


Pyrim 119096242

Date In: 23/7/19 13:35	Job description	Date & Time Completed	Done by
Ref No: MA1MC190129601/44	SAS e-filing		
Veh No: GBF 6196Z	E-mail (within 2hrs, A/C 2hrs)		
TEFA: 22/7/19 15:35	I-Motor Claim Form	MT1054672-001	23/7/19 16:41
 TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Within		

Printed Wisp / INC Assign Wisp / CW: (Win Auto Enterprise		Tel: 97458981		Fax:	
TP Particulars:		Veh No: GBB 4664 Y		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 referral.
☐ Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

STATUS	DATE	DESCRIPTION	APPROVED BY	REMARKS
Apply for Transport Allowance () / Courtesy Car ()				
QC Check / Post Repair Inspection ()				
Upload Resurvey Photo [Repair Cost > \$5000] ()				

[illegible]

<p>MA1905422</p>		<p>NTUC Additional Services:</p>	
Driver/Owner:		1) AT: Accident Reporting (\$30)	\$30
Contact No:		2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:		3) TT: Towing Fee \$40/\$45	
		4) TT: Follow-Through Survey \$120	
		5) TT: Follow-Through Survey (Re-survey) \$30	
		Verbal claim against INC Only (w/c 10 Jan 2005)	
		6) TR: Re-inspection \$75	
		7) NI: Idao DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		ON: ...	
		NS: Courtesy Car / Tpt Allowance \$3	
		NG: Basic Coordination \$10	
		NI: Post Repair Inspection \$23	
		ND: DV / Collect Excess Coordination \$3	
		TP (NI) / TR (NI) against INC \$20	
		9) NI2: Idao Mobile \$30	
QC Checked by (Ingr-In-Charge):		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	23/07/2019 13:35
Date Of Accident	22/07/2019 15:35
Exact Location Of Accident	KJE TWDS TUAS NEAR PIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF6196Z
Insured/Policyholder	
Name Of Registered Owner	SONG SPEED RENOVATION CONSTRUCTION
Co Reg No	52890679L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96828851
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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?	YES
If No, Please state action to be taken	
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	5096764112-01
Cover Note Number	-
Driver	
Name of Driver	TOFAZZAL
NRIC No	G7054661U
Date Of Birth	10/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90150044
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	85 KALLANG AVE #03-03F
Postcode	339418
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	RAINING
Road Surface	WET

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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG KJE TWDS TUAS NEAR PIE EXIT, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE AND HIT ONTO VEH C, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

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	GBG4664Y
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG3941D
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)

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

A = GBF 6196 Z
B = GGG 4664 Y
C = GGG 3941 D

KJE two's Tubes near PIE Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

REPUCLIC OF SINGAPORE DRIVING LICENCE

License Number: **G7054661U**

Name: **TOFAZZAL**

Birth Date: **10 Feb 1976**

Issue Date: **14 Dec 2016**

Valid Till: **13/12/2021**

002638698A

For LKK/NAC Use Only

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **SONG SPEED RENOVATION CONSTRUCTION**

Name: **TOFAZZAL**

Work Permit No.: **D 61647251**

Sector: **CONSTRUCTION**

90150044

K0934418

For LKK/NAC Use Only

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

EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **14 Dec 2016**

Licence No: G7054661U

NP 428A

For LKK/NAC Use Only

VISIT PASS
Immigration Regulations

08-11-2016

Name: **TOFAZZAL**

FIN: **G7054661U**

Date of Birth: **10-02-1976** Sex: **M**

Nationality: **BANGLADESHI**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

For LKK/NAC Use Only

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="22/07/2019 13:33"/>
Vehicle No.(For Motor)	<input type="text" value="GBF6196Z"/>	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"/>	5096764112-01		SONG SPEED RENOVATION CONSTRUCTION	52890679L	GCV	Preferred Workshop Plan	GBF6196Z	GBF6196Z	17/01/2019	16/01/2020

Claim Handling

Accident MT/1054672

Policy No.	5096764112-01	Vehicle No.	GBF6196Z	GST Registration No.
Certificate No.				
Policyholder Name	SONG SPEED RENOVATION CONSTRUCTION			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	96828851	Contact No.(Office)		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	23/07/2019 16:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/07/2019	Time of Accident hh:mm	15:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KJE TWDS TUAS NEAR PIE EXIT			
Excess				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
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	23/07/2019 16:38:45 System changed GST Status Verified from No to Yes			
Policyholder Mailing Address				
Address 1	BLK 1034 #01-68	Address 2	EUNOS AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096764112-01	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TOFAZZAL	Driver NRIC	G7054661U	Driving Experience
Register Date of Driver License	14/12/2016	Driver Age	43	Contact No.(Home)
Contact No.(Mobile)	90150044	Contact No.(Office)		Contact No.(Home)
Address 1	85 #03-03f KALLANG AVENUE	Address 2	SINGAPORE 339418	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-03f			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	

Modification History

Claim 001

New

Claim Type *	OD-MD	Insured Name	SONG SP
Contact No.(Mobile)		Contact No. (Home)	
Email Address		CI Vehicle Number	GBF6196Z
Claim Description	GBF6196Z / GBG4664Y ON 22 Jul 2019		
Preferred Workshop	97458981	Insured Liability	Fully at Fault
Finalisation	Yes	Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	23/07/2019 16:40
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. MT/1054672 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/07/2019 16:41

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Please Select ▼

NO ▼

Clear

Please Select ▼

NO ▼

Clear

Please Select ▼

NO ▼

Clear

Please Select ▼

NO ▼

Clear

Please Select ▼

NO ▼

Clear

Please Select ▼

NO ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:41	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:41	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:41	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jul 2019 16:40	Photos	Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Tuesday, 23 July 2019 4:48 PM
To: 'ODsupport'
Subject: FW: GBF 6196Z MT/1054672-001 OD-DRIVO PREMIUM
Attachments: GBF6196Z_22072019.PDF

Hi

Dear All,

Name of Registered : SONG SPEED RENOVATION CONSTRUCTION
NRIC No : 52890679L

Name of Driver : TOFAZZAL
NRIC : G7054661U
Mobile No : 90150044

Own Damage Excess : \$600
Unnamed Driver Excess : N/A

Name of Workshop : WIN AUTO ENTERPRISE
Contact No : 97458981

Remarks : N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)