

NATIONAL Assessment Centre Services [Ref: 201902]

Date In: 09/01/2019 11:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19 000 499/K4	SAS e-filing		
Veh No: GBD 854H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/12/2018 11:40	i-Motor Claim Form	MT/1025916	-002 9/1/19 18 10
OD: TP: 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: GBG 1520Z. 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)

Remarks	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 1900261

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	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 willful 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	09/01/2019 11:28
Date Of Accident	24/12/2018 11:40
Exact Location Of Accident	8 NEW INDUSTRIAL ROAD LHK3 BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD854H
Insured/Policyholder	
Name Of Registered Owner	HAZEL FLORIST & GIFTS PTE LTD
Co Reg No	200104348H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84224522
Alternative Phone No	OFFICE-84224522

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	5065909127-04
Cover Note Number	

Driver

Name of Driver	SATTAR
Passport No/FIN	G7907765N
Date Of Birth	10/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84224522
Fax Number	
Contact Number	OTHERS-84224522
E Mail Address	NOEMAIL

Address HAZEL FLORIST & GIFTS 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 NO COLLISION
 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

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 GBG1520Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 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.:

SKETCH PLAN

No idea what happen

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am not aware of the Accident. I making a report when my company received a letter from the insurance.

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:

[Handwritten signature]

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

[Handwritten signature] 5-9/11/2019

Accident Location
8 New Industrial Road
LHK3 Building

Our Ref: MT/CA/TP/001/1025916-001/RD/VU

24/12/2018 @ 11:40

02 Jan 2019

HAZEL FLORIST & GIFTS PTE LTD
8 NEW INDUSTRIAL ROAD
#02-02 LHK 3 BUILDING
SINGAPORE 536200

Dear Policyholder

CLAIM NUMBER: MT/1025916-001
ACCIDENT INVOLVING GBD854H / GBG1520Z on 24 Dec 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
HAZEL FLORIST & GIFTS PTE LTD

Sector: **MANUFACTURING**

Name
SATTAR

Occupation
OPERATIONS EXECUTIVE

S Pass No.
0 62326344

Date of Application
16-08-2017

Date of Issue
15-09-2017

Date of Expiry
15-09-2019

L8343523





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 7907765N**

Name
SATTAR MD SODUN

Birth Date **10 Feb 1984**

Issue Date **06 Mar 2014**

Valid Till **05 Mar 2019**

002281700K




VISIT PASS
Immigration Regulations

Name
SATTAR

Date of Birth **10-02-1984** Sex **M** Nationality **BANGLADESHI**

FIN **G7907765N** Date of Issue **15-09-2017** Date of Expiry **15-09-2019**

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.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg **06 Mar 2014**

Licence No: G7907765N



NP 426A

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"/>	5065909127-04		HAZEL FLORIST & GIFTS PTE LTD	200104348H	GCV	Comprehensive	GBD854H	GBD854H	05/06/2018	04/06/2019

Claim Handling[Task Transfer](#) [Exit](#)▼ **Accident MT/1025916**

LOS SAL SUB

Policy No.	5065909127-04	Vehicle No.	GBD854H	GST Registration No.	200104348H
Certificate No.					
Policyholder Name	HAZEL FLORIST & GIFTS PTE LTD			Policyholder NRIC	200104348H
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(%)	20	Private Hire	No

▼ **Accident Details**

Report Date	02/01/2019 11:25	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	24/12/2018	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	8 NEW INDUSTRIAL ROAD LHK3 BUILDING				

▼ **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	20/06/2002
GST Registration No.	200104348H	GST Status Verified	Yes

Modification History

▼ **Policyholder Mailing Address**

Address 1	8 NEW INDUSTRIAL ROAD	Address 2	#02-02 LHK 3 BUILDING	Address 3	SINGAPORE 536200
Address 4		Address Type	Singapore address	Post Code	536200
Unit No.		Related Policy Number	5096669176-01		

▼ **OI Driver Info**

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

Claim Handling

Accident MT/1025916

Policy No.	5065909127-04	Vehicle No.	GBD854H	GST Registration No.
Certificate No.				
Policyholder Name	HAZEL FLORIST & GIFTS PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	02/01/2019 11:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2018	Time of Accident hh:mm	11:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	8 NEW INDUSTRIAL ROAD LHK3 BUILDING			

▼ **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	20/06/20
GST Registration No.	200104348H	GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	8 NEW INDUSTRIAL ROAD	Address 2	#02-02 LHK 3 BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096669176-01	

▼ **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)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
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	HAZEL
Contact No.(Mobile)		Contact No.(Home)	
Email Address		O1 Vehicle Number	GBD854H
Claim Description	GBD854H / GBG1520Z ON 24 Dec 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	09/01/2019 18:15	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1025916 Claim No. 002
 Last Doc. Received Yes No Upload Date 09/01/2019 18:10

- Choose File No file chosen
- Message Read

Path *

- Clear
- Clear
- Clear
- Clear
- Clear
- Clear

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:13	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 18:11	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading