

NATIONAL Assessment Centre Services. [part 1 Jan 05] : MNA 119078642

Date In	Job description	Date & Time Completed	Done by
17/16/19 14:29	SAS e-filing		
MA/INC 19010671164	E-mail (within 3hrs, AIC 2hrs)		
GBH 92560	I-Motor Claim Form	MT/1049388-001	17/16/19 17:56
15/16/19 09:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
<input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whist		

Professional Whisp / BIC Assign Whisp / QW: () Toll: () Fax: ()

IP Particulars: Vch No: **FCM 7878X** 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 repair.

Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks:

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Reaction

MA1904514

Customer's Particulars	Amount	Balance
1) AR: Accident Reporting (330)		
2) DA: Damage Assessment (5100); INC (350)		
3) TP: Towing Fee	340/345	
4) PT: Follow-Through Survey	5120	
5) PT: Follow-Through Survey (Resurvey)	330	
*Retaining status UNG Only (see 10 Jan 2005)		
6) TR: Re-Inspection	375	
7) NI: Idao DA + SMRT Survey	3160	
8) NRUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	55	
*NR: Repair Co-ordination	510	
*N7: Post Repair Inspection	525	
*N8: DV / Collect Excess Co-ordination	35	
TP: (N11); TP (55) INC against INC	520	
2) N12: Idao Mobile	30	

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	17/06/2019 14:29
Date Of Accident	15/06/2019 09:30
Exact Location Of Accident	WOODLANDS AVE 2 TWDS AVE 5 B4 WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9256D
Insured/Policyholder	
Name Of Registered Owner	HS INTERNATIONAL PTE. LTD.
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90273666

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	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	5105094616
Cover Note Number	-

Driver

Name of Driver	GURDEEP SINGH
NRIC No	G8406395P
Date Of Birth	04/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83747480
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	28 TOH GUAN RD EAST WESTLITE TOH GUAN DORMITORY
Postcode	608596
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?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM7878X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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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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.



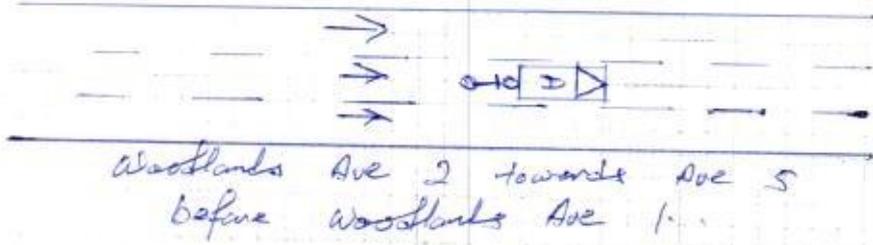
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

(A) GBH 9256 D
(B 040) FBM 7878 X.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
No: T/20190615/2152.

DECLARATION

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


Policyholder's Signature
Date & Time:


Gurdeep Singh
Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:

Vehicle No.	GBA 9256D	Model / Make	Toyota Dyna
Date of Accident	15/06/19		
Time of Accident	0930 HRS		
Location of Accident	Woodlands Ave 2 towards Ave 5 before Woodlands Ave 1.		
Exact purpose use during accident	Commercial Used.		
Name of Owner	H.S International Pte Ltd.		
Telephone No.	H/P: 9027 3666	Home:	Office:
NRIC	200909445C.		
Address	48, Teh Guan Road East #09-116 Enterprise Hub (E) 608 586		
Claim type	OD	<input checked="" type="checkbox"/> THIRD PARTY	REPORTING ONLY
Insurance Company	NFUC.		
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party	<input type="checkbox"/> Third Party / Fire / Theft
Policy No.	5105094616		
Name of Driver	As Above If No,	Gurdeep Singh.	
NRIC	G 8406395P	Any Passengers: N/A	
Date of birth	04/02/1988.		
Occupation	<input checked="" type="checkbox"/> Outdoor	<input type="checkbox"/> Indoor	
Driving License Pass Date	05/06/2017.		
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
Contact No.	H/P: 8374 7480	Home:	Office:
Address	48, Teh Guan Road East #09-116 Enterprise Hub (E) 608 586		
Driver have any own vehicle	<input checked="" type="checkbox"/> No,	If yes, Reg No.	
Relationship	<input checked="" type="checkbox"/> Employee,	If no, state	
Weather condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Other
Any Injuries	No,	<input checked="" type="checkbox"/> If Yes, Who? Third Party.	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	<input checked="" type="checkbox"/> If Yes, Where? Jurong East N.P.C.	
Vehicle B No.	FBM 7878 X.	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	N/A	Witness Contact:	N/A.
Accident Portion	Rear Portion		
Camera Recorder	Yes / <input checked="" type="checkbox"/> No		
Email Address	-		
PARTICULAR WORKSHOP	NSI		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Z: Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		



**SINGAPORE
POLICE FORCE**



T/20190615/2152

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20190615/2152

CONTINUATION OF REPORT

Driver			
Name	GURDEEP SINGH	ID No.	G8406395P
Related Vehicle	NIL	Contact No.	83747480
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	Rony	ID No.	G8055353L
Related Vehicle	NIL	Contact No.	82928066
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 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 15.06.2019 at about 9.30am, I was driving my company lorry GBH9256D in the middle lane along Woodlands Avenue 2 towards Woodlands Ave 5, While I was travelling before junction Woodlands Avenue 1. I felt an impact from the rear. I then look at my side mirror and saw a m/cycle and a rider on the ground. I then immediately stop my lorry at the side of the road and approached the Bangladeshi rider. The rider told me that he is ok and he then called his boss. At about 15 mins later, the rider boss arrived and the rider then told the boss that he felt giddy, as such the boss then called for the ambulance. Subsequently Traffic Police and ambulance arrived. The rider was then conveyed to a hospital which I am not sure which. I wish to state that when the rider hit my rear, I did not brake and I was travelling about 50km/hr. The rider motorcycle front was damaged.



**SINGAPORE
POLICE FORCE**



T/20190615/2152

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20190615/2152

CONTINUATION OF REPORT

Sketch Plan

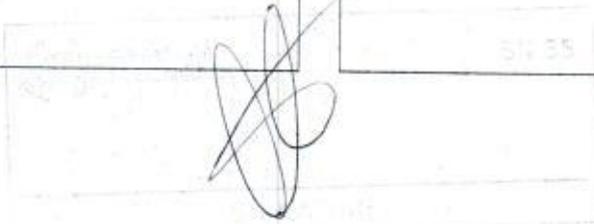
Informant is not able to provide sketch plan

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: D / SI CHEONG SIN EE, ALFRED
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213

Signature Of Informant:
Date/Time: 15/06/2019 20:22
Classification Of Case: 31 35

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G8406395P**

Name:

GURDEEP SINGH

Birth Date: **04 Feb 1988**

Issue Date: **13 Jan 2017**

Valid Till: **12/01/2022**



002647526F



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
HS INTERNATIONAL PTE. LTD.



Name:
GURDEEP SINGH

Work Permit No.:
0 34353921

Sector:
CONSTRUCTION



K0972621

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

		EFFECTIVE DATE	
CC	Class 2B	Motorcycles =< 200 CC	13 Jan 2017
	Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg	05 Jan 2017

G8406395P

S / No. 9000268457



Licence No:G8406395P

NP 428A

VISIT PASS
Immigration Regulations

22-11-2019

Name:
GURDEEP SINGH

FIN:
G8406395P

Date of Birth: **04-02-1988** Sex: **M**

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status



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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105094616		HS INTERNATIONAL PTE. LTD.	200909445C	GCV	Preferred Workshop Plan	GBH9256D	GBH9256D	01/11/2018	31/10/2019

Continue

Claim Handling

Accident MT/1049388

Policy No.	5105094616	Vehicle No.	GBH9256D	GST Registration No.	
Certificate No.					
Policyholder Name	HS INTERNATIONAL PTE. LTD.			Policyholder NRIC	200901
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	90273666	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Enticement(%)	0	Private Hire	No

Accident Details

Report Date	17/06/2019 17:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	15/06/2019	Time of Accident hh:mm	09:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 2 TWDS AVE 5 B4 WOODLANDS AVE 1				

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	Yes	GST Registration Date	15/06/2009
GST Registration No.	200909445C	GST Status Verified	Yes
Modification History	17/06/2019 17:54:59 System changed GST Registered from No to Yes 17/06/2019 17:54:59 System changed GST Registration No. from null to 200909445C 17/06/2019 17:54:59 System changed GST Registration Date from null to 15/06/2009		

Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	60858
Unit No.	09-138	Related Policy Number	5108926544		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/02/
Unnamed Driver Name	GURDEEP SINGH	Driver NRIC	GB406395P	Driving Experience	2
Register Date of Driver License	05/06/2017	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	83747480	Contact No.(Office)		Address 3	SINGA
Address 1	28 TOH GUAN ROAD EAST	Address 2	# WESTLITE TOH GUAN DORMI	Post Code	60859
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HS INTERNATIONAL PTE. LTD.
Contact No.(Mobile)	98731300	Contact No.(Home)	
Email Address		DI Vehicle Number	GBH9256D
Claim Description	GBH9256D / FBM7878X ON 15 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/06/2019 17:55
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. MT/1049388 Claim No. 001

Last Doc. Received

Yes No

Upload Date

17/06/2019 17:56

Path *

- Choose File No file chosen
- Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:56	SAS	Normal	SAS 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:56	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:56	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:56	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:56	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:56	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:55	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:55	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:55	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:55	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:55	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 17:55	Photos	Normal	Photos 2019-6-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and Uploading"/>	