

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MUA 1190385

Date In: <u>2/3/9 - 11:24</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/INC19/004139/24</u>	SAS e-filing		
Veh No: <u>4555976</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <u>16/1/9 - 15:00</u>	i-Motor Claim Form	<u>M711029320-002</u>	<u>2/3/9 11:57</u>
OD / TP / Reporting <u>(Only)</u>	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: <u>Unknown</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% 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 hotline: 6788 6616)	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

<u>NA1901371</u>	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	07/03/2019 11:12
Date Of Accident	16/01/2019 15:00
Exact Location Of Accident	ONE MARINA BLVD LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5597G
Insured/Policyholder	
Name Of Registered Owner	ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD
Co Reg No	198401374E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5092729402-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD MIRZA BIN MISRAN
NRIC No	S9542204G
Date Of Birth	15/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96687990
Fax Number	
Contact Number	OFFICE-96687990
EMail Address	NOEMAIL

Address	BLK 530D PASIR RIS DRIVE 1 #01-408
Postcode	514530
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?	
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

ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE AND MY VEHICLE ACCIDENTALLY GRAZED ONTO VEHICLE B REAR RIGHT PORTION.

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	UNKNOWN
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)	1

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.

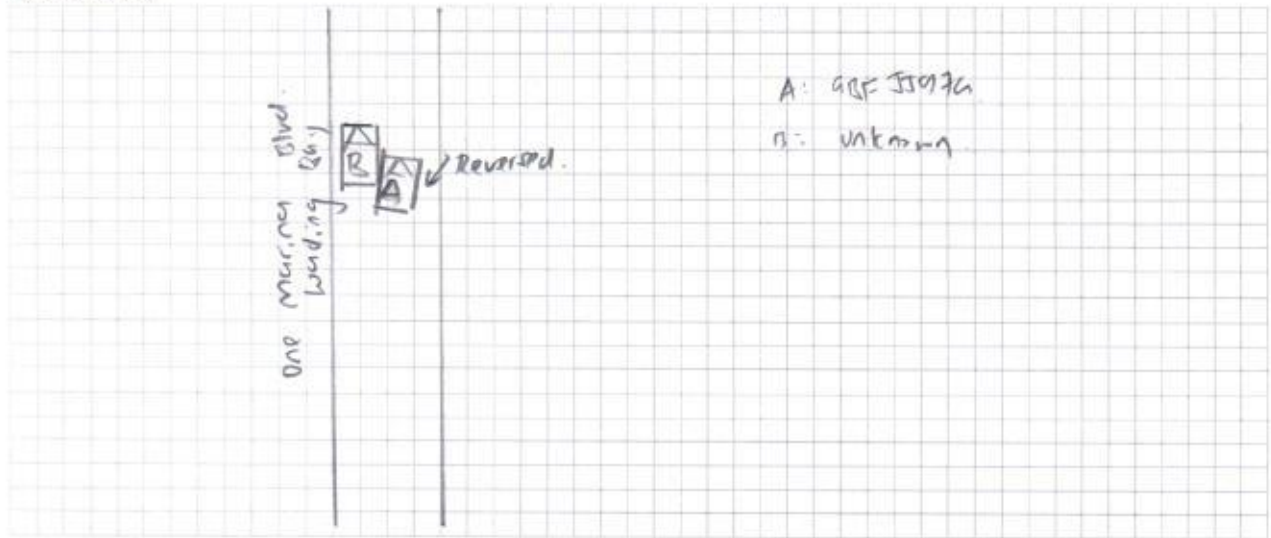
ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD
CO REG NO:198401374E

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

DECLARATION

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

ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD
CO REG NO:198401374E

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.:



Immigration & Checkpoints Authority

ADVISORY ON LOSS OF IC

NAME: _____ NRIC: _____

You have reported the loss of your identity card (IC) to IC Unit. If you recover your lost IC within the grace period, you are to bring it to this office by 23 FEB 2019 (Mondays to Fridays from 8.00 am to 4.30 pm) for the refund of your IC replacement fee.

Please come in person with the following documents:

- 1) Original IC which was recovered;
- 2) Original IC collection slip; and
- 3) Copy of Bank Statement with your particulars (Full Name and Account No.).

Losing an IC is a serious matter. Please be extra careful with your IC.

I acknowledge that any request for refund of the IC replacement fee for IC recovered after grace period will not be acceded to. The recovered IC which has been rendered as invalid has to be returned to this office for cancellation.

Mirza
Signature of IC Holder

Date: 07/02/2019



S9542204G (PINK IC)

FEES

\$100.00

MOHAMMAD MIRZA BIN MISRAN

→ Please visit <https://eappointment.ica.gov.sg> or our mobile app, eAPPT@ICA, to make an appointment.

→ 07/03/2019

DATE OF ISSUE

07/02/2019

JUNERIRYANI BINTI
MOHAMAD YAHA

SIGNATURE/OTP OF RECIPIENT

2 (x) mp + 12 (x) pin (Sat)

→ Please collect the IC within 7 months from the collection date and you will have to pay the fee for a new replacement IC. Do not

→ Please collect the IC at the IC Unit. Resident to collect the IC on your behalf. Please assign the proxy to produce the

→ Please collect the IC at the IC Unit. Proxy collection is not allowed at SingPost and IC Unit.



**SINGAPORE
POLICE FORCE**



G/20190226/2000

1 of 2

POLICE REPORT (NP322)

Report No. G/20190226/2000

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 26/02/2019 00:13	Vide Report No.	Station Diary No. 4
Name Of Informant MOHAMMAD MIRZA BIN MISRAN	Address APT BLK 530D PASIR RIS DRIVE 1 #01-408 SINGAPORE 514530	
ID Type / ID No. NRIC NO / S9542204G	Contact No. Home/Office Mobile 96687990	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TECHNICIAN	Sex Male	Age 23
Institution/School Name	Date of Birth 15/11/1995	Race Malay
Date/Time Of Incident 22/02/2019 19:00	Location Of Incident 33 UBI AVENUE 3 VERTEX SINGAPORE 408868	

Brief details.

On the above date, time and location, I discovered the loss of the under mentioned item. I made the search around the vicinity but to no avail. I am lodging for recording purposes.

Property Information

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2019 00:13
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt HAIRUL AZLY BIN HANAFFI Contact No.: 65871687	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



G/20190226/2000

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20190226/2000

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S954220 4G	1		x1 Driving License belonging to Complainant

Signature Of Officer Recording The Report:

G / Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Staff Sgt HAIRUL AZLY BIN HANAFFI
Contact No.: 65871687

Authentication Stamp

Signature Of Informant:

Date/Time:
26/02/2019 00:13

Classification Of Case:

FUPO hotline number: 68429645



eBaoTech

GeneralClaim

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"/>	5092729402-01		ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD	198401374E	GFT	Comprehensive	GBF5597G	GBF5597G	28/07/2018	

Claim Handling

Exit

Accident MT/1029320

Policy No.	5092729402-01	Vehicle No.	GBF5597G	GST Registration No.	M200644123
Certificate No.					
Policyholder Name	ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD			Policyholder NRIC	198401374E
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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	Not available

Accident Details

Report Date	24/01/2019 11:44	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	16/01/2019	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	1 MARINA BOULEVARD UN/LOADING BAY				

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	01/04/1994
GST Registration No.	M200644123	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#03-52 VERTEX	Address 3	SINGAPORE 408668
Address 4		Address Type	Singapore address	Post Code	408668
Unit No.	03-52	Related Policy Number	5092729402-01		

OT Driver Info

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

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	ASSA ABLOY ENTRANCE SYSTEM	Insured NRIC	198401374E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GBF5597G	TP Vehicle Number	UNKNOWN
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF5597G / UNKNOWN ON 16 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/03/2019 11:53	Claim Close Date		Date Received	07/03/2019 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1029320	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2019 11:54

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

Attachment List

☐ Send Message

Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	SAS	Normal	SAS 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 11:54	Photos	Normal	Photos 2019-3-7		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>				