NATIONAL Assessment Centre Services. [wef 1 Jan'06]. MNIA4190209?1

	Job description	Date &Time Completed	Done by
Date In: 19/02/2019 18:10			
Ref No: NBA/INC19002811/Y	SAS e-filing		
Veh No: SKG 6355D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/01/2019 07:10	I-Motor Claim Form	MT110301023-002 19/02/2019 18.34	
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SMD 3444H. 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: ( )

Further Inclusion	Date 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

NA190130I

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. I:

... 2/3:

Invoice Information / Services		Chargeable	Invoiced
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100);	INC ($50) $40/$45		
3) TF: Towing Fee	$120		
4) FT: Follow-Through Survey	$30		
5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR: Re-Inspection	$160		
7) N1: Idao DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11): TP (Non INC) against INC	30		
9) N12: Idao Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA419020971 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 14/02/2019 18:10
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 14/02/2019 18:32

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	14/02/2019 18:10
Date Of Accident	29/01/2019 07:10
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ6355D
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	THENZG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81526120
Alternative Phone No	OFFICE-81526120
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	5106658007
Cover Note Number	
Driver	
Name of Driver	JAMAL BIN SAMANI
NRIC No	S1650041J
Date Of Birth	21/06/1964
Occupation	INDOOR
Date Of Driving Pass	09/02/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81526120
Fax Number	
Contact Number	OTHERS-81526120
EMail Address	THENZG@GMAIL.COM

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 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	SMD3444H
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)	

SKETCH PLAN

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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:

14/07/2019

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

SKETCH PLAN

UNKNOWN.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hirer return car and Claim car was damge by hit and run accident, and had no particulars how accident happen.

We received your letter on the 01/02/19 and was the first time we had heard that involved in accident.

We are reporting as per your instructions so as for you to handle the claim

We ~~apo~~ apologize for the delay as it was holiday period.

Information as per your letter 30/1/19

MT/CA/TP/001/103010 3 -001/cc/VU
MT/CA/TP/059/103075-001/cc/VU

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:

14/02/2019

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

Claim Handling

Accident MT/1030103

Policy No.	5106658007	Vehicle No.	SJQ6355D	GST Registration No.	
Certificate No.					
Policyholder Name	TODDS PARTNERS PTE. LTD.				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Policyholder NRIC	201533177E
Contact No.(Mobile)	NA	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Not available

Accident Details

Report Date	30/01/2019 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/01/2019	Time of Accident hh:mm	07:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI ROAD				

Excess

Own damage Excess	3,000.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	31/01/2019 10:24:35 Deborah Mui changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	5107267984		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC			
Register Date of Driver License		Driver Age		Driver DOB	
Contact No.(Mobile)		Contact No.(Office)		Driving Experience	
Address 1		Address 2		Contact No.(Home)	
Address 4		Address Type	Foreign address	Address 3	
Unit No.				Post Code	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *			GD-MX	Insured Name	TODDS PARTNERS PTE. LTD.
Contact No.(Mobile)			87707813	Contact No. (Home)	
Email Address				OI Vehicle Number	SJQ6355D
Claim Description			SJQ6355D / SMD3444H ON 29 Jan 2019		
Preferred Workshop		Insured Liability	Fully At Fault		
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			14/02/2019 18:22	Claim Close Date	
Report Taken By			ROSLI WAHAB		
Print A6 letter					

Insured NRIC: 201533177E
Contact No. (Office):
TP Vehicle Number: SMD3444H
Name of Preferred Workshop:
Date Received: 14/02/2019 00:00

Save Submit

Attachment

Accident No.	MT/1030103	Claim No.	002
Last Doc. Received	Yes No	Upload Date	14/02/2019 18:34

Path *

	Category *	Confidential	Urgency *	Description *
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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:34	SAS	Normal	SAS 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:23	Photos	Normal	Photos 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:23	Photos	Normal	Photos 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE	Photos	Normal	Photos 2019-2-14	

	S (BUKIT MERAH)) on 14 Feb 2019 18:23			
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:23	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:23	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:22	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:22	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:22	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:22	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:22	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2019 18:22	Photos	Normal	Photos 2019-2-14

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display In New Window | Scan and uploading

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	29/11/19
Date Of Accident / Time	07.10 hrs
Exact Location Of Accident	CHEMANI ROAD
Country/State of Loss	

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6355D
Insured/Policyholder	
Name Of Registered Owner / Company	Todd Partner PL
NRIC No / CO - REG NO.	201533177E
Email Address	thenzg@gmail.com
Mobile Phone No	
Alternative Phone No	
Vehicle Particulars	
Manufacturer	Nissan
Model	Latio
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	Repairing
If No, Please state action to be taken	
Vehicle Category	
Insurance Company	
Name of Insurance Company	NTUC
Type Of Coverage	
Fleet Policy	
Policy Number	
Cover Note Number	
Driver	
Name of Driver	Jamal Bin Samani
NRIC No	S1650041J
Date Of Birth	21/6/1964
Occupation	
Date Of Driving Pass	
Driving Experience	
Gender	M
Mobile Number	
Fax Number	
Contact Number	81526120
EMail Address	NOEmail

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1650041J

Name

JAMAL BIN SAMANI

Birth Date 21 Jun 1964

Issue Date 01 Apr 2014

002290633C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1650041J

Name

JAMAL BIN SAMANI

Race

MALAY

Date of birth

21-06-1964

Sex

M

Country/Place of birth

SINGAPORE

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

		EFFECTIVE DATE
ass 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	09 May 2002

Licence No: S1650041J

NP 428A

5291662

NRIC No. S1650041J

Date of issue

21-03-2014

APT BLK 71 REDHILL ROAD #10-03
SINGAPORE 150071

NRIC No: S1650041J Date: 07/07/2015

PASSPORT REPUBLIC OF SINGAPORE

Type	Country Code	Passport No
PA	SGP	E7050062L

Name

JAMAL BIN SAMANI

Sex	Nationality
M	SINGAPORE CITIZEN

Date of birth	Place of birth
21 JUN 1964	SINGAPORE

Date of issue	Date of expiry
27 OCT 2017	27 JUL 2023

Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS

National ID No

S1650041J

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) SJQ6355D

Date of Accident 29/01/2019 17:21

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5106658007		TODDS PARTNERS PTE. LTD.	201533177E	GPC	drivo CLASSIC	SJQ6355D	SJQ6355D	27/12/2018	19/05/2019

Continue