

# NATIONAL Assessment Centre Services.

[ref: 1 Jan 00]

NAI 9018/20

Date In: 09/02/2019 14:09	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/INC 9002311/Y	E-mail (w/dia 2hrs, AIC 2hrs)		
Veh No: GBF 9168K	I-Motor Claims Form	MT/103/227-001	09/02/2019
D.O.A: 09/02/2019 09:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:29
QID: (P) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SF 6358E	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 repairer.

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

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

Remarks: (INC 100116-67886010)

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

Injury: \_\_\_\_\_

Date/Time	Actions

NAI 901629	Invoice Details
Claimant Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	For claiming against INC Only (ref 10 Jan 2005)
Ref. 1:	6) TR: Re-inspection \$75
2/3	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$23
	*N8: DV / Collect Excess Coordination \$3
	*N9: DV / Collect Excess Coordination \$20
	TP (N11): TP (N11) against INC \$30
	9) N12: Idas Mobile
	Invoice dated
	Invoice dated
	Fee Charged
	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	09/02/2019 14:09
Date Of Accident	09/02/2019 09:15
Exact Location Of Accident	STILL RD TOWARDS JALAN EUNOS JUNCTION CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9168K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIVINE N' DYNAMIC PTE. LTD.
Co Reg No	201304822D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82989955
Alternative Phone No	OFFICE-85407050

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5099557897
Cover Note Number	

### Driver

Name of Driver	HOSSAIN MD UZZAL
Passport No/FIN	G6826828T
Date Of Birth	05/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82989955
Fax Number	
Contact Number	OTHERS-85407050
Email Address	NOEMAIL

Address	41 KAKI BUKIT INDUSTRIAL TERRACE
Postcode	416121
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 (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	SLF6358E
Vehicle Make/Model/Colour	
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)	2
Passenger 1	NAME: : GENDER: :

### SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: Roshan  
NRIC/FIN No.: 97010100000



[illegible]

I was travelling straight along Hill Road on the extreme right lane. Traffic turned red, I slowed down and stopped. Suddenly, I felt an impact. Vehicle B hit on the rear portion of my vehicle and caused damages.

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

MD: cml

Reporting Centre Personnel's Signature: *[Signature]*  
 Name: *Reshwan*  
 NRIC/FIN No.: *920102100000*

## Claim Handling

Accident MT/1031227

Policy No.	5099557897	Vehicle No.	GBF9168K	GST Registration No.	
Certificate No.					
Policyholder Name	DIVINE N' DYNAMIC PTE. LTD.			Policyholder NRIC	20130-
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	82989955	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		nCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	nCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	09/02/2019 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	09/02/2019	Time of Accident hh:mm	09:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	STILL RD TOWARDS JALAN EUNOS JUNCTION CHANGI RD				

## Excess

Own damage Excess	500.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	201 100 CHIAI ROAD	Address 2	#01-03	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	42747
Unit No.	01-03	Related Policy Number	S102680512		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HOSAIN MD UZZAL	Driver NRIC	G6826828T	Driver DOB	05/06/
Register Date of Driver License	30/12/2016	Driver Age	33	Driving Experience	2
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	41 * KAKI BUKIT INDUSTRIAL 1	Address 2	SINGAPORE 416121	Address 3	
Address 4		Address Type	Foreign address	Post Code	41612
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBF9168K	Driver Insurer Company	NTUC

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	DIVINE N' DYNAMIC PTE. LTD.
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OT Vehicle Number	GBF9168K
Claim Description	GBF9168K / SLF6358E ON 9 Feb 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	09/02/2019 14:38	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSELI WAHAB	GIA report	Received
		Claim Close Date	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1031227	Claim No.	001
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Last Doc. Received

\* Yes ☐ No ☐

Upload Date

09/02/2019 14:39

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

Category \*

Confidential

Urgency \*

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NO ▼

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:39	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:39	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:39	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:39	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:39	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:38	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:38	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:38	Photos	Normal	Photos 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:38	SAS	Normal	SAS 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Feb 2019 14:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-9

## Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

VEHICLE NO:	9BF9168K	MAKE & MODEL:	Toyota Dyna
DATE OF ACCIDENT	09 / 02 / 2019		
TIME OF ACCIDENT	09:15 AM/PM		
LOCATION OF ACCIDENT	Still Rd towards Chin Eunos x Changi Rd.		
EXACT PURPOSE USE DURING ACCIDENT			
<b>NAME OF OWNER</b>	Divine N Dynamic Pte Ltd		
TEL NO	82989955		
NRIC	20304822D		
CLAIM TYPE	CD / (THIRD PARTY) / REPORTING ONLY		
INSURANCE CO	NTUC		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	5099557897		
<b>NAME OF DRIVER</b>	As Above / If No: HOSBAIN MD UZZA		
NRIC	G6826820T Any Passengers: NIL		
DATE OF BIRTH	05 / 06 / 1985		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	30 / 12 / 2016		
GENDER	Male / Female		
CONTACT NO.	85407050 Office: Home:		
ADDRESS	41 Kaki Bukit Industrial Terrace (S 416121)		
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
VEHICLE B NO.	SLF6358E Any Passenger: 01		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.		
	1 Kaki Bukit Ave 5, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyi		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		





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

Employer  
**DIVINE N' DYNAMIC PTE. LTD.**



Name  
**HOSSAIN MD UZZAL**

Work Permit No.  
**0 63418102**

Sector:  
**CONSTRUCTION**



**K0008578**

**VISIT PASS**  
Immigration Regulations

29-09-2017

Name  
**HOSSAIN MD UZZAL**

FIN  
**G6826828T**

Date of Birth Sex  
**05-06-1985 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



Licence Number: **G 6 8 2 6 8 2 8 T**

Name:

**HOSSAIN MD UZZAL**Birth Date: **05 Jun 1985**Issue Date: **30 Dec 2016**Valid Till **29/12/2021****YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)****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****EFFECTIVE DATE****30 Dec 2016**

NP 428A



## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule;
2. the Conditions and General Exclusions of this Policy; and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5099557897
The Policyholder	: DIVINE N' DYNAMIC PTE. LTD. 201 JOO CHIAT ROAD #01-03 SINGAPORE 427472
Period of Insurance	: 19 Apr 2018 To 18 Apr 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,903.95
<b>Interest Insured</b>	
Cover Type	: Preferred Workshop Plan
Make/Model	: TOYOTA/DYNA 3.0
Capacity	: 1.63 ton(s)
Registration Number	: G8F9168K
Chassis Number	: KDY2318027479
Excess (Section 1)	: S\$600
Excess (Section 2)	: N/A
Hire Purchase Company	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
Number of Seater	: 2
Registration Date	: 19-Apr-2017
Insure with COE	: Yes
NCD Entitlement	: 10%

Memo A : N/A

Endorsement Operative : M7

Agency	: JG MOTOR AGENCY (00000613374)
Date of Issue	: 05 Apr 2018 10:48 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know; otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive