

NATIONAL Assessment Centre Services.

[Print 1 Jan 2003] MMA 119064333

Date In: 17/5/19 15:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900 8795/64	SAS e-filing		
Veh No: GBE 8992J	E-mail (within 5hrs, AIC 2hrs)		
DOA: 16/5/19 20:05	I-Motor Claim Form	MT/1045046-001	17/5/19 16:42
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SLT 2676P

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 repolier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:

(INC Non-Inc 6/11/06/10)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time

Action

NA1903626

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engn-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (see 10 Jan 2003)		
6) TR: Re-Inspection \$75		
7) NI: Idan 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 (NI): TP (INC) against INC \$20		
9) NI2: Idan 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	17/05/2019 15:36
Date Of Accident	16/05/2019 20:05
Exact Location Of Accident	HOUGANG AVE 3 SLIP RD INTO TAMPINES RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8992J
Insured/Policyholder	
Name Of Registered Owner	RILEY LOGISTICS
Co Reg No	53393169W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91058366

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107652232
Cover Note Number	-

Driver

Name of Driver	NELVINDER KAUR D/O TARLOK SINGH
NRIC No	S9103161B
Date Of Birth	23/01/1991
Occupation	INDOOR
Date Of Driving Pass	31/05/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92967164
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 125 PASIR RIS ST 11 #05-397
Postcode	510125
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	YES
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT2676P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NELVINDER KAUR D/O TARLOK SINGH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE8992J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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**.
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:

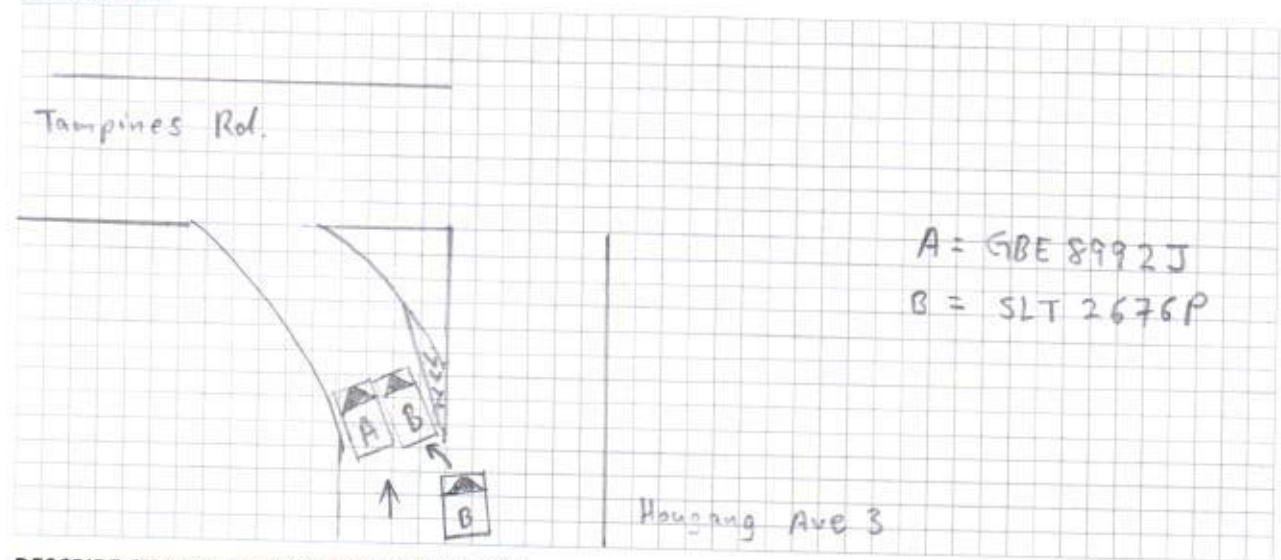
retinder

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

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature]

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



SINGAPORE POLICE FORCE



T/20190516/2192

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

1 of 3

Report No. T/20190516/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2019 23:40	Vide Report No.: F/20190516/0176	Station Diary No.: 160
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Informant's Particulars

Name of Informant: NELVINDER KAUR D/O TARLOK SINGH			Address: APT BLK 125 PASIR RIS STREET 11 #05-397 SINGAPORE 510125		
ID Type / ID No.: NRIC NO / S9103161B			Contact No.: Home/Office: Mobile: 92967164		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 23/01/1991	Type of Informant: Driver		
Race: Sikh			Language:	Institution / School Name:	
Occupation: Other administrative clerks (eg public relations clerk)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/05/2019 20:05	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 3 TAMPINES ROAD Along Hougang Ave 3 Slip Road towards Tampines Road Lamp Post Number: 15				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GBE8992J	Van				Slightly Damaged	1
SLT2676P	Car	HONDA		Black		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190516/2192

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

2 of 3

Report No. T/20190516/2192

CONTINUATION OF REPORT

Driver			
Name	NELVINDER KAUR D/O TARLOK SINGH	ID No.	S9103161B
Related Vehicle	GBE8992J (Van)	Contact No.	92967164
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date, time and location, I was the driver of vehicle bearing registration number, GBE8992J with my mother as the only passenger.

While I waiting for oncoming traffic to clear on the slip road along Tampines Road, a vehicle suddenly came from the right side, cut in and side swiped my vehicle on the front right side portion. The vehicle then stopped ahead and got out from his vehicle. The driver then came towards me at the driver seat and started shouting at us. He then came over to take some photos of my vehicle. My mother got out of the vehicle to take some photos and approached the driver for his particulars. However, before my mother could bring my NRIC to him, the driver left without exchanging particulars. Hence, I called for the police.

I wish to state that the incident was captured on In-car CCTV camera. A copy of the footage has been handed over to the Traffic Police vide F/20190516/0176. No one was injured. No ambulance was activated.



**SINGAPORE
POLICE FORCE**



T/20190516/2192

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

3 of 3

Report No. T/20190516/2192

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

reimber

Date/Time:

16/05/2019 23:40

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S9103161B**
 Name **NELVINDER KAUR D/O TARLOK SINGH**
 Birth Date **23 Jan 1991**
 Issue Date **21 Jan 2014**

002267926E

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S9103161B**
 Name **NELVINDER KAUR D/O TARLOK SINGH**
 Race **SIKH**
 Date of birth **23-01-1991** Sex **F**
 Country of birth **SINGAPORE**

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

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg

EFFECTIVE DATE **31 May 2012**

NP 428A

Licence No: S9103161B


 S9103161B
 Date of issue **08-02-2003**
 Address **APT BLK 120 FAIRVIEW STREET 11
 05-397
 SINGAPORE 510125**

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="16/05/2019 15:28"/>
Vehicle No.(For Motor)	<input type="text" value="GBE8992J"/>	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"/>	5107652232		RILEY LOGISTICS	53393169W	GCV	Comprehensive	GBE8992J	GBE8992J	20/02/2019	19/02/2020

Claim Handling

Accident MT/1045046

Policy No.	5107652232	Vehicle No.	GBE8992J	GST Registration No.	
Certificate No.					
Policyholder Name	RILEY LOGISTICS				
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Policyholder NRIC	53393
Contact No.(Mobile)	91058366	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Accident Details			Private Hire	No	
Report Date	17/05/2019 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	16/05/2019	Time of Accident hh:mm	20:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 3 SLIP RD INTO TAMPINES RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not App
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	17/05/2019 16:39:38 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 125 #05-397	Address 2	PASIR RIS STREET 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51012
Unit No.	05-397	Related Policy Number	5107652232		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NELVINDER KAUR D/O TARLOK :	Driver NRIC	S9103161B	Driver DOB	23/01/
Register Date of Driver License	31/05/2012	Driver Age	28	Driving Experience	6
Contact No.(Mobile)	92967164	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 125 #05-397	Address 2	PASIR RIS STREET 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51012
Unit No.	05-397				
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	RILEY LOGISTICS
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		Vehicle Number	GBE8992J
Claim Description	GBE8992J / SLT2676P ON 16 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Request No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/05/2019 16:40
			LIEW SHAN HUI
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1045046	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/05/2019 16:42
Path *		Category * Confidential Urgency *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:42	SAS	Normal	SAS 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:42	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:41	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:41	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:41	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:41	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:41	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:41	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:40	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:40	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:40	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:40	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:40	Photos	Normal	Photos 2019-5-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 May 2019 16:40	Photos	Normal	Photos 2019-5-17

Video List

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