

NATIONAL Assessment Centre Services. [wef 1 Jan'08] MND 119089885

Date In: 12/19-10.08	Job description	Date & Time Completed	Done by
Ref No: NA/1190898885	SAS e-filing		
Veh No: 4P2128 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/2/9-14.08	i-Motor Claim Form	17/11/052815-001	12/19 12:19
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: 4P2128 U	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/1905128	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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 2008)		
	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		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Ref. 1:	TP (N11): TP (Non INC) against INC \$20		
Ref. 2 / 3:	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	10/07/2019 10:08
Date Of Accident	09/07/2019 14:55
Exact Location Of Accident	20 CHANGI SOUTH AVE 2 UNLOADING BAY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7178U
Insured/Policyholder	
Name Of Registered Owner	LOADED SERVICES PTE LTD
Co Reg No	200010432N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
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	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	5108603162
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN ABDUL LATIB
NRIC No	S1565015Z
Date Of Birth	26/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1988
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93220362
Fax Number	
Contact Number	OFFICE-93220362
Email Address	NOEMAIL

Address	BLK 550 BEDOK NORTH AVENUE 1 #04-528
Postcode	460550
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?	
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

ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE ONTO 20 CHANGI SOUTH AVE 2 LOADING/ UNLOADING BAY CARPARK LOT AND SLIGHTLY HIT ONTO VEHICLE B FRONT PORTION.

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	YP1694K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

0

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Handwritten sketch plan on a grid background. On the left, a vertical line is labeled "2 Chang". To its right, a vertical rectangle is divided into three sections. The top section is labeled "A", the middle section is labeled "B", and the bottom section is labeled "C". An arrow points from the text "Rear View" to the top of section A. Another arrow points from the text "Tailgate" to the bottom of section B. In the upper right corner, the following text is written:

A: 1P2138U
B: 1P1644K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/We declare that the 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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1565015Z**
Name: **ZULKIFLI BIN ABDUL LATIB**

Birth Date: **26 Aug 1962**
Issue Date: **03 Nov 2003**

000973437F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1565015Z**

Name: **ZULKIFLI BIN ABDUL LATIB**

Race: **MALAY**
Date of birth: **26-08-1962**
Country/Place of birth: **SINGAPORE**

Sex: **M**

5944945

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

	PASS DATE
Class 1B Motorcycles \leq 200 CC	30 Apr 2003
Class 1A Motorcycles between 201 CC and 400 CC	04 Mar 2013
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	18 Oct 1985
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	04 Jan 1988

S1565015Z S / No. 9000164722

Licence No: S1565015Z

NP 428A

For LKK/NAC Use Only

Barcode

NRIC No. **S1565015Z**

Date of issue: **24-05-2018**

Address: **APT BLK 550 BEDOK NORTH AVENUE 1
#04-52B
SINGAPORE 460550**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text" value="S108603162"/>	Date of Accident	<input type="text" value="09/07/2019 14:55"/>
Vehicle No.(For Motor)	<input type="text" value="YP7178U"/>	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"/>	S108603162	S108603162-000022	LOADED SERVICES PTE LTD	200010432N	GFM	Comprehensive	YP7178U	YP7178U	03/04/2019	02/04/2020

▼ Policy Information

Policy No.	5108603162	Policyholder Name	LOADED SERVICES PTE LTD	Policyholder NRIC	200010432N
Certificate No.	5108603162-000022				
Address	P O BOX 973 AIRMAIL TRANSIT CENTRE POST OFFICE SINGAPORE 918116				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/04/2019	Effective Date	03/04/2019 00:00	Expiry Date	02/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	800	Windscreen Excess	100
Additional Excess		OS Premium	4997.25		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	P O BOX 973	Address 2	AIRMAIL TRANSIT CENTRE POST	Address 3	SINGAPORE 918116
Address 4		Address Type	Singapore address	Post Code	918116
Unit No.		Related Policy Number	5108604776		

Insured Object: 5108603162-000022

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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▼ Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1052815

Policy No.	5108603162	Vehicle No.	YP717BU	GST Registration No.	200010432N
Certificate No.	5108603162-000022				
Policyholder Name	LOADED SERVICES PTE LTD			Policyholder NRIC	200010432N
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TL
KYC	<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	10/07/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/07/2019	Time of Accident (hh:mm)	14:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	20 CHANGI SOUTH AVE 2 UNLOADING BAY CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess			Driver is Covered?
Additional Excess					
Total OD Excess Applicable	800.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	22/01/2001
GST Registration No.	200010432N	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	P O BOX 973	Address 2	AIRMAIL TRANSIT CENTRE POST	Address 3	SINGAPORE 918116
Address 4		Address Type	Singapore address	Post Code	918116
Unit No.		Related Policy Number	5108604776		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/08/1962
Unnamed driver Name	ZULKIFLI BIN ABDUL LATIF	Driver NRIC	S1565015Z	Driving Experience	31
Register Date of Driver License	04/01/1988	Driver Age	56	Contact No.(Home)	0
Contact No.(Mobile)	93220362	Contact No.(Office)	0	Address 3	SINGAPORE 460550
Address 1	BLK 550	Address 2	BEDOK NORTH AVENUE 1	Post Code	460550
Address 4		Address Type	Singapore address		
Unit No.	04-528				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LOADED SERVICES PTE LTD	Insured NRIC	200010432N
Contact No.(Mobile)	97488240	Contact No.(Home)	NIL	Contact No.(Office)	65468936
Email Address	loadedis@singnet.com.sg	O1 Vehicle Number	YP717BU	TP Vehicle Number	YP1654K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP717BU / YP1654K ON 9 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/07/2019 17:19	Claim Close Date		Date Received	10/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1052815	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/07/2019 17:20
Path *			
Category *	Please Select	Confidential	Urgency *
Clear	NO	Normal	Description *

Browse...						
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:20	SAS	Normal	SAS 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:20	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:20	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:20	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:20	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:19	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:19	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:19	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:19	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:19	Photos	Normal	Photos 2019-7-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jul 2019 17:19	Photos	Normal	Photos 2019-7-10		Edit

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"/>				