

NATIONAL Assessment Centre Services [and 1 Jan 2019] MAA/19086466		Date In: 02/07/2019 12/08	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/1901/1762/Y		SAS e-filing			
Veh No: GBA 26362		E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 29/06/2019 14/08		i-Motor Claim Form		MT/1051507-002	02/07/2019
OD: TP <u>Reporting Only</u>		i-Motor W/O (Within: OD 2hrs, TP 4hrs)			12/08
TP Insurer:		i-Photo Uploaded			
		Assessment/Survey Report			
		Ass't Report by Fax / Hand to Owner/Wksp			

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()		Fax: ()	
TP Particulars:	Veh No: SLX 2845.D	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: (\$)		Landing: \$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:	
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Date/Time	Actions

11A/1904981		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		In Bill	Add Bill
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			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2019)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idm DA + SMRT Survey \$160			
1/1		8) NTUC Additional Services:			
		* N3: Courtesy Car / Tpl Allowance \$5			
		* N6: Repair Co-ordination \$10			
		* N7: Post Repair Inspection \$25			
		* N8: DV / Collect Excess Coordination \$5			
		* TP (N11): TP (N-in INC) against INC \$20			
		* N12: Idm Mobile 30			
		Invoice dated		Pen 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	03/07/2019 12:08
Date Of Accident	29/06/2019 14:45
Exact Location Of Accident	SLIP ROAD FROM AYE INTO ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA2636Z
Insured/Policyholder	
Name Of Registered Owner	CHIN CHENG NEWSPAPER AGENCY
Co Reg No	53329373A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96282747
Alternative Phone No	OFFICE-98765087

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110547526
Cover Note Number	

Driver

Name of Driver	ABDULLAH BIN SANJAR
NRIC No	S6903662G
Date Of Birth	31/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96282747
Fax Number	
Contact Number	OTHERS-98765087
Email Address	NOEMAIL

Address	BLK 307 WOODLANDS AVENUE 1 #04-307
Postcode	730307
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	SLX7849D
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XIE TING TING
NRIC/Passport Number	S7972009G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

Cheng Newspaper Agency

ROC No. 53329373A

Blk 406 Pandan Gardens

#11-38 Singapore 600406

H/P: (65) 9876-5087 / (65) 9228-6169

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

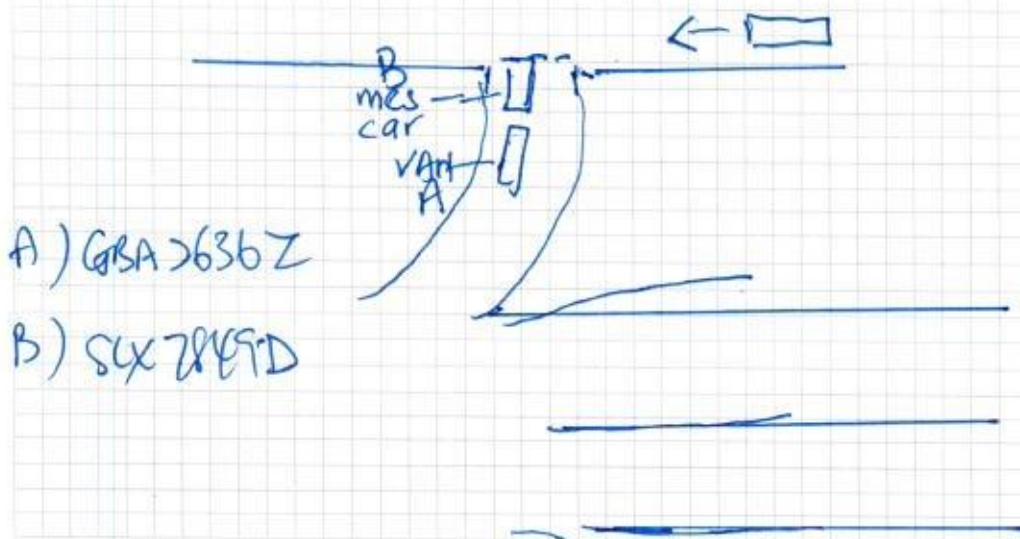
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALEXANDRA RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from AYR, exiting at ALEX RD. SLIP RD, in front me was a mercedec car, as I ~~appro~~ nearing the vehicle it started to move. I slowly follow it behind, but at the edge of the slip rd she stop, looking a car from the main rd ~~moving~~ coming, I did not had the chance to brake and hit the back bumper. As there were not injuries at that time we exchange particular. My van had only ~~scrap~~ scratches were and no broken clenges. As for the car there was ~~scratch~~ scratch mark on the bumper

DECLARATION

Chin Cheng Newspaper Agency

We declare the foregoing particulars are true in every respect.

ROC No. 53329373A

Blk 406 Pandan Gardens

#11-38 Singapore 600406

H/P: (65) 9876-5087 / (65) 9228-6169

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.:

Claim Handling

Accident MT/1051507

Policy No.	5110547526	Vehicle No.	GBA2636Z	GST Registration No.	
Certificate No.					
Policyholder Name	CHIN CHENG NEWSPAPER AGENCY				
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Policyholder NRIC	53329373A
Contact No.(Mobile)	NA	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	+ No Yes	TCA	+ No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
				Private Hire	No

Accident Details

Report Date	02/07/2019 13:33	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	29/06/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	NA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
VED OD Excess		VED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	02/07/2019 13:35:46 System changed GST Registered from Yes to No 02/07/2019 13:35:46 System changed GST Registration No. from 53329373A to null 02/07/2019 13:35:46 System changed GST Registration Date from 17/02/2016 to null				

Policyholder Mailing Address

Address 1	BLK 406 #11-38	Address 2	PANDAN GARDENS	Address 3	SINGAPORE 600406
Address 4		Address Type	Singapore address	Post Code	600406
Unit No.	11-38	Related Policy Number	5110547526		

OI Driver Info

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

Modification History

Claim 002 New

Claim Type *	GD-MX	Insured Name	CHIN CHENG NEWSPAPER AGENCY	Insured NRIC	53329373A
Contact No.(Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	
Email Address		OI		TP	SLX7849D
Claim Description		Vehicle Number	GBA2636Z	Vehicle Number	SLX7849D
Preferred Workshop		GBA2636Z / SLX7849D ON 29 Jun 2019			
Insured Liability	Fully at Fault	Name of Preferred Workshop			
Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered		GIA report	Received		
Report Taken By		Claim Close Date	03/07/2019 12:37	Date Received	03/07/2019 00:00
			ROSLI WAHAB		

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1051507	Claim No.	002
Last Doc. Received	Yes No	Upload Date	03/07/2019 12:38
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:38	Photos	Normal	Photos 2019-7-3	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:38	Photos	Normal	Photos 2019-7-3	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:38	Photos	Normal	Photos 2019-7-3	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:38	Photos	Normal	Photos 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:38	Photos	Normal	Photos 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:37	Photos	Normal	Photos 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:37	Photos	Normal	Photos 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:37	Photos	Normal	Photos 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:37	Photos	Normal	Photos 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:37	SAS	Normal	SAS 2019-7-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 12:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-3

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (29, 06, 19) (DD/MM/YYYY), TIME: (2:45/3:00) (HH:MM)
 LOCATION: SLIP RD MERAPAKA RD FROM AYU

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBN 2636 2
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 511054152
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
 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: CHAN CHUAN KUN PAPER AGENCY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ABDULLAH BIN SAJJAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 96282747
 c) ADDRESS:

* d) DATE OF BIRTH: (11, 08, 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

- a) VEHICLE NUMBER: SLX 78490 MODEL: Mercedes B500
 b) DRIVER'S NAME: NG Ting Ting
 c) NRIC/FIN/PASSPORT: 57972009 CONTACT:

9. THIRD PARTY VEHICLE

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

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6903662G



Name
ABDULLAH BIN SANJAR

Race
JAVANESE

Date of birth
31-01-1969

Country/Place of birth
SINGAPORE

Sex
M

For LKK/NAC Use Only






REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S6903662G

Name:
ABDULLAH BIN SANJAR

For LKK/NAC Use Only

Birth Date: 31 Jan 1969
Issue Date: 04 Jul 2016

5459249



NRIC No: S6903662G

For LKK/NAC Use Only

Date of issue
24-04-2015

APT BLK 307 WOODLANDS AVENUE 1 #04-307
SINGAPORE 730307

NRIC No: S6903662G
SINGAPORE 730307

Date: 21/07/2016



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	30 Aug 1990
Class 2A Motorcycles between 201 cc and 400 cc	26 Jun 1992
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	11 Sep 1995

For LKK/NAC Use Only

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/06/2019 11:36"/>
Vehicle No.(For Motor)	<input type="text" value="GBA2636Z"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110547526		CHIN CHENG NEWSPAPER AGENCY	53329373A	GCV	Preferred Workshop Plan	GBA2636Z	GBA2636Z	26/06/2019	25/06/2020