

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

Date In: 17/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008766/13	SAS e-filing		
Veh No: GBG433Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/05/19 1155	i-Motor Claim Form	MT/1044967-001	
OD: (IP) 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: (N-51 Tel: Fax:)

TP Particulars:	Veh No: 9P2618A	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)	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

NA1903676	Invoice Preparation Checklist	Amt (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	17/05/2019 11:46
Date Of Accident	16/05/2019 11:55
Exact Location Of Accident	150 KAMPONG AMPAT LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG433Z
Insured/Policyholder	
Name Of Registered Owner	ASIA DESSERT GURU PTE. LTD.
Co Reg No	199903642E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96458655

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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100709907
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN ROSLAN
NRIC No	S9214147J
Date Of Birth	01/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85013275
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 15 HOUGANG AVE 3 #08-121
Postcode	530015
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	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

MY VEH WAS STATIONARY PARKED IN THE LOADING & UNLOADING BAY OF 150 KAMPONG AMPAT. WHILE I COME BACK TO MY VEH TO LOAD UP GOODS, I FOUND OUT THAT MY VEH WAS BEING HIT AT THE REAR PORTION OF MY VEH. THE DRIVER OF YP2618A APPROACHED ME AND INFORMED THAT WHILE HE WAS REVERSING, HIS VEH HIT ONTO THE REAR PORTION OF MY VEH.

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	YP2618A
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)	

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.

ARIA DESIGN GROUP PTE LTD
2415 BEDOK NORTH AVE #04-01
SINGAPORE 469007
Tel: 6740 1471 Fax: 6740 1472
E: ENQUIRY@ARIADESIGNGROUP.COM
www.aria.sg

Policyholder's Signature
Date & Time:

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

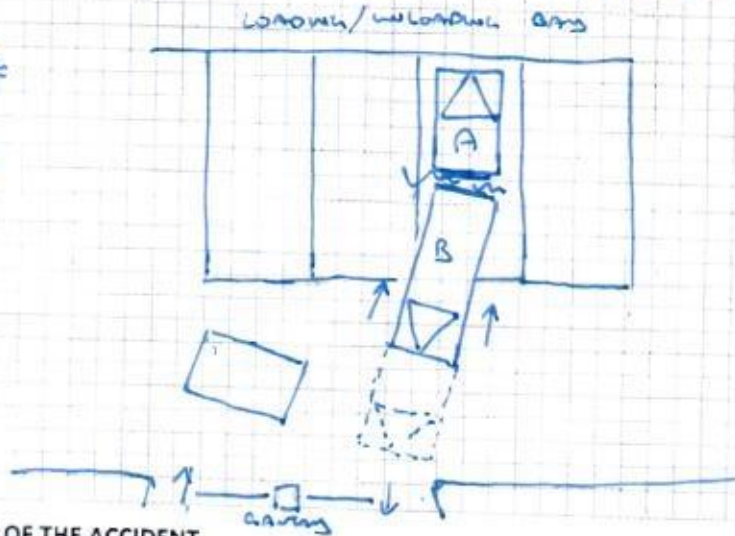
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN

150 KAMPONG AMPAT LOADING BAY.

VEHICLE A
- G04 433 Z

VEHICLE B
- YP 2618A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY PARKED IN THE LOADING / UNLOADING BAY OF 150 KAMPONG AMPAT.

WHILE I COME BACK TO MY VEHICLE TO LOAD UP GOODS, I FOUND OUT THAT MY VEHICLE WAS BEING HITTED AT THE REAR PORTION OF MY VEHICLE.

THAN DRIVER OF YP 2618A, APPROACHED ME AND INFORMED THAT, HE WAS THE ONE REVERSED HIS VEHICLE, AND HIT ONTO THE REAR PORTION OF MY VEHICLE, WHILE HE WANTED TO REVERSE AND DON'T OBSTRUCT THE PLACE.

VEHICLE A - G04 433 Z

VEHICLE B - YP 2618A.

ASIA DESSERTS GROUP LTD

100, ROBINSON ROAD, SINGAPORE 048862

SINGAPORE 048862

TEL: 67341511 FAX: 67341512

EMAIL: ENQUIRY@ASIADESSERTS.COM

WEBSITE: WWW.ASIADESSERTS.COM

ASIA DESSERTS GROUP LTD

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)

Reporting Centre Personnel's Signature
Name:

17/05/19

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9214147J



Name

MUHAMMAD FARHAN BIN
ROSLAN

محمد فرحان بن روسلان

Race

BOYANESE

Date of birth

01-05-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9214147J

Name

MUHAMMAD FARHAN BIN ROSLAN

Birth Date: 01 May 1992

Issue Date: 29 May 2017



4040315

NRIC No. S9214147J

Date of issue: 09-05-2007

APT BLK 15 HOUGANG AVENUE 3 #08-121
SINGAPORE 530015

NRIC No: S9214147J Date: 11/10/2012 (R)

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	27 Nov 2010
Class 2A	Motorcycles between 201 cc and 400 cc	06 Apr 2015
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	30 Jul 2012

NP 428A



Vehicle No.	CBG 433 Z		Model / Make	TOYOTA HIACE
Date of Accident	16/05/2019			
Time of Accident	11 55		HRS	
Location of Accident	150 KAMPONG AMPAT WADING BAY			
Exact purpose use during accident	STATIONARY PARKED IN WADING / UNLOADING BAY			
Name of Owner	ASIA DISSEAT GURN PTE LTD		(UNLOADING GOODS)	
Telephone No.	H/P: 9645 8655		Home:	Office:
NRIC	199903642R			
Address	3015 BEDOK NORTH ST 5 #06-21 SHIMMEL EAST KITCHEN S (486350)			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft			
Policy No.	S 100 709907 -01			
Name of Driver	As Above If No, MUHAMMAD FARHAN BIN ROSLAN			
NRIC	S 9214147 J		Any Passengers: NIL	
Date of birth	01 MAY 1992			
Occupation	Outdoor / Indoor			
Driving License Pass Date	30 JUL 2012			
Gender	Male / Female			
Contact No.	H/P: 8501 3275		Home:	Office:
Address	BLK 15 HONGANH AVE 3 #08-121 S (530015)			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	YP 2613 A		Any Passengers:	
Name of Driver			Contact No.:	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name			Witness Contact:	
Accident Portion	REAR			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			

In case of Accident

Pls call 67886616



OR
Agent (Safe Harbour Insurance)
63823203

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5100709907-01
The Policyholder : ASIA DESSERT GURU PTE. LTD.
BLK 3015 #06-21
BEDOK NORTH STREET 5
SINGAPORE 486350

Period of Insurance : 23 May 2019 To 22 May 2020
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST) : S\$1,288.96

Interest Insured

Cover Type	: Preferred Workshop Plan	Number of Seater	: 2
Make/Model	: TOYOTA/HIACE VAN	Registration Date	: 23 May 2017
Capacity	: 1.14 ton(s)	Insure with COE	: Yes
Registration Number	: GBG433Z	NCD Entitlement	: 15%
Chassis Number	: JTFHT02PX00209242		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Hire Purchase Company	: HONG LEONG FINANCE LIMITED		

Memo A : N/A

Endorsement Operative : M7

Agency : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 02 May 2019 12:03 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

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"/>	5100709907		ASIA DESSERT GURU PTE. LTD.	199903642E	GCV	Preferred Workshop Plan	GBG433Z	GBG433Z	23/05/2018	22/05/2019

Claim Handling

Accident MT/1044967

Policy No.	5100709907	Vehicle No.	GBG433Z	GST Registration No.
Certificate No.				
Policyholder Name	ASIA DESSERT GURU PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	96458655	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(%)	10	Private Hire

▼ Accident Details

Report Date	17/05/2019 12:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/05/2019	Time of Accident hh:mm	11:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	150 KAMPONG AMPAT LOADING BAY			

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess
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	Yes
Modification History	17/05/2019 12:16:19 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 3015 #06-21	Address 2	BEDOK NORTH STREET 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100709907-01	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD FARHAN BIN ROSLI	Driver NRIC	S9214147J	Driver DOB
Register Date of Driver License	30/07/2012	Driver Age	27	Driving Experience
Contact No.(Mobile)	85013275	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 15	Address 2	HOUGANG AVENUE 3	Address 3
Address 4	SINGAPORE 530015	Address Type	Singapore address	Post Code
Unit No.	#08-121			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
-------------------------------------	------	-------------	---------------------------------------------------------------

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ASTA DI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	GBG433Z
Claim Description	GBG433Z / YP2618A ON 16 May 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	17/05/2019 12:19	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

[Save](#) [Submit](#)

Attachment

Accident No. MT/1044967 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 17/05/2019 00:00

Path *

Category *

Confidential

[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen

[Message Read](#)[Clear](#)[Please Select](#) ▼

NO

[Clear](#)[Please Select](#) ▼

NO

[Clear](#)[Please Select](#) ▼

NO

[Clear](#)[Please Select](#) ▼

NO

[Clear](#)[Please Select](#) ▼

NO

[Clear](#)[Please Select](#) ▼

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:19	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:19	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 12:18	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)