NATIONAL Assessment Centre Services (wef 1 Jan'05) MND1909695

Date In: 24/7/19-15:49	Job description	Date & Time Completed	Done by
Ref No: ND/INC/1901326/24	SAS e-filing		
Veh No: SJJ4211A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 13/7/19 - 23:55	i-Motor Claim Form	M7/1054842-001	24/7/19 16:08
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: SJX7414X 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 ( )

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

ND1905487

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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:-			
QD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non-INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/07/2019 15:58

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 witholding 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	24/07/2019 15:49
Date Of Accident	13/07/2019 23:55
Exact Location Of Accident	JUNC UPP BUKIT TIMAH RD & OLD JURONG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT4711G
Insured/Policyholder	
Name Of Registered Owner	EMINENCE AUTOMOBILE
Co Reg No	53379667M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98528570
Alternative Phone No	OFFICE-98528570
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108692632
Cover Note Number	
Driver	
Name of Driver	MOHAMED BIN SALLEH
NRIC No	S6915490E
Date Of Birth	21/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87661164
Fax Number	
Contact Number	OFFICE-87661164
EMail Address	NOEMAIL

Address	BLK 155 MEI LING STREET #10-275
Postcode	140155
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 - 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?	YES
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

REFER TO 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	SJX7219X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHOON CHEW VICTOR
NRIC/Passport Number	S1804412I
Contact Number	96974877
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED BIN SALLEH

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT4711G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 insured(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.

EMINENCE AUTOMOBILE Reg. No: 53379667M

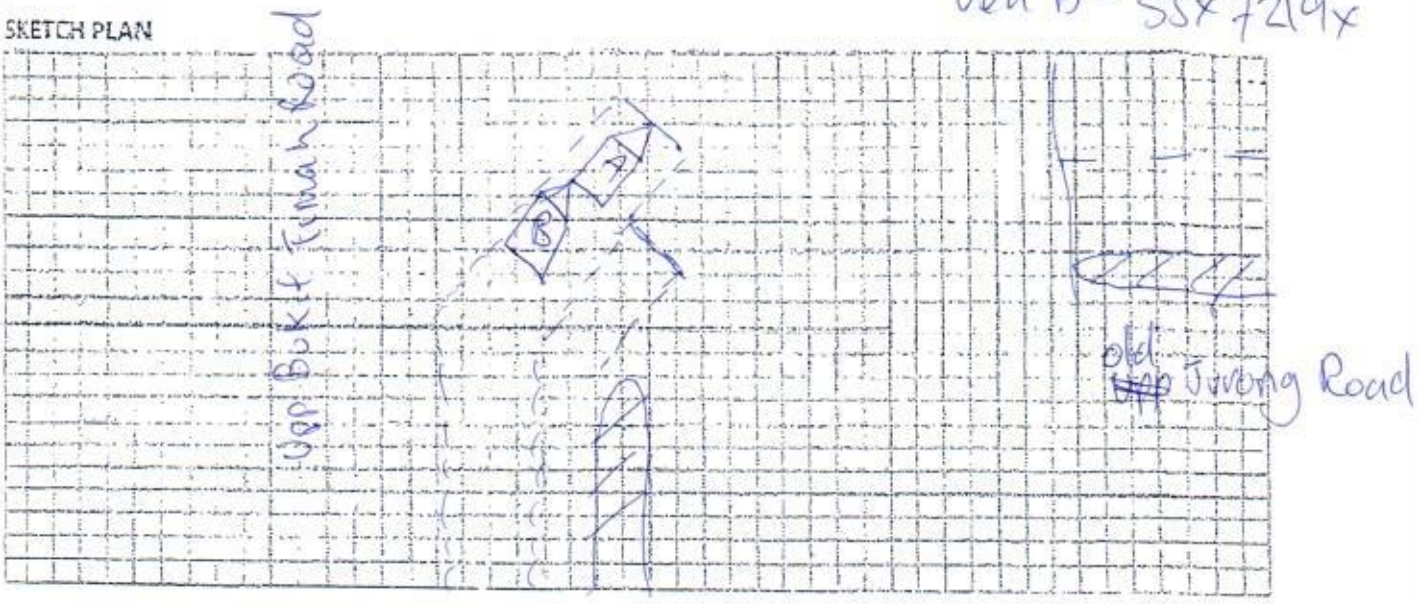
Policyholder's Signature
Date & Time:

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

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

Veh A - SJT4711G
Veh B - SSX7219X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was waiting to turn right stationary on the left pocket, suddenly Veh B collided on to my rear.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

EMINENCE AUTOMOBILE Reg No. 53379667M

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.:

Date of Accident : 13/7/19 Accident Time: 2357 (24-HR-Format)

Accident Place : Upp Bukit Timah Road and old Jurong Road Junction

Vehicle Reg. No. (Car Plate No.) : SJT 4711G

Vehicle Make/Model : KIA Cerato Forte

Insurance Company : _____ Policy No. _____

Owner or Company Name /IC No. : _____

Owner or Company Contact No. : 98528570 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : Mohamed Bin SALLEH S6915490E

DRIVER'S Date Of Birth : 21/5/1969 DRIVER'S License Pass Date 29/9/2011

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: (2 Hire

DRIVER'S Address : 155 Mei Ling Street #10-275 140155

DRIVER'S Contact No./ Alt No. :1) 8766 1164 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01 (1 injuries)

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJX 7219X

Vehicle Make\Model: _____

Name Driver: Lee Choon Chew Victor

IC No. Driver: S1804412I

Driver's Contact & Add: 98697897

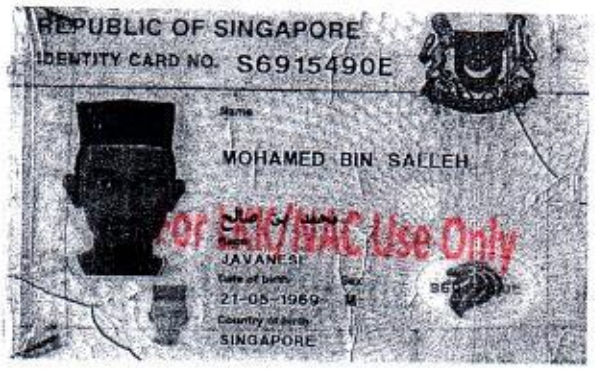
Vehicle Reg. No: _____

Vehicle Make\Model: _____

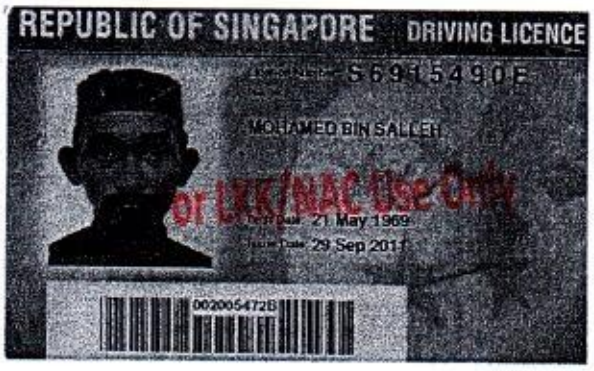
Name Driver: _____

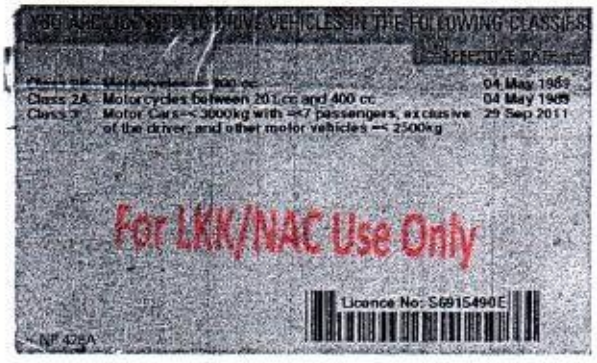
IC No. Driver: _____

Driver's Contact & Add: _____


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6915490E
Name
MOHAMED BIN SALLEH
For LTA/NAC Use Only
JAVANESE
Date of birth
21-05-1969
Sex
M
Country of birth
SINGAPORE


3712105
S6915490E
For LTA/NAC Use Only
Date of issue
21-04-2005


REPUBLIC OF SINGAPORE DRIVING LICENCE
S6915490E
MOHAMED BIN SALLEH
For LKK/NAC Use Only
21 May 1969
29 Sep 2011
0020054728


YOU ARE NOT TO DRIVE VEHICLES IN THE FOLLOWING CLASSES
Class 2A Motorcycles between 201 cc and 400 cc 04 May 1969
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 04 May 1969 29 Sep 2011
For LKK/NAC Use Only
Licence No: S6915490E
NP 426A


eBaoTech
GeneralClaim
Hello, NAC_PAYA_UBI_800601
Change Language
Change Password
Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
5108692632
Date of Accident
13/07/2019 23:55
Vehicle No.(For Motor)
SJT4711G
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5108692632
5108692632-000002
EMINENCE AUTOMOBILE
53379667M
GFM
drivo CLASSIC
SJT4711G
SJT4711G
13/05/2019
07/04/2020
Continue

Policy Information

Policy No.	5108692632	Policyholder Name	EMINENCE AUTOMOBILE	Policyholder NRIC	53379667M
Certificate No.	5108692632-000002				
Address	60 JALAN LAM HUAT #05-02 CARROS CENTRE SINGAPORE 737869				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/04/2019	Effective Date	08/04/2019 00:00	Expiry Date	07/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	7364.59		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-02 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	04-02	Related Policy Number	5108692632		

Insured Object: 5108692632-000002

Endorsements

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

Certificate Endorsements

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

Continue Cancel

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1054842

Policy No.	5108692632	Vehicle No.	SJT4711G	GST Registration No.	
Certificate No.	5108692632-000002				
Policyholder Name	EMINENCE AUTOMOBILE			Policyholder NRIC	53379667M
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98528570	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	24/07/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/07/2019	Time of Accident hh:mm	23:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC UPP BUKIT TIMAH RD & OLD JURONG RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-02 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	04-02	Related Policy Number	5108692632		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED BIN SALLEH	Driver NRIC	S6915490E	Driver DOB	21/05/1969
Register Date of Driver License	29/09/2011	Driver Age	50	Driving Experience	7
Contact No.(Mobile)	87661164	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 155	Address 2	MEI LING STREET	Address 3	MEI LING VISTA
Address 4	SINGAPORE 140155	Address Type	Singapore address	Post Code	140155
Unit No.	10-275				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EMINENCE AUTOMOBILE	Insured NRIC	53379667M
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJT4711G	TP Vehicle Number	SJX7219X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SJT4711G / SJX7219X ON 13 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/07/2019 16:08	Claim Close Date		Date Received	24/07/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1054842	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	24/07/2019 16:10

Path *	Category *	Confidential	Urgency *	Description *
Clear	Please Select	ND	Normal	

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 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	SAS	Normal	SAS 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:09	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:08	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:08	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:08	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:08	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:08	Photos	Normal	Photos 2019-7-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2019 16:08	Photos	Normal	Photos 2019-7-24		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading