

NATIONAL Assessment Centre Services

[Ref: 231/05]

Date In: 11/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19010236/13	SAS e-filing		
Veh No: DA6724K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/06/19 0850	i-Motor Claim Form	MT/1048620-001	
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: (N-51 Tel: Fax:)

TP Particulars:	Veh No: QBB8770Z	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

NA1904330	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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) N1: 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		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
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	11/06/2019 09:51
Date Of Accident	10/06/2019 08:50
Exact Location Of Accident	CHANGI RD JUNC OF GEYLANG SERAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6724K
Insured/Policyholder	
Name Of Registered Owner	RZ TRANSPORT
Co Reg No	53325213W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91907907

Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076553999-03
Cover Note Number	

Driver

Name of Driver	MUHAMAD SUPARMAN BIN AMAN
NRIC No	S1618981B
Date Of Birth	30/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87691535
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 124 PASIR RIS ST 11 #05-419
Postcode	510124
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	COLLISION - HEAD TO REAR
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)	10
Passenger 1	NAME: : AUNTY GENDER: : FEMALE
Passenger 2	NAME: : CHILDREN GENDER: : FEMALE
Passenger 3	NAME: : CHILDREN GENDER: : FEMALE
Passenger 4	NAME: : CHILDREN GENDER: : FEMALE
Passenger 5	NAME: : CHILDREN GENDER: : MALE
Passenger 6	NAME: : CHILDREN GENDER: : MALE
Passenger 7	NAME: : CHILDREN GENDER: : MALE
Passenger 8	NAME: : CHILDREN GENDER: : MALE
Passenger 9	NAME: : CHILDREN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB8770Z

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

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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.

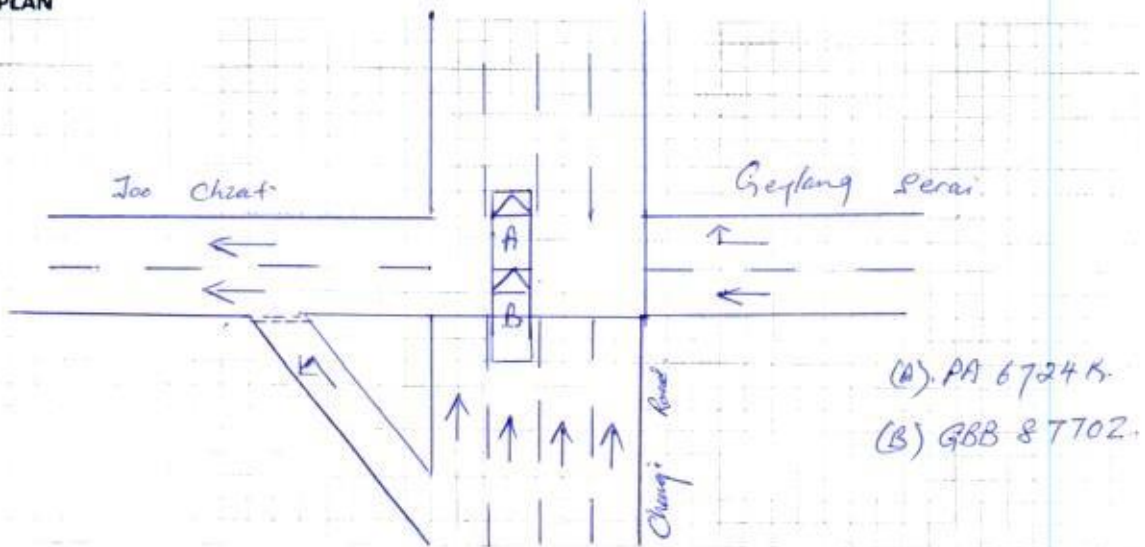


Policyholder's Signature
Date & Time:

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

On 10/06/19 at @ above, I was travelling in my vehicle (PA 6724 K) along Changi Road on the 2nd lane from the left. While I was crossing the junction of Geylang Serai, the vehicle in front of me stopped. I slow down and stopped too. Suddenly, a van (GBB 87702) from behind collided onto the rear portion of my vehicle.

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)

11/06/19
Reporting Centre Personnel's Signature
Name:

Vehicle No.	PA 6724 K	Model / Make	Toyota Regius
Date of Accident	10 / 06 / 19		
Time of Accident	0850 HRS		
Location of Accident	Changi Road Junction Gaylang Serai		
Exact purpose use during accident	Commercial Used		
Name of Owner	RZ Transport		
Telephone No.	H/P: 91907907	Home:	Office:
NRIC	53325213 W		
Address	BLK 8, North Bridge Road #14-4088 (2) 190008		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTIC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5076553999-02		
Name of Driver	As Above If No, Muhamad Suparman Ben Aman		
NRIC	51618981 B	Any Passengers:	08 children
Date of birth	30 / 11 / 1963		
Occupation	Outdoor / Indoor		
Driving License Pass Date	16 / 01 / 2018		
Gender	Male / Female		
Contact No.	H/P: 87691535	Home:	Office:
Address	BLK 124 Pasir Ris St 11 #05-419 (2) 510124		
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.	GBB 8770 Z	Any Passengers:	N.A.
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 Portion		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	Workshop NSI		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tong		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1618981B**

Name: **MUHAMAD SUPARMAN BIN AMAN**

Birth Date: **30 Nov 1963**

Issue Date: **16 Jan 2018**

002764508B

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1618981B**

MUHAMAD SUPARMAN BIN AMAN

Race: **MALAY**

Date of birth: **30-11-1963**

Country of birth: **SINGAPORE**

Sex: **M**

For LKK/NAC Use Only

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1618981B**

Name: **MUHAMAD SUPARMAN BIN AMAN**

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE: **16 Jan 2018**

NP 428A



4255665

NRIC No. S1618981B

Date of issue: **29-07-2008**

APT BLK 124 PASIR RIS STREET 11 #05-419 SINGAPORE 510124

NRIC No: S1618981B Date: **10/04/2013** No: **7325512**

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	25/04/2019
04	BUS ATTENDANT	25/04/2019



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"/>							
Vehicle No. (For Motor)	<input type="text" value="PA6724K"/>	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 checked="" type="radio"/>	5076553999-03		RZ TRANSPORT	53325213W	GBS	Third Party, Fire & Theft	PA6724K	PA6724K	29/12/2018	28/12/2019
				<input type="button" value="Continue"/>						

Claim Handling

Accident MT/1048620

Policy No.	5076553999-03	Vehicle No.	PA6724K	GST Registration No.
Certificate No.				
Policyholder Name	RZ TRANSPORT			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91907907	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(%)	0	Private Hire
▼ Accident Details				
Report Date	11/06/2019 18:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/06/2019	Time of Accident hh:mm	08:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CHANGI RD JUNG OF GEYLANG SERAI			
▼ Excess				
Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History	11/06/2019 18:25:10 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	BLK 8 #14-4088	Address 2	NORTH BRIDGE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-4088	Related Policy Number	S087974968-02	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	MUHAMAD SUPARMAN BIN AMA	Driver NRIC	S1618981B	Driving Experience
Register Date of Driver License	25/04/2019	Driver Age	55	Contact No.(Home)
Contact No.(Mobile)	87691535	Contact No.(Office)	0	Address 3
Address 1	BLK 124	Address 2	PASIR RIS STREET 11	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#05-419			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	RZ TRA
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	PA6724
Claim Description	PA6724K / GBB8770Z ON 10 Jun 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	11/06/2019 18:26	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSLINDA	GIA report	Received
		Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1048620

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

11/06/2019 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

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

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NO

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NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:26	Photos	Normal	Photos

Video List

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