NATIONAL Assessment Centre Services (ref. Labels) NNA4190 79150

Date In: 18/06/2019 10:27	Job description	Date & Time Completed	Done by
Ref No: NBA/INC(90/0732/4	SAS e-filing		
Veh No: GBB 1967E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 09/06/2019 16:25	i-Motor Claim Form	mm/10484230?2	18/06/2019 10:45
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: SJH3300D 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

NA1904598

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($) Add.Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idsu DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
* 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: Idsu Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

P. 1/1

07-MAY-2019 16:39

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 18/06/2019 10:40

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 witholding 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	18/06/2019 10:27
Date Of Accident	09/06/2019 16:25
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7967E
Insured/Policyholder	
Name Of Registered Owner	WEEAT PTE LTD
Co Reg No	201727245N
Email Address	ROSZALANYNURULHAFIZAH1991@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87745036
Alternative Phone No	OFFICE-87745036
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097063829-01
Cover Note Number	
Driver	
Name of Driver	ROSZALANY BIN SAFARUDIN
NRIC No	S9105170B
Date Of Birth	11/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87745036
Fax Number	
Contact Number	OTHERS-87745036
EMail Address	ROSZALANYNURULHAFIZAH1991@GMAIL.COM

Address	BLK 115 JALAN BUKIT MERAH #02-1607
Postcode	160115
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	SJH3300D
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KOK BENG
NRIC/Passport Number	S7236934C
Contact Number	98189900
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:

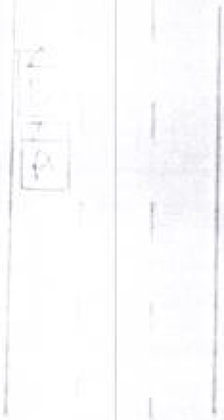
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14 JUN 2019

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

SKETCH PLAN Along [illegible] [illegible] 6

A) GBB7967E

B) SJH3300D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along clementi avenue 6 going towards PIE Thas when [illegible] had an accident. I hit a suzuki swift white color [illegible] at the bumper. The driver was a male chinese and was [illegible] in front of me. When we reach at one of the [illegible] light i thought the driver was going to past the [illegible] light but he stop at the amber light which i had no time to pess the brake properly. The i knock at the suzuki swift back bumper.

DECLARATION

I/We [illegible] the foregoing particulars are true in every respect.

WEEAT PTE LTD (UK eKIDZ EAT) PTE LTD REG NO. 201737246M

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14 JUN 2019

18/06/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1048423

Policy No.	5097063829-01	Vehicle No.	GBB7967E	GST Registration No.	
Certificate No.					
Policyholder Name	WEEAT PTE LTD			Policyholder NRIC	201727245N
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	11/06/2019 09:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/06/2019	Time of Accident hh:mm	16:25	Country of Accident	Singapore
Reporting Centre		Orange Force		LOA No.	
Accident Location	CLEMENTI AVE 6				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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			

Policyholder Mailing Address

Address 1	3 ANG MO KIO STREET 62	Address 2	#08-21 LINK@AMK	Address 3	SINGAPORE 569139
Address 4		Address Type	Singapore address	Post Code	569139
Unit No.	08-21	Related Policy Number	5097063829-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	WEEAT PTE LTD	Insured NRIC	201727245N
Contact No.(Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	GBB7967E	TP Vehicle Number	SJH3300D
Claim Description	GBB7967E / SJH3300D ON 9 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Remark					
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	18/06/2019 10:39	Claim Close Date		Date Received	18/06/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1048423	Claim No.	002
Last Doc. Received	* Yes No	Upload Date	18/06/2019 10:45

Path *

	Category *	Confidential	Urgency *	Description *
Choose File No file chosen Clear	Please Select	NO	Normal	
Choose File No file chosen Clear	Please Select	NO	Normal	
Choose File No file chosen Clear	Please Select	NO	Normal	
Choose File No file chosen Clear	Please Select	NO	Normal	
Choose File No file chosen Clear	Please Select	NO	Normal	
Choose File No file chosen Clear	Please Select	NO	Normal	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2019 10:45	SAS	Normal	SAS 2019-6-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2019 10:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2019 10:39	Photos	Normal	Photos 2019-6-18

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT 16:25 ~~04~~ 2

ACCIDENT DATE: (09 / 06 / 2019) (DD/MM/YYYY), TIME: (16 : 50) (HH:MM)

LOCATION: Along Clementi Avenue 6

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GBB 7967E
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: NISSAN URVAN
   f) TYPE: (SALOON / COUPE / MPV / (VAN) / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A) NAME: WEEAT PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: 201720458N CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: ROSZALANY BIN SAFARUDIN (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S9105170B CONTACT: 87745036
   c) ADDRESS: 115 JALAN BUKIT MERAH #02-1607 SINGAPORE 160115
   *d) DATE OF BIRTH: (11 / 02 / 1991) (DD/MM/YYYY)
   e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)
   f) DATE OF DRIVING PASS 08/03/2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / ~~RAINING~~ / OTHERS)
   b) ROAD SURFACE: (DRY / ~~WET~~ / OTHERS)
6. WAS ANYBODY INJURED (~~YES~~ / NO)
7. a) REPORTED TO POLICE (~~YES~~ / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: SJH 3300D MODEL: SUZUKI SWIFT
   b) DRIVER'S NAME: TAN KOK BENG
   c) NRIC/FIN/PASSPORT: S7236934C CONTACT: 98189900
9. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = roszalanynurulhafizah1991@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9105170B

Name

ROSZALANY BIN SAFARUDIN

Race

MALAY

Date of birth

11-02-1991

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9105170B

ROSZALANY BIN SAFARUDIN

Birth Date: 11 Feb 1991

Issue Date: 08 Mar 2018

002780752H

5638736

NRIC No. S9105170B

Date of issue

04-08-2016

Address

APT BLK 115 JALAN BUKIT MERAH
#02-1607
SINGAPORE 160115

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	08 Mar 2018

Licence No:S9105170B

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

· Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) GBB7967E

Date of Accident 09/06/2019 15:35

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5097063829-01		WEEAT PTE LTD	201727245N	GCV	Third Party	GBB7967E	GBB7967E	08/01/2019	07/01/2020

Continue