

# NATIONAL Assessment Centre Services.

part 1 Jan 2003

MNA 119032740

Date In: 11/3/19 17:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19004366/164	E-mail (within 5hrs, AIC 2hrs)		
Veh No: G2 5767T	I-Motor Claim Form	MT/1035464	11/3/19 20:14
D.O.A: 9/3/19 02:30	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD / TP / 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: Signboard / Gross 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: 67896616)

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

MNA1901810

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2 / 3:

Invoice Itemization Checklist	Amount (\$)	Rate (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-Inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP: (N11): TP (Non INC) against INC \$20		
9) N12: Idao 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 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	11/03/2019 17:15
Date Of Accident	09/03/2019 02:30
Exact Location Of Accident	GOOD WOOD PARK HOTEL DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5767T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S.R.DISTRIBUTION SERVICES PTE LTD
Co Reg No	200606335N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98414676

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
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	5065920920-04
Cover Note Number	-

### Driver

Name of Driver	ABDUL KARIM S/O ABDUL LATIF
NRIC No	S7809515F
Date Of Birth	06/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2002
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98737705
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	118 TAMPINES RD #02-08 KOVAN GRANDEUR
Postcode	535193
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	1
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)	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

PLEASE REFER TO 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	
Vehicle Make/Model/Colour	SIGNBOARD/GRASS
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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.
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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**.
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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.

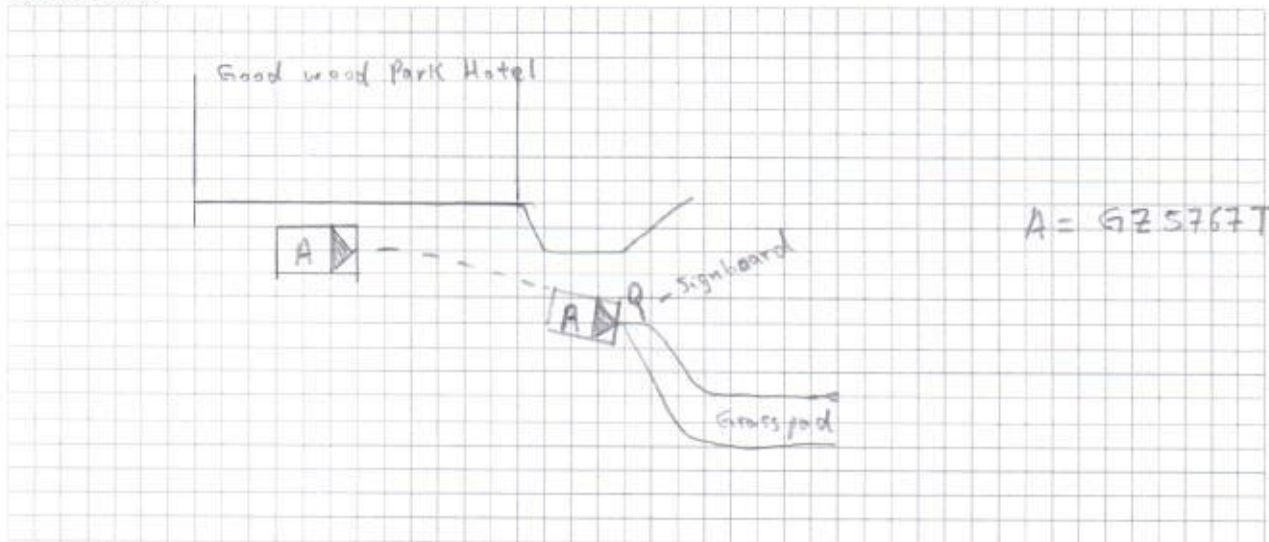
703-07 35 TANNERY ROAD  
807 100 TANNERY BLOCK  
RUBY INDUSTRIAL COMPLEX  
SINGAPORE 347740  
TEL: 6547 2070/1/2 FAX: 6749 1819  
E-mail: srlis@singnet.com.sg

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

DAILY ROUTINE WORK TO DELIVER NEWSPAPER. PARCELED MY VEHICLE AT THE FOYER OF THE HOTEL ENTRANCE, WITH MY HANDBRAKE ENGAGED. DELIVERED THE NEWSPAPER TO THE CONCIERGE, ~~AND~~ <sup>AND</sup> RETURN TO VEHICLE, ONLY TO REALISE VEHICLE HAD ROLLED FORWARD BY ITSELF AND HIT ONE OF THE HOTEL ~~PARKING~~ STANDING ROAD SIGN AND VEHICLE WAS RESTING ON FRONT AREA OF GRASS PATCH. NO PERSON WERE INJURED AND NO OTHER PROPERTY WERE HIT.

ACCIDENT COULD HAVE BEEN PREVENTED SHOULD THEY INSTALLED HUMPS AT THE ENTRANCE AND EXIT OF THE FOYER.

## DECLARATION

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

35 TANNERY ROAD  
#07-106 TANNERY BLOCK  
RUBY INDUSTRIAL COMPLEX  
SINGAPORE 347740

Policy No: 65123098/02 FAX: 6749 1819  
Date & Time: 07/08/02  
Company: Decisive Pte Ltd 030059351

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7809515F



Name  
ABDUL KARIM S/O ABDUL LATIF  
عبدالکریم بن عبداللطیف

Race  
INDIAN

Date of birth 06-04-1978 Sex M

Country of birth  
SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7809515F

Name  
ABDUL KARIM S/O ABDUL LATIF

Birth Date 06 Apr 1978  
Issue Date 18 Aug 2003

4316767



NRIC No. S7809515F



Date of issue  
09-12-2008

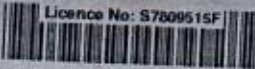
118 TAMPINES ROAD #02-08  
KOVAN GRANDEUR SINGAPORE 535193  
NRIC No: S7809515F Date: 01/02/2012 No: 6992967

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	08 May 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Mar 2002

NP 428A

Licence No: S7809515F



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="09/03/2019 17:14"/>
Vehicle No.(For Motor)	<input type="text" value="GZ5767T"/>	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 type="radio"/>	5065920920-04		S.R.DISTRIBUTION SERVICES PTE LTD	200606335N	GCV	Comprehensive	GZ5767T	GZ5767T	02/06/2018	01/06/2019

## Claim Handling

Accident MT/1035464

Policy No.	5065920920-04	Vehicle No.	GZ5767T	GST Registration No.	
Certificate No.					
Policyholder Name	S.R.DISTRIBUTION SERVICES PTE LTD			Policyholder NRIC	200601
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98414676	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	11/03/2019 20:07	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	09/03/2019	Time of Accident hh:mm	02:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	GOOD WOOD PARK HOTEL DROP OFF POINT				
▼ 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	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
▼ Policyholder Mailing Address					
Address 1	3 ALEXANDRA VIEW	Address 2	#17-07 ASCENTIA SKY	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	158741
Unit No.		Related Policy Number	5055157942-06		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ABDUL KARIM S/O ABDUL LATIF	Driver NRIC	S7809515F	Driver DOB	06/04/
Register Date of Driver License	27/03/2002	Driver Age	40	Driving Experience	16
Contact No.(Mobile)	98737705	Contact No.(Office)		Contact No.(Home)	
Address 1	11B TAMPINES ROAD	Address 2	#02-08 KOVAN GRANDEUR	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53519
Unit No.	02-08				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	S.R.DISTRIBUTION SERVICES F
Contact No.(Mobile)		Contact No.	98414676
Email Address		Contact No.(Home)	
Claim Description		OI Vehicle Number	GZ5767T
Preferred Workshop	0		
Insured Liability	Partially at Fault		
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	11/03/2019 20:14
Report Taken By			LEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1035464 Claim No. 001



Last Doc. Received

Yes

No

Upload Date

11/03/2019 20:14

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

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Please Select

NO

Normal

Clear

Please Select

NO

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	SAS	Normal	SAS 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 20:14	Photos	Normal	Photos 2019-3-11

Video List

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