

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MLA119083816**

Date In: <b>27/6/9-1670</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 9011438/24</b>	SAS e-filing		
Veh No: <b>6808774C</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>27/6/9-14:10</b>	i-Motor Claim Form	<b>ML/10 30896-001</b>	<b>27/6/9 17:11</b>
OD <input checked="" type="checkbox"/> 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: <b>6808774C</b>	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

<b>NA/904774</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b> Inc Bill	<b>Am't (\$)</b> Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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 / Tpl 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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors' Comments:-

Dat 1:

Dat 2 / 3:

## 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	27/06/2019 16:50
Date Of Accident	27/06/2019 14:10
Exact Location Of Accident	UPP CHANGI RD NORTH TWDS LOYANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8774C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LFY SERVICES
Co Reg No	52994793E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62590212

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072387015-03
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD FAROSS BIN HASHIM
NRIC No	S7832721I
Date Of Birth	26/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82018124
Fax Number	
Contact Number	OFFICE-82018124
EMail Address	NOEMAIL

Address	BLK 307C ANG MO KIO AVENUE 1 #03-447
Postcode	563307
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	CHAIN COLLISION
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	3
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)	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

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL7348H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAJAN RAJGOPAL
NRIC/Passport Number	
Contact Number	91863226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ9262U
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)	1

#### DETAILS OF INJURED PERSON 1

Name	MOHAMMAD FAROSS BIN HASHIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD8774C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

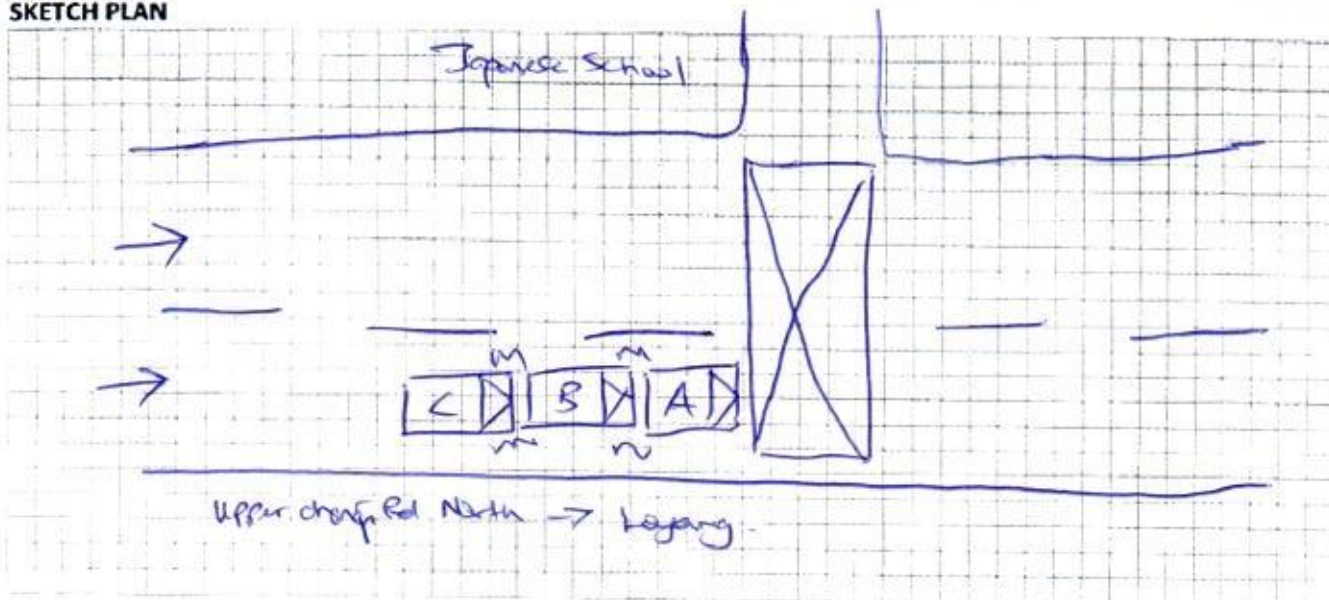


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Upper Changi Rd North towards Legong on the right lane of a 2-lanes, road. Somewhere right past Japanese school, I stopped completely due to traffic light ahead. Out of the sudden, I felt an impact on the rear portion of my vehicle. After the impact, I stopped and realised veh (C) hit onto veh (B) and veh (B) hit onto my vehicle.

A - GBD 8774C

B - SKL 7348 H

C - SLQ 9262U

## DECLARATION

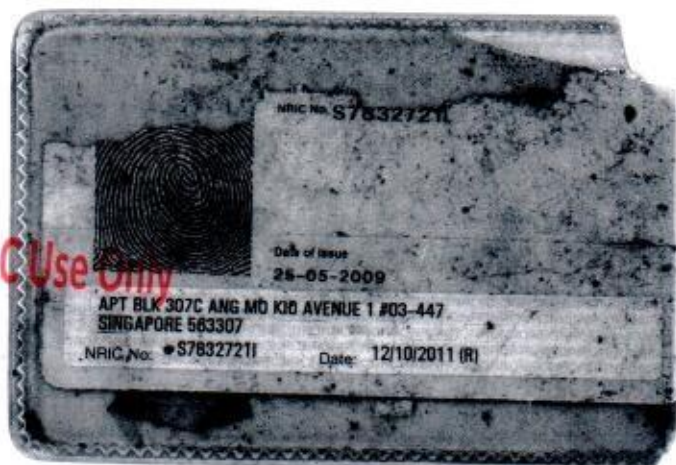
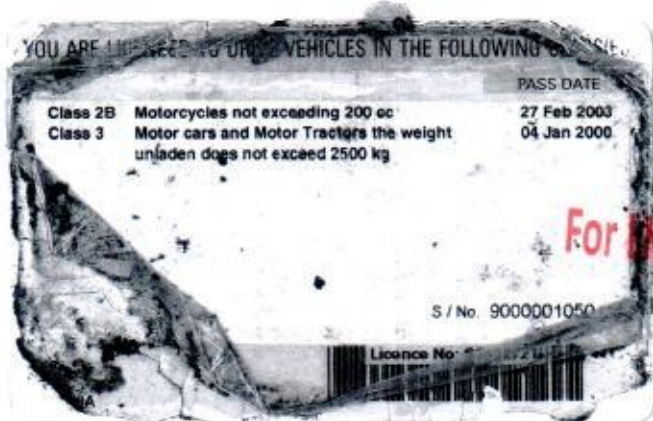
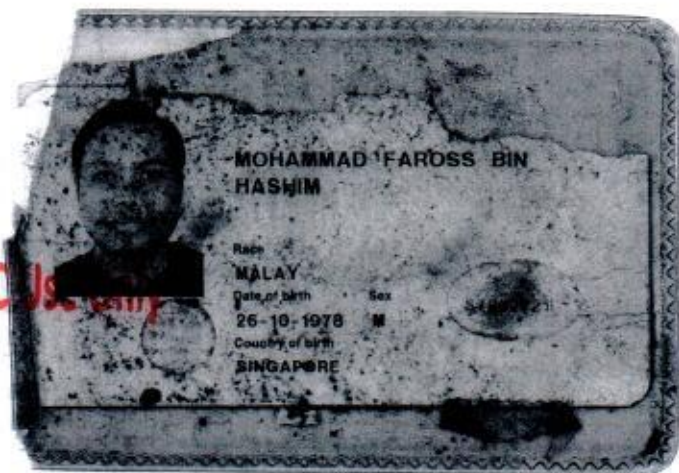
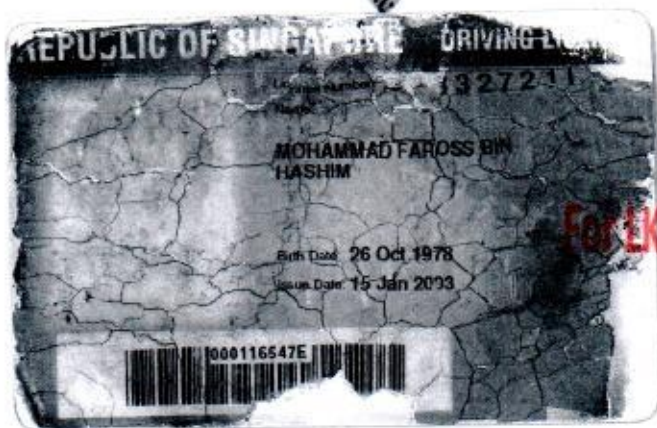
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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

<b>Vehicle No.</b>	GBD 8774C	Model / Make	Toyota Hiace
Date of Accident	27/6/19		
Time of Accident	2.10pm	HRS	
Location of Accident	Upper Changi Rd North Lanyang		
Exact purpose use during accident	Commercial use		
<b>Name of Owner</b>	LFY Services		
Telephone No.	H/P: 82018124	Home:	Office: 62590012
NRIC	52994793E		
Address	15B, Roman St 1, #02-128, S(570158)		
Claim type	OD (THIRD PARTY)	REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.			
<b>Name of Driver</b>	As Above If No, Mohammad Farooz Bin Hashim		
NRIC	S7832721 I	Any Passengers:	NI
Date of birth Address:	Bik 207C, Ang Mo Kio Ave 1, #03-447, S(563307)		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	01/1/2020		
Gender	(Male) / Female		
Contact No.	H/P: 82018124	Home:	Office:
Address	O.B.S. 26/10/1478		
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?) Mohammad Farooz Bin Hashim		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SKL 7348H	Any Passengers:	NI
Name of Driver	Rajan Rajgopal	Contact No.:	91863226
<b>Vehicle C No.</b>	SLR 92624	Any Passengers:	NI
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Pear Portion		
Camera Recorder	(Yes) / No		
Email Address	faroozhashim@yahoo.com		
<b>PARTICULAR WORKSHOP</b>	NSI Automotive		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	A. L. G.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@nsi.com.sg		



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072387015-03		LFY SERVICES	52994793E	GCV	Comprehensive	GBD8774C	GBD8774C	02/07/2018	01/07/2019

 Policy Information

Policy No.	5072387015-03	Policyholder Name	LFY SERVICES	Policyholder NRIC	52994793E
Certificate No.					
Address	BLK 158 #02-128 BISHAN STREET 13 SINGAPORE 570158				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	29/06/2018	Effective Date	02/07/2018 00:00	Expiry Date	01/07/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	<div>Young/Inexperience Driver Excess</div>			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 158 #02-128	Address 2	BISHAN STREET 13	Address 3	SINGAPORE 570158
Address 4		Address Type	Singapore address	Post Code	570158
Unit No.		Related Policy Number	5072387015-04		

 Insured Object: GBD8774C

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

Accident MT/1050896

Policy No.	5072387015-03	Vehicle No.	GBD8774C	GST Registration No.	
Certificate No.					
Policyholder Name	LPY SERVICES			Policyholder NRIC	52994793E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	52590212	Contact No.(Home)	0
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(%)	20	Private Hire	No

**Accident Details**

Report Date	27/06/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	27/06/2019	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP CHANGI RD NORTH TWOS LOYANG				

**Excess**

Own damage Excess	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	27/06/2019 17:10:58 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	BLK 158 #02-128	Address 2	BISHAN STREET 13	Address 3	SINGAPORE 570158
Address 4		Address Type	Singapore address	Post Code	570158
Unit No.		Related Policy Number	5072387015-04		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/10/1978
Unnamed driver Name	MOHAMMAD FAROOS BIN HASH	Driver NRIC	S76327211	Driving Experience	19
Register Date of Driver License	04/01/2000	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	82018124	Contact No.(Office)	0	Address 3	TECK GHEE VISTA
Address 1	BLK 307C	Address 2	ANG MO KIO AVENUE 1	Post Code	563307
Address 4	SINGAPORE 563307	Address Type	Singapore address		
Unit No.	03-447				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OO-Mx	Insured Name	LPY SERVICES	Insured NRIC	52994793E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	93838354
Email Address		OI Vehicle Number	GBD8774C	TP Vehicle Number	SKL7348H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD8774C / SKL7348H ON 27 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	27/06/2019 17:11	Claim Close Date		Date Received	27/06/2019 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1050896	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/06/2019 17:12

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:12	SAS	Normal	SAS 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:12	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:12	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:13	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:11	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:11	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:11	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:11	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Jun 2019 17:13	Photos	Normal	Photos 2019-6-27		<a href="#">Edit</a>

 **Video List**

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