

# NATIONAL Assessment Centre Services

[Ref: 123700]

Date In: 29/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011546/13	SAS e-filing		
Veh No: GBJ2800M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/06/19 1800	i-Motor Claim Form	MT/1051200-001	
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: (TWINAR)	Tel:	Fax:
TP Particulars:	Veh No: SLN1895L	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

NA-204868	<b>Invoice Preparation Checklist</b>		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			
	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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*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	29/06/2019 15:45
Date Of Accident	28/06/2019 18:00
Exact Location Of Accident	RACE COURSE RD INFRT VINTAGE INN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2802M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAI LUN ENGINEERING PTE. LTD.
Co Reg No	201011032W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98775136

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5107764120
Cover Note Number	

### Driver

Name of Driver	RASEL MOHAMMED
NRIC No	G8380671R
Date Of Birth	10/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84634943
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	60 KAKI BUKIT PLACE #05-13 EUNOS TECHPARK
Postcode	415979
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	SIDE SWIPE
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

PLS REFER TO THE ATTACHED 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	SLN1895L
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)	



## 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:

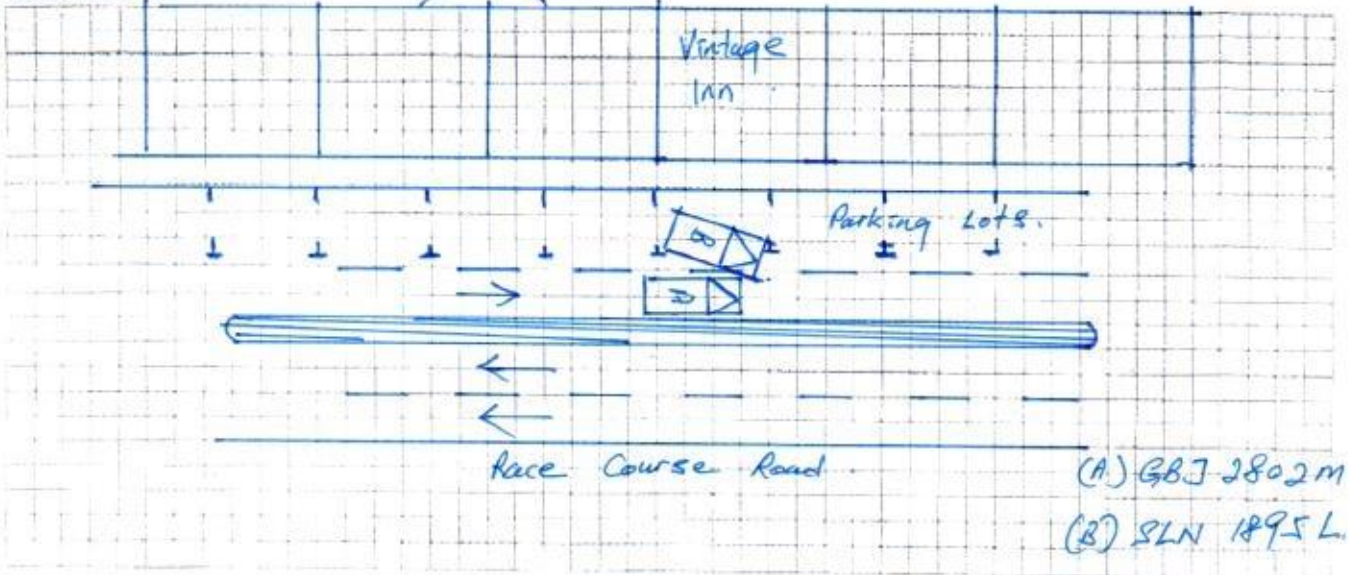
*Rasel*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*sfym 29/06/19*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SHOP HOUSE

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/06/19 at @ 1800hrs, I was travelling in my vehicle (GBJ 2802M) along Race Course Road towards the direction of Bukit Timah Road in front of Vintage Inn on a single lane. Suddenly, a car (SLN 1895L) in the car park lot on my left turn out without checking and collided with my vehicle front left portion.

## 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.:



Vehicle No.	G8J 2802 M		Model / Make	Toyota Dyna
Date of Accident	28/06/19.			
Time of Accident	1800 HRS			
Location of Accident	Race Course Road. Infront Vantage Inn			
Exact purpose use during accident	Commercial used.			
Name of Owner	Kai Lun Engineering Pte Ltd.			
Telephone No.	H/P: 9877 5136	Home:	Office:	
NRIC	201011032W			
Address	60, Kaki Bukit Place #05-13, Eunos Technopark (S) 415979			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.				
Name of Driver	As Above If No, Rasei Mohammed.			
NRIC	G8380671R		Any Passengers:	N-A.
Date of birth	10/01/1988.			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	28/11/2012			
Gender	Male	/	Female	
Contact No.	H/P: 8463 4943	Home:	Office:	
Address	60, Kaki Bukit Place #05-13, Eunos Technopark (S) 415979.			
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.	SLN 1895L		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	Front left Portion			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	Toscar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Tong			
FAX NO	6741 0510			
SHOP EMAIL ADDRESS	sales@n51.com.sg			

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8380671R**

Name: **RASEL MOHAMMED**

Birth Date: **10 Jan 1988**

Issue Date: **10 Nov 2017**

Valid Till: **27/11/2022**

002742287G

**For LKK/NAC Use Only**

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**KAI LUN ENGINEERING PTE. LTD.**

Name:  
**RASEL MOHAMMED**

S Pass No:  
**0 62690755**

Sector:  
**CONSTRUCTION**

**K1305273**

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	28 Nov 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	12 Oct 2016

**For LKK/NAC Use Only**



NP 428A

**VISIT PASS**  
Immigration Regulations

92-94-2019

Name:  
**RASEL MOHAMMED**



FIN:  
**G8380671R**

Date of Birth:  
**10-01-1988**

Nationality:  
**BANGLADESHI**

**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

28/06/2019 18:00

Vehicle No.(For Motor)

GBJ2802M

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5107764120		KAI LUN ENGINEERING PTE. LTD.	201011032W	GCV	Preferred Workshop Plan	GBJ2802M	GBJ2802M	12/03/2019	11/03/2020



## Claim Handling

## Accident MT/1051200

Policy No.	5107764120	Vehicle No.	GBJ2802M	GST Registration No.
Certificate No.				
Policyholder Name	KAI LUN ENGINEERING PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	98775136	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	29/06/2019 17:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/06/2019	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	RACE COURSE RD INFRT VINTAGE INN			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	10/01/20
GST Registration No.	201011032W	GST Status Verified	Yes
Modification History	29/06/2019 17:39:38 System changed GST Registration Date from 01/01/2015 to 10/01/2011 29/06/2019 17:39:38 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	60 KAKI BUKIT PLACE	Address 2	#05-13 EUNOS TECHPARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107764120	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RASEL MOHAMMED	Driver NRIC	G8380671R	Driver DOB
Register Date of Driver License	28/11/2012	Driver Age	31	Driving Experience
Contact No.(Mobile)	84634943	Contact No.(Office)	0	Contact No.(Home)
Address 1	60 KAKI BUKIT PLACE	Address 2	EUNOS TECHPARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-13			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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	KAI LUN
Contact No.(Mobile)		Contact No. (Home)	
Email Address	kailun.2010@yahoo.com.sg	OI Vehicle Number	GBJ280
Claim Description	GBJ2802M / SLN1895L ON 28 Jun 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	29/06/2019 17:41	GIA report	Received
		Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.

MT/1051200

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/06/2019 00:00

Path \*

Category \*

Confidential

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Message Read

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2019 17:41	Photos	Normal	Photos

Video List

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