

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 23/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003415/13	SAS e-filing		
Veh No: PA8060D	E-mail (within 8hrs, AIC 2hrs)		
DOA: 22/02/19 1545	i-Motor Claim Form	MT/1023330-001	
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **GBC 6916D** 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

NA1901403

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

- 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: Idac 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 (N/n INC) against INC \$20
- 9) N12: Idac 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	23/02/2019 10:21
Date Of Accident	22/02/2019 13:45
Exact Location Of Accident	BLK 244 PASIR RIS ST 21 LOADING & UNLOADING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8060D
Insured/Policyholder	
Name Of Registered Owner	RZ TRANSPORT
Co Reg No	53325213W
Email Address	ACITKHAN08@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91907907

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104130757
Cover Note Number	

Driver

Name of Driver	RASHID KHAN BIN AYUB KHAN
NRIC No	S7920002F
Date Of Birth	19/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91907907
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 8 NORTH BRIDGE ROAD #14-4088
Postcode	190008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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	GBC6916D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED HUZAMIR BIN ROSMAN
NRIC/Passport Number	S9414160E
Contact Number	98620160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

22/2/2019

Handwritten signature and date 23/02/19

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

SKETCH PLAN

LOADING & UNLOADING

A-PA8060D

B-GBC6916D

BLK 244
PASIR RIS 5121

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

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:

22/2/2019.

23/2/19

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

MY VEH WAS PARK AT LOADING & UNLOADING LOT AT BLK 244 PASIR RIS ST 21.I WENT FOR MY FRIDAY PRAYER.WHEN I CAME BACK,I SAW THERE WAS DAMAGES ON MY VEH.ONE OF THE DRIVER TOLD ME THAT HIS VEH HIT ONTO MY VEH AND THAN WE EXCHANGE PARTICULARS.

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 2 / 2019 (DD/MM/YYYY). TIME: 13 : 45 (HH:MM)

LOCATION: BIC 244 PASIR RIS ST 21

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9A 8060D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 51041307BT
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOTOYA, HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PARKED VEHICLE
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: RZ TRANSPORT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91907907
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RASHID KHAN BIN AYUB KHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7920002F CONTACT: 91907907
c) ADDRESS: BIC 227 PASIR RIS ST 21 09-100
(S) 510227

*d) DATE OF BIRTH: 19 / 07 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17 YRS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 6916D MODEL: 124SU
b) DRIVER'S NAME: MOHAMMED MUHAMMAD BIN ROSMAN
c) NRIC/FIN/PASSPORT: S9414160E CONTACT: 98620160

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

02/02/19
wearing company
Stamp

Email = acitkhan08@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7920002F



Name

RASHID KHAN BIN AYUB KHAN

Race

INDIAN

Date of birth

19-07-1979

Sex

M

Country/Place of birth
SINGAPORE

NRIC No. S7920002F



Date of issue

02-10-2014

Address

APT BLK 8 NORTH BRIDGE ROAD
#14-4088
SINGAPORE 190088

Land Transport & Authority



VOCATIONAL LICENCE

Licence No: S7920002F

Name: RASHID KHAN BIN AYUB KHAN

Issue Date: 5/2/2016

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	05/02/2016
03	BUS VL	28/08/2009
04	BUS ATTENDANT	28/08/2009



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7920002F

Name

RASHID KHAN BIN AYUB
KHAN

Birth Date: 19 Jul 1979

Issue Date: 02 Oct 2014



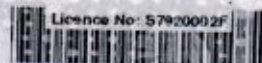
1002351271K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200 cc	21 Jun 2002
Class 2A	Motorcycles between 201 cc and 400 cc	10 Feb 2004
Class 2	Motorcycles $>$ 400 cc	17 Jul 2007
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	24 Jan 2008
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 2500kg	31 Aug 2011

NP 428A



Licence No: S7920002F

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/02/2019 13:45"/>
Vehicle No.(For Motor)	<input type="text" value="PA8060D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104130757		RZ TRANSPORT	53325213W	GBS	Third Party, Fire & Theft	PA8060D	PA8060D	01/10/2018	30/09/2019

Claim Handling

Accident MT/1033330

Policy No.	5104130757	Vehicle No.	PA8060D	GST Registration No.
Certificate No.				
Policyholder Name	RZ TRANSPORT			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91907907	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	23/02/2019 10:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/02/2019	Time of Accident hh:mm	13:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 244 PASIR RIS ST 21 LOADING & UNLOADING			

▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	3,000.00	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	BLK 8 #14-4088	Address 2	NORTH BRIDGE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-4088	Related Policy Number	5087974968-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	RASHID KHAN BIN AYUB KHAN	Driver NRIC	S7920002F	Driving Experience
Register Date of Driver License	24/01/2008	Driver Age	39	Contact No.(Home)
Contact No.(Mobile)	91907907	Contact No.(Office)	0	Address 3
Address 1	BLK 8	Address 2	NORTH BRIDGE ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#14-4088			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

✓ Print AK letter

OD-MX	Insured Name	RZ TRA
	Contact No. (Home)	NIL
	OI Vehicle Number	PA8060

PA8060D / GBC6916D ON 22 Feb 2019

23/02/2019 10:51	Claim Close Date	
ROSLINDA	Workshop Repairer	

Save Submit

Attachment



Accident No. MT/1033330 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/02/2019 00:00

Path *

Choose File No file chosen

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Message Read

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Category *

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Confidential

NO

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 10:51	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 10:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 10:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 10:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 10:50	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 10:49	Photos	Normal	Photos
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23 Feb 2019 10:45

Photos

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23 Feb 2019 10:45

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
23 Feb 2019 10:45

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading