

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA1190578**

Date In: 24/6/19 12:40	Job description	Date & Time Completed	Done by
Ref No: 46/INC19011052/24	SAS e-filing		
Veh No: 5U45573	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/6/19 21:55	i-Motor Claim Form	27/105057-001	24/6/19 12:52
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **5MCT601M** 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 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

NA1904686	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR : Re-inspection \$75		
Pat. 2 / 3:	7) N1 : Idac 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: Idac 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	24/06/2019 10:40
Date Of Accident	21/06/2019 21:55
Exact Location Of Accident	PASIR RIS DR 1 TWDS LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5517J
Insured/Policyholder	
Name Of Registered Owner	COMFORT AMBULANCE & SERVICES PTE LTD
Co Reg No	201222841W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64457300

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
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	YES
Policy Number	5085537529-02
Cover Note Number	

Driver

Name of Driver	HASSAN BIN NABI @SAIMAY BIN MOHD
NRIC No	S1565233J
Date Of Birth	16/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94992747
Fax Number	
Contact Number	OFFICE-94992747
Email Address	NOEMAIL

Address BLK 942 JURONG WEST STREET 91
 #02-465
 Postcode 640942
 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 - CHANGE/CROSS LANE
 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) 2
 Passenger 1
 NAME: : -
 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

REFER TO STATEMENT.

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 SMC5601M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SEAH ZHONG HENG
 NRIC/Passport Number
 Contact Number 93915551
 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 reputate 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:

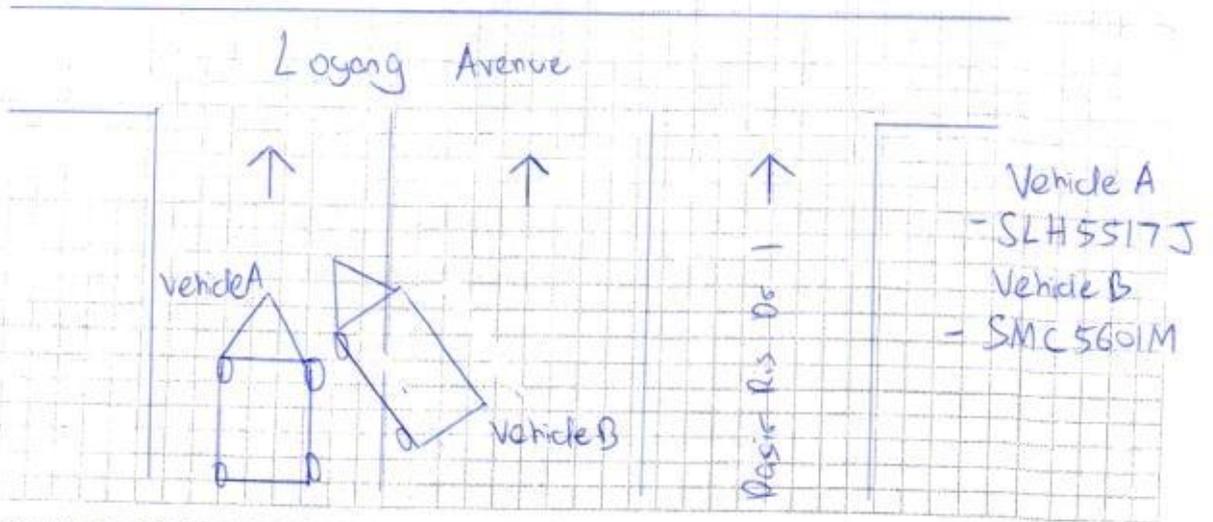
Handwritten signature

Handwritten signature

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

Handwritten signature

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary as the traffic light was red. As I was moving off my vehicle, Vehicle B (SMC 5601M) suddenly cut into my lane from the right, damaging my front right bumper.

DECLARATION

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

[Signature]
*
Policyholder's Signature
Date & Time:



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

[Signature]
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: SLH5517J

MAKE & MODEL: Nissan Van

DATE OF ACCIDENT: 21 06 19
 TIME OF ACCIDENT: 9.55 AM (PM)
 LOCATION OF ACCIDENT: Pasir Ris Drive 1 Towards Loyang Avenue
 Exact Purpose use during accident:

NAME OF OWNER: Comfort Ambulance & Services Pte Ltd
 TELP NO: 6445 7300
 NRIC:

CLAIM TYPE: OD / THIRD PARTY / Reporting Only
 INSURANCE CO: NTUC
 TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft
 POLICY NO:

NAME OF DRIVER: As above / If No: Hassan Bin Nabi @ Saimay Bin Mohd
 NRIC: S15652335
 DATE OF BIRTH: 16 / 12 / 1962
 OCCUPATION: Outdoor / Indoor
 DATE OF DRIVING PASS: 30 / 12 / 1983
 GENDER: Male / Female
 CONTACT NO: 9499 2747 Office, Home:
 ADDRESS: Blk 942 Jurong West Street 91 #02-465 S(640942)
 DRIVER HAVE ANY OWN Vehicle: NO / If yes, Reg No.
 RELATIONSHIP: Employee / If No.
 WEATHER CONDITION: Clear / Raining / Other.
 ROAD SURFACE: Dry / Wet / Other.
 ANY INJURIES: No / If yes, Who?
 CONTACT NO:
 POLICE REPORT: No / If yes, Where?
 VEHICLE B NO: SMC 5601M
 NAME: Seah Zhang Heng
 CONTACT NO: 93915551
 VEHICLE C NO: Any Passenger
 VEHICLE D NO: Any Passenger
 VEHICLE E NO: Any Passenger
 VEHICLE F NO: Any Passenger
 ANY WITNESS: Any Passenger
 WITNESS CONTACT NO:
 Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO

Hock Motors Workshop

PARTICULAR WORKSHOP: Sme Motor Pte Ltd
 TELP NO: 1 Kaki bukit ave 6 #02-15
 CONTACT PERSON: Autobay @ kaki bukit
 FAX NO: 6753 5346
 Singapore 417883
 Telp. 67476106 (6 lines)
 Fax: 67442368

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class 2B Motorcycles not exceeding 200 cc
 Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
 06 Dec 1983
 30 Dec 1983

NP 428A

Licence No: S1565233J



5845895



NRIC No. S1565233J



Date of Issue
 02-01-2018

Address
 APT BLK 942 JURONG WEST STREET 91
 #02-465
 SINGAPORE 640942

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1565233J

Name: HASSAN BIN NABI

Issue Date: 16 Dec 1982
 Valid Date: 06 Dec 2005




001039464J

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1565233J

For LKK/NAC Use Only

Name: HASSAN BIN NABI
 @SAIMAY BIN MOHD




Race: BOYANESE
 Date of birth: 16-12-1982
 Country/Place of birth: SINGAPORE

Sex: M

For LKK/NAC Use Only

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"/>	5085537529-02		COMFORT AMBULANCE & SERVICES PTE. LTD.	201222841W	GFT	Comprehensive	SLH5517J	SLH5517J	16/11/2018	

Continue

Policy Information

Policy No.	5085537529-02	Policyholder Name	COMFORT AMBULANCE & SERVI	Policyholder NRIC	201222841W
Certificate No.					
Address	BLK 231 #02-122 SIMEI STREET 4 SINGAPORE 520231				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/11/2018	Effective Date	16/11/2018 00:00	Expiry Date	15/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 231 #02-122	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520231
Address 4		Address Type	Singapore address	Post Code	520231
Unit No.	02-122	Related Policy Number	5085537529-02		

Insured Object: SLH5517J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1050157

Policy No.	5085537529-02	Vehicle No.	SLH55171	GST Registration No.	201222841W
Certificate No.					
Policyholder Name	COMFORT AMBULANCE & SERVICES PTE. LTD.			Policyholder NRIC	201222841W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64457300	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
KPK	<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	No
Accident Details					
Report Date	24/06/2019 10:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	21/06/2019	Time of Accident (hh:mm)	21:55	Courtesy of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DR 1 TWOS LOYANG AVE				
Excess					
Own damage Excess	1,500.00	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	01/06/2016		
GST Registration No.	201222841W	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 231 #02-122	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520231
Address 4		Address Type	Singapore address	Post Code	520231
Unit No.	02-122	Related Policy Number	5085537529-02		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/12/1962
Unnamed driver Name	HASSAN BIN NABI @SAJIMAY BI	Driver NRIC	S15652331	Driving Experience	35
Register Date of Driver License	30/12/1983	Driver Age	56	Contact No.(Home)	0
Contact No.(Mobile)	94992747	Contact No.(Office)	0	Address 3	NANYANG RUBY
Address 1	BLK 942	Address 2	JURONG WEST STREET 91	Post Code	640942
Address 4	SINGAPORE 640942	Address Type	Singapore address		
Unit No.	02-465				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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		

Modification history

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	COMFORT AMBULANCE & SERV	Insured NRIC	201222841W
Contact No.(Mobile)	97478509	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	SLH55171	TP Vehicle Number	SMCS601M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *			
Claimant Address	<input type="text" value=""/>				
Claim Description	SLH55171 / SMCS601M ON 21 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/06/2019 10:52	Claim Close Date		Date Received	24/06/2019 10:53
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1050157	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/06/2019 11:20
Path *			
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Category *
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Confidential
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Urgency *
<input type="text" value=""/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Description *

