NATIONAL Assessment Centre Services. (wef 1 Jan 08) MAH1900200?

	Job description	Date & Time Completed	Done by
Date In: 05/01/2019 11:47	SAS e-filing		
Ref No: NBA/INC/1900040?/4?	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SJY 6057?	I-Motor Claim Form	IM1/1026813-001	08/01/2009 11:27
D.O.A: 04/01/2019 21:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SKK 4483 U   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 ( )

[illegible]

( ) 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: ( )

[illegible] (6788 6010)	[illegible]	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date Done	Actions

NB1900212

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

: 2 / 3:

Invoice [illegible]	[illegible]	[illegible]
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 : Idea DA + SMRT Survey $160		
8) NTUC Additional Services:-		
OD*		
*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 (Non INC) against INC $20		
9) N12: Idea Mobile 30		[illegible]
Invoice dated *Fee Charged*	[illegible]	
Invoice dated *Fee Charged*		

MNA119002009 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 05/01/2019 11:47
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/01/2019 11:20

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 willful misrepresentation or witholding 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	05/01/2019 11:47
Date Of Accident	04/01/2019 21:05
Exact Location Of Accident	ALONG TAMPINES AVENUE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY6057Y
Insured/Policyholder	
Name Of Registered Owner	WANG LIMO PTE. LTD.
Co Reg No	201101987M
Email Address	HA51Z@LIVE.COM
Mobile Phone No	(LOCAL) +65-88223163
Alternative Phone No	OFFICE-88223163
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 200CGI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5088456076-01
Cover Note Number	
Driver	
Name of Driver	MD HAFIZ BIN AB MUTALIB
NRIC No	S7221054I
Date Of Birth	13/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88223163
Fax Number	
Contact Number	OTHERS-88223163
EMail Address	HA51Z@LIVE.COM

Address	BLK 366 TAMPINES STREET 34 #06-179
Postcode	520366
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 (including own vehicle) 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	SKK4433U
Vehicle Make/Model/Colour	MERCEDES BENZ C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG KOK YONG, VINCENT
NRIC/Passport Number	S8836733B
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: 05/01/2019

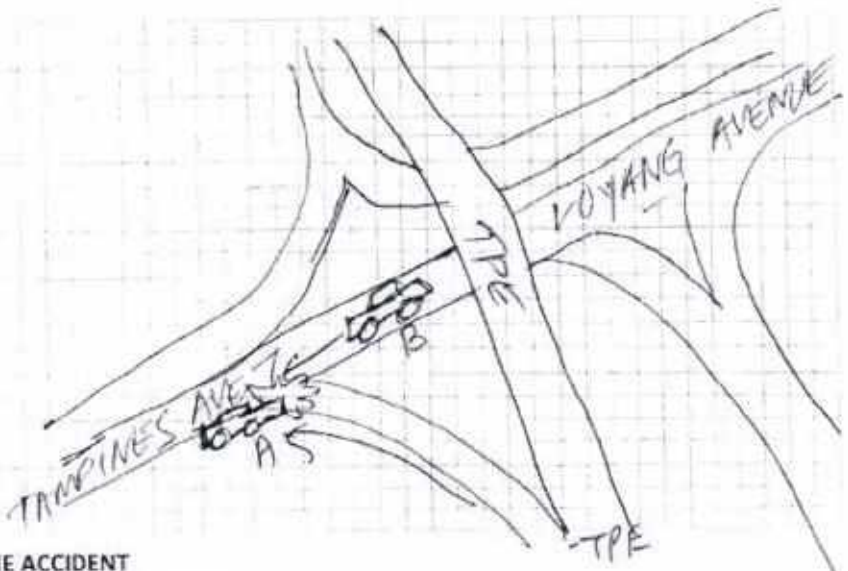
05/01/2019

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

SKETCH PLAN

A) SJY6057Y

B) SKK4433U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning exiting from the slip road of TPE into Tampines 7 Avenue 7, as I was about to turn to right lane checking for my blind spot, the car suddenly appear at a very fast speed. The car graze my car causing a dent. That car was travelling from Loyang Avenue.

DECLARATION

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

05/01/2019

08/01/2019

Policyholder's Signature
Date & Time:

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

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

Claim Handling

Accident MT/1026813

Policy No.	508845076-01	Vehicle No.	SJY6057Y	GST Registration No.	201101987M
Certificate No.					
Policyholder Name	WANG LIMO PTE. LTD.			Policyholder NRIC	201101987M
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88223163	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	08/01/2019 11:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/01/2019	Time of Accident hh:mm	21:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES AVENUE 7				

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	Yes	GST Registration Date	01/09/2014
GST Registration No.	201101987M	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	61 KAKI BUKIT AVENUE 1	Address 2	#06-12 SHUN LI INDUSTRIAL P	Address 3	SINGAPORE 417943
Address 4		Address Type	Singapore address	Post Code	417943
Unit No.		Related Policy Number	5102918593		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MD HAFIZ BIN AB MUTALIB	Driver NRIC	S7211054I	Driver DOB	13/06/1972
Register Date of Driver License	13/03/2007	Driver Age	46	Driving Experience	11
Contact No.(Mobile)	88223163	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 366 #06-179	Address 2	TAMPINES STREET 34	Address 3	SINGAPORE 520366
Address 4		Address Type	Foreign address	Post Code	520366
Unit No.	06-179				
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SJY6057Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ○ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WANG LIMO PTE. LTD.	Insured NRIC	20110
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	6747
Email Address	ops@wanglimo.com	OI Vehicle Number	SJY6057Y	TP Vehicle Number	SKK44
Claim Description	SJY6057Y / SKK4433U ON 4 Jan 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/01/2019 11:26	Claim Close Date		Date Received	08/01/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

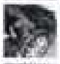
Attachment

Accident No.	MT/1026813	Claim No.	001			
Last Doc. Received	● Yes ○ No	Upload Date	08/01/2019 11:27			
Path *			Category *	Confidential	Urgency *	Desc
Choose File No file chosen		Clear	Please Select	NO	Normal	
Choose File No file chosen		Clear	Please Select	NO	Normal	
Choose File No file chosen		Clear	Please Select	NO	Normal	
Choose File No file chosen		Clear	Please Select	NO	Normal	
Choose File No file chosen		Clear	Please Select	NO	Normal	
Choose File No file chosen		Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:27	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:26	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:26	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:26	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:26	Photos	Normal	Photos 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:26	SAS	Normal	SAS 2019-1-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2019 11:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-8

▼ **Video List**

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

SKETCH WITH COS STAMP

MXUA11900200

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 01 / 2019) (DD/MM/YYYY). TIME: (21 : 05) (HH:MM)

LOCATION: TAMPINES AVE 7

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SJY 6057Y
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: 3010983386
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: MERCEDES E200CGI
   f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   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: WANG LIMO PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: ______ CONTACT: ______
   c) ADDRESS: ______

* CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (__)

3. **DRIVER**
   a) NAME: MD HAFIZ BIN AB MUTALIB (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7221054I CONTACT: 88223163
   c) ADDRESS: 366 TAMPINES STREET 34 #06-179 SINGAPORE 520366
   *d) DATE OF BIRTH: (13 / 06 / 1972) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 13/03/2007
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: ______

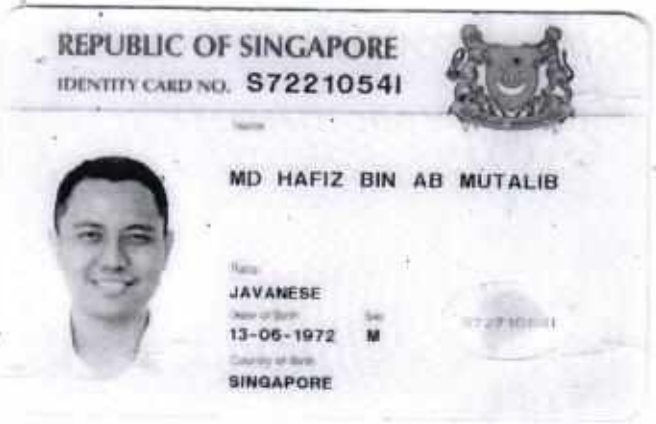
*No of passenger (Including driver) (__)

8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SKR4433U MODEL: MERCEDES C180
   b) DRIVER'S NAME: CHENG KOK YONG, VINCENT
   c) NRIC/FIN/PASSPORT: S8836733B CONTACT: ______
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: ______ MODEL: ______
   e) DRIVER'S NAME: ______
   f) NRIC/FIN/PASSPORT: ______ CONTACT: ______

*No of passenger (Including driver) (__)

email = hafiz@live.com

VIDEO


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7221054I

MD HAFIZ BIN AB MUTALIB

JAVANESE

13-06-1972 M

SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S7221054I

MD HAFIZ BIN AB MUTALIB

Birth Date 13 Jun 1972

Issue Date 16 Sep 2004

001285137A


3257567

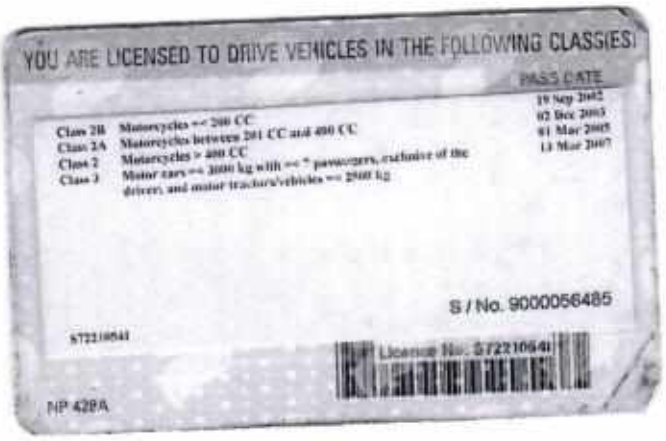
S7221054I

A+ 02-03-2001

APT BLK 366 TAMPINES STREET 34 #08-179

SINGAPORE 520366

S7221054I 20/06/2013


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

PASS DATE

Class 2B Motorcycles <= 200 CC 19 Sep 2002

Class 2A Motorcycles between 201 CC and 400 CC 02 Dec 2003

Class 2 Motorcycles > 400 CC 01 Mar 2005

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg 13 Mar 2007

S / No. 9000056485

S7221054I

License No. S7221054I

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SJY6057Y
Date of Accident 04/01/2019 11:30
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5088456076-01		WANG LIMO PTE. LTD.	201101987M	GFT	drivo CLASSIC	SJY6057Y	SJY6057Y	09/03/2018	

Continue