

NATIONAL Assessment Centre Services

Print 1 Jan 05

MAA 119094578

Date In: 19 17 / 19 11:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA11MC19012798164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: 5GN 389 Y	I-Motor Claim Form	MT11054203 ⁰⁰¹	19/17/19 17:54
TTA: 19 17 / 19 11:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
QI - TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: ()	Total:	Fax:
TP Particulars:	Veh No: 53T 8186X	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

- Requirements: () INC () only () NO () NO ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

MA1905349

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Bngr-In-Charge): _____

Additional Comments: _____

Sub 1: _____

1) All Accident Reporting - (\$30)		
2) DA: Damage Assessment - (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
*Resurveying against INC Only (w/c 10 Jan 2005)		
6) TIC: Re-Inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
*NS: Courtesy Car / Tpt Allowance	\$33	
*NR: Repair Coordination	\$10	
*NT: Post Repair Inspection	\$23	
*NI: DV / Collect Excess Coordination	\$33	
*TP (NI) / TP (Non-INC) against INC	\$20	
9) NI2: Idao Mobile	\$30	
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	19/07/2019 14:17
Date Of Accident	19/07/2019 11:00
Exact Location Of Accident	NAPIER RD TWDS ORCHARD RD NEAR GLENEAGLES HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN389Y
Insured/Policyholder	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	53378329A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099368818-01
Cover Note Number	-

Driver

Name of Driver	BAHARUDDIN BIN MOHAMED @BAHARUDDIN BIN SALLEH
NRIC No	S2163141H
Date Of Birth	28/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91641897
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 113 COMMONWEALTH CRES #01-320
Postcode	140113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJT8186X
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.
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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.

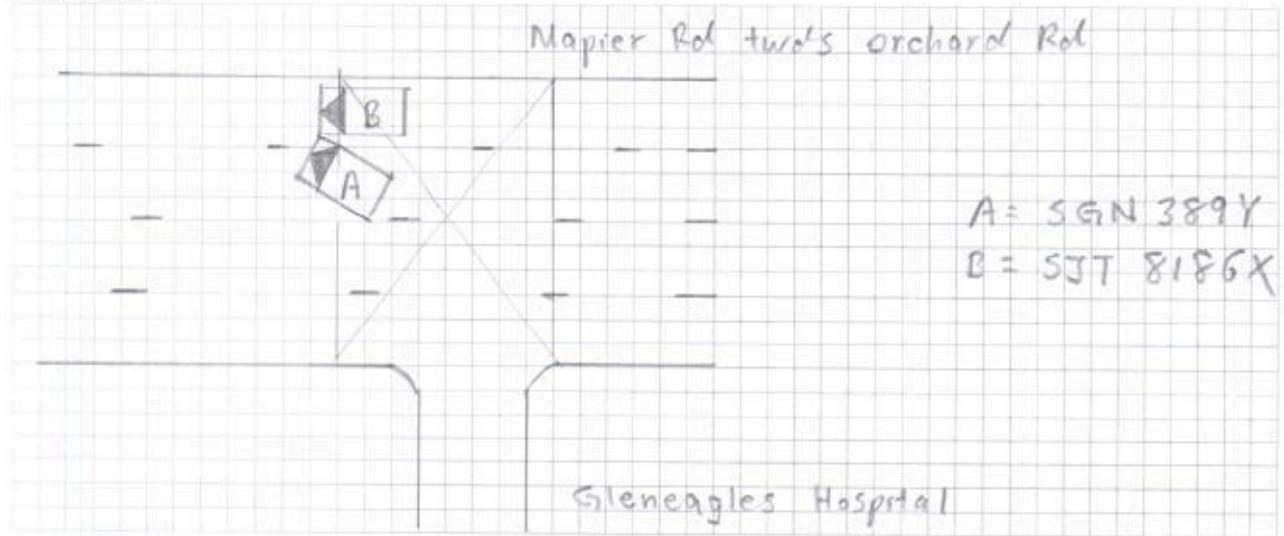


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

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.:



Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Driver			
Name	BAHARUDDIN BIN MOHAMED	ID No.	S2163141H
Related Vehicle	SGN389Y (Car)	Contact No.	91641897
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	REINBOTT SUSAN JANE	ID No.	G5919978T
Related Vehicle	SJT8186X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/07/2019 at about 1100hrs, I was driving my grab car, a blue Toyota, registration number SGN389Y, exiting from Gleneagles Hospital. I inched forward slowly to check for any oncoming vehicles. When the traffic has already cleared, I drove out from the hospital. As I was driving out, suddenly, a silver car hit onto my front right side, inside the yellow box. We then alighted from our vehicle to assess the accident. We managed to exchange particulars. TP was also at scene and I was given report number E/20190719/0060 from the TP officer.



**SINGAPORE
POLICE FORCE**



T/20190719/2054

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

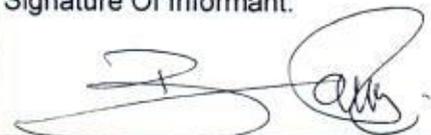
Report No. T/20190719/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 1 NOORHIDAYAT BIN WAHID	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2019 12:51
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168	

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S2163141H

Name: BAHARUDDIN BIN MOHAMED

Issue Date: 8/8/2005

Please visit www.lta.gov.sg to check the status of this vocational licence



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2163141H

Name: BAHARUDDIN BIN MOHAMED

Birth Date: 28 Sep 1955

Issue Date: 16 Dec 2002

100023694H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2163141H

Name: BAHARUDDIN BIN MOHAMED @BAHARUDDIN BIN SALLEH

بهروددين بن محمد

Race: MALAY

Date of Birth: 28-09-1955

Sex: M

Country of Birth: SELANGOR

S2163141H




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	07/09/1988

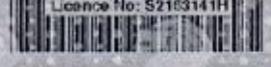
NP 426A



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 May 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jan 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	10 Feb 1979

Licence No: S2163141H



0300416

NRIC No: S2163141H

Blood Group: O+

Date of Issue: 03-04-1992

APT BLK 113 COMMONWEALTH CRESCENT #01-320 SINGAPORE 140113

NRIC No: S2163141H Date: 23-05-2007 No: 5652694

Ref: 209033




Hello, NAC_PAYA_UBI_800601

[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="19/07/2019 14:08"/>
Vehicle No. (For Motor)	<input type="text" value="SGN389Y"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099368818-01		MENG CHENG TRANSPORT & SERVICES	53378329A	GFT	Third Party	SGN389Y	SGN389Y	26/04/2019	

▼ **Policy Information**

Policy No.	5099368818-01	Policyholder Name	MENG CHENG TRANSPORT & SE	Policyholder NRIC	53378329A
Certificate No.					
Address	BLK 531A #04-113 UPPER CROSS STREET HONG LIM COMPLEX SINGAPORE 051531				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/10/2018	Effective Date	03/11/2018 00:00	Expiry Date	02/11/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	1815.22		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5099177068-01		

▶ **Insured Object: SGN389Y**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/11/2018 00:00	Basic Information Endorsement	000001286936207	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SFG3688M 03-11-2018 \$973.17 In view of this amendment, a refund of \$973.17 (inclusive of GST) will be adjusted against the outstanding premium.
2	18/12/2018 00:00	Basic Information Endorsement	000001286965694	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJN1477J 12-12-2018 \$796.07 2. SLZ9021B 18-12-2018 \$853.19 In view of this amendment, a refund of

Claim Handling

The premium on this policy has not been collected.

Accident MT/1054203

Policy No.	5099368818-01	Vehicle No.	SGN389Y	GST Registration No.
Certificate No.				
Policyholder Name	MENG CHENG TRANSPORT & SERVICES			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90088701	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	19/07/2019 17:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/07/2019	Time of Accident hh:mm	11:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NAPIER RD TWDS ORCHARD RD NEAR GLENEAGLES HOSPITAL			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code
Unit No.	04-113	Related Policy Number	5099177068-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	BAHARUDDIN BIN MOHAMED @	Driver NRIC	S2163141H	Driving Experience
Register Date of Driver License	18/01/1978	Driver Age	63	Contact No.(Home)
Contact No.(Mobile)	91641897	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 113 #01-320	Address 2	COMMONWEALTH CRESCENT	Address 3
Address 4	SINGAPORE 140113	Address Type	Singapore address	Post Code
Unit No.	01-320			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

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	MENG CH
Contact No.(Mobile)	92395579	Contact No. (Home)	
Email Address		OI Vehicle Number	SGN389Y
Claim Description	SGN389Y / SJT8186X ON 19 Jul 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	19/07/2019 17:53
Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. MT/1054203 Claim No. 001
 Last Doc. Received Yes No Upload Date 19/07/2019 17:54

Path *

- Choose File No file chosen
- Message Read

Clear	Category *	Confidential
Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:54	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:54	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Jul 2019 17:53	Photos	Normal	Photos 2

Video List

Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading