Claimant's Particulars:-

Owner/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: 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: Idav DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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'n INC) against INC \$20

9) N12: Idav Mobile \$30

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	15/12/2018 14:33
Date Of Accident	26/11/2018 12:30
Exact Location Of Accident	PIE TWDS CHANGI EXIT JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8967S
Insured/Policyholder	
Name Of Registered Owner	CFI TRANSPORT PTE LTD
Co Reg No	201806390H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81808631
Alternative Phone No	OFFICE-81808631

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	REPORTING ONLY
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	5104901550
Cover Note Number	

Driver

Name of Driver	SUZIYANA BINTE AHMAD RASHID
NRIC No	S9228767Z
Date Of Birth	18/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81808631
Fax Number	
Contact Number	OTHERS-81808631
Email Address	NOEMAIL

Address	BLK 681 CHOA CHU KANG CRESCENT #04536
Postcode	680681
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 - HEAD TO REAR
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	SJV3954T
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
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:

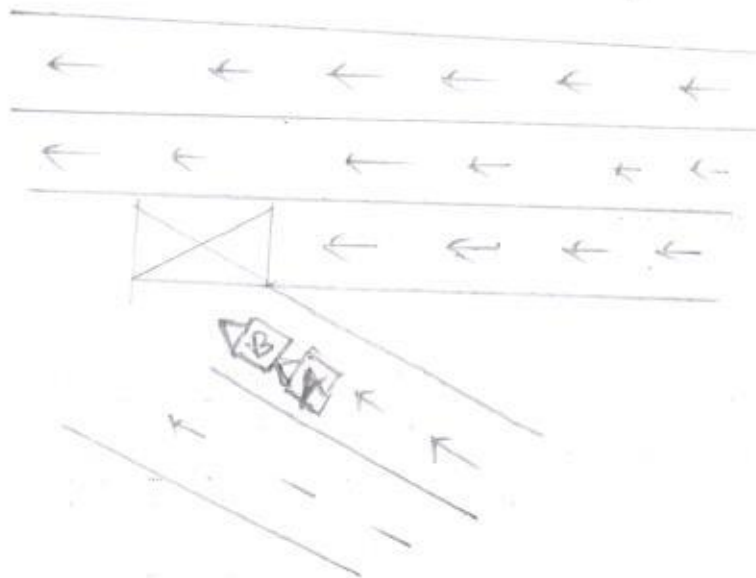


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

15/12/2018

SKETCH PLAN

Plt towards Changi Exit Jalan Eunos



B = SJV 3954T

A = GBH 8967S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/11/2018 around 12:30pm I was driving along Plt towards Changi ~~exit~~ exit Jalan Eunos from minor rd to Major rd I assume we driving out from the minor rd to Major rd then I accidentally hit on rear side.

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.:

15/12/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

0025817468

SUZIYANA BINTE AHMAD RASHID

18 Aug 1992

24 Jun 2016

0025817468

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9228767Z

Name

SUZIYANA BINTE AHMAD RASHID

Race

MALAY

Date of birth

18-08-1992

Sex

F

Country of birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 24 Jun 2016

Licence No: S9228767Z

NP 428A

4093999

S9228767Z

Date of issue

03-09-2007

Address

APT BLK 681 CHOA CHU KANG CRESCENT
#04-536
SINGAPORE 680681

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 : 5104901550

Cover : Comprehensive

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH89675 |
| Chassis Number | : JTFHT02P500245873 |
| 2. Name of Policyholder | : CFI TRANSPORT PTE LTD |
| 3. Effective Date of Insurance | : 25 Oct 2018 |
| 4. Expiry Date of Insurance | : 24 Oct 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	: GENIE FINANCIAL SERVICES PTE 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 : KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 22 Oct 2018 17:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5104901550		CFI TRANSPORT PTE LTD	201806390H	GCV	Comprehensive	GBH8967S	GBH8967S	25/10/2018	24/10/2019

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/1021647](#)

LOS

SAL

SUB

Policy No.	5104901550	Vehicle No.	GBH8967S	GST Registration No.	201806390H
Certificate No.					
Policyholder Name	CFI TRANSPORT PTE LTD			Policyholder NRIC	201806390H
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	<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	27/11/2018 17:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/11/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE EXPRESSWAY OF JALAN EUNOS				

[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	Yes	GST Registration Date	18/06/2018
GST Registration No.	201806390H	GST Status Verified	Yes
Modification History	28/11/2018 09:37:55 Deborah Mui changed GST Registered from No to Yes 28/11/2018 09:37:55 Deborah Mui changed GST Registration No. from null to 201806390H 28/11/2018 09:37:55 Deborah Mui changed GST Registration Date from null to 18/06/2018		

[Policyholder Mailing Address](#)

Address 1	65 UBI CRESCENT	Address 2	#03-03 HOLA CENTRE	Address 3	SINGAPORE 408559
Address 4		Address Type	Singapore address	Post Code	408559
Unit No.	01-22	Related Policy Number	5104769801		

[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/1021647

Policy No.	5104901550	Vehicle No.	GBH89675	GST Registration No.
Certificate No.				
Policyholder Name	CFI TRANSPORT 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="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
➤ Accident Details				
Report Date	27/11/2018 17:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/11/2018	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE EXPRESSWAY OF JALAN EUNOS			
➤ Excess				
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	1,500.00	Outside Singapore TP Excess		
➤ Benefits				
➤ GST Registered Information				
GST Registered	Yes	GST Registration Date	18/06/2018	
GST Registration No.	201806390H	GST Status Verified	Yes	
Modification History	28/11/2018 09:37:55 Deborah Mui changed GST Registered from No to Yes 28/11/2018 09:37:55 Deborah Mui changed GST Registration No. from null to 201806390H 28/11/2018 09:37:55 Deborah Mui changed GST Registration Date from null to 18/06/2018			
➤ Policyholder Mailing Address				
Address 1	65 UBI CRESCENT	Address 2	#03-03 HOLA CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-22	Related Policy Number	5104769801	
➤ 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Modification History				

Claim 002 OD-MX
New

Claim Type *	OD-MX	Insured Name	CFI TR
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	GBH89675
Claim Description	GBH89675 / SJV3954T ON 26 Nov 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/12/2018 09:48	Claim Close Date	
Report Taken By		Workshop Repairer	
Print AK letter			

1

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Video List

File Name

Scan and uploading