

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA119053926

Date In: 6/5/19 - 11:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC 192278924	SAS e-filing		
Veh No: SLV294K	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 6/5/19 - 04:20	i-Motor Claim Form	6/7/10 05:06:20	6/5/19 12:24
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: SLV294K	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

NA119053926	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 (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	06/05/2019 11:26
Date Of Accident	06/05/2019 04:20
Exact Location Of Accident	BLK 492 TAMPINES ST 45 MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV294K
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR 1.8 HYBRID S AUTO 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096759175-01
Cover Note Number	

Driver

Name of Driver	YUSOFF BIN KAMAR ZAMAN
NRIC No	S7212385I
Date Of Birth	29/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93626032
Fax Number	
Contact Number	OFFICE-93626032
EMail Address	NOEMAIL

Address	BLK 494J TAMPINES STREET 45 #03-606
Postcode	529494
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ON THE CARPARK LOT. WHEN I COME BACK TO MY VEHICLE AND SAW A NOTE WHICH INDICATE THAT VEHICLE B COLLIDED ONTO MY VEHICLE FRONT RIGHT PORTION WHILE HE WAS REVERSING.

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	SLT6203U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALFRED
NRIC/Passport Number	
Contact Number	97472755
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.
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.

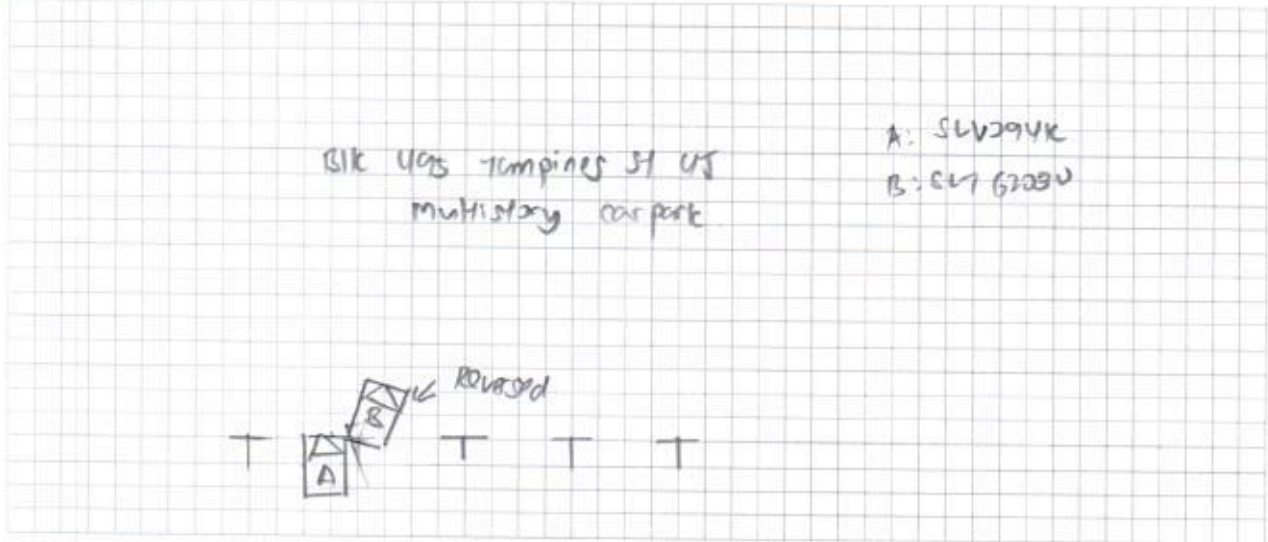


Policyholder's Signature
Date & Time:

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.

[A large diagonal line is drawn across the remaining lines of the section.]

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

PLAY RESPONSIBLY

See Legal Notice on Back of Ticket
 National Pools Card
 For More Info, Call 1800-6-555-988

4D

HOW TO USE THIS BET SLIP

- Bet Slip - Not An Official Record**
 This bet slip is not an official record of selection. It is for your reference only.
 This bet slip is not valid for claim of prize(s).
- Mark Your Selection**
 Use pencil (2B) or black ballpoint pen.
 Mark a thick vertical line in the box for the number you want to bet on.
 You can only mark one number in each box.
 Do not erase.
- System Entry (Sys Entry)**
 Mark this box to play full permutation of selected numbers.
 Mark this box to play full permutation of selected numbers with minimum cost of \$4.
 Mark this box to play full permutation of selected numbers with minimum cost of \$6.
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 Mark this box to play full permutation of selected numbers with minimum cost of \$140304157183766680147553743940763169886969524125696.
 Mark this box to play full permutation of selected numbers with minimum cost of \$280608314367533360295107487881526339773939048251392.
 Mark this box to play full permutation of selected numbers with minimum cost of \$561216628735066720590214975763052679547878096502784.
 Mark this box to play full permutation of selected numbers with minimum cost of \$1122433257470133441180429951526105359095756193005568.
 Mark this box to play full permutation of selected numbers with minimum cost of \$2244866514940266882360859903052210718191512386011136.
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 Mark this box to play full permutation of selected numbers with minimum cost of \$5054990000090744961500065033597308693450964579226357340206926921728.
 Mark this box to play full permutation of selected numbers with minimum cost of \$10109980000181499

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Member: S72123851

Name: YUSOFF BIN KAMAR ZAMAN

Birth Date: 29 Mar 1972

Issue Date: 22 Jul 2008

001629144A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S72123851

Name: YUSOFF BIN KAMAR ZAMAN

Race: MALAY

Date of birth: 29-03-1972

Sex: M

Country of birth: SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2000kg

VALID DATE: 01 Feb 2008

Licence No: S72123851

NP 428A

NRIC No. S72123851

Date of issue: 10-07-2008

APT BLK 494J TAMPINES STREET 45 #03-808

SINGAPORE 529494

NRIC No: S72123851 Date: 09/11/2018




eBaoTech

General Claim

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="06/05/2019 04:20"/>
Vehicle No. (For Motor)	<input type="text" value="SLV294K"/>	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"/>	5096759175-01		RELIABLE RIDES PTE LTD	201611527N	GPC	drive CLASSIC	SLV294K	SLV294K	20/12/2018	19/12/2019

 Policy Information

Policy No.	5096759175-01	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/11/2018	Effective Date	20/12/2018 00:00	Expiry Date	19/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		Young/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		

 Insured Object: SLV294K

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1043061

Policy No.	SD96759175-01	Vehicle No.	SLV294K	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes
Accident Details					
Report Date	06/05/2019 12:22	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	06/05/2019	Time of Accident hh:mm	04:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 492 TAMPINES ST 45 MULTISTORY CARPARK				
Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	06/05/2019 12:24:16 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/03/1972
Unnamed driver Name	YUSOFF BIN KAMAR ZAMAN	Driver NRIC	57212385I	Driving Experience	11
Register Date of Driver License	01/02/2008	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	93626032	Contact No.(Office)	0	Address 3	TAMPINES GREENEDGE
Address 1	BLK 494T	Address 2	TAMPINES STREET 45	Post Code	529494
Address 4	SINGAPORE 529494	Address Type	Singapore address		
Unit No.	03-606				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		O1 Vehicle Number	SLV294K	TP Vehicle Number	SLT6203U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLV294K / SLT6203U ON 6 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/05/2019 12:24	Claim Close Date		Date Received	06/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print Ack letter					

Save Submit

Attachment

Accident No. MT/1043061 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 06/05/2019 12:26

Path *	Category *	Confidential	Urgency *	Description *
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Please Select
1/0
Normal

Please Select
1/0
Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:26	SAS	Normal	SAS 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:26	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:26	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:26	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:26	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:26	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 May 2019 12:25	Photos	Normal	Photos 2019-5-6		Edit

Video List

uploaded By/Date	Folder Date	File Name	Source	Action
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