

NATIONAL Assessment Centre Services

Wef 1 Jan 2005 / MHA 119700980

Date In: 1/8/19-12:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC/905527/24	SAS e-filing		
Veh No: 60599900	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/1/19-12:40	i-Motor Claim Form	M/1/055104-000	1/8/19 12:50
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: Vch No: SLQ 2871C 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		for Bill	Add'l Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$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	01/08/2019 17:38
Date Of Accident	23/07/2019 12:40
Exact Location Of Accident	JUNC JURONG WEST ST 42 & JURONG WEST AVE 1
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9890D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	+PLUSMOTO RENTAL
Co Reg No	53389358E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67331970

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5105785229
Cover Note Number	

#### Driver

Name of Driver	ABDUL HISHAM BIN ABDUL MUIN
NRIC No	S1295656H
Date Of Birth	13/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96607574
Fax Number	
Contact Number	OFFICE-96607574
EEmail Address	NOEMAIL

Address	BLK 278 YISHUN STREET 22 #04-270
Postcode	760278
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	SIDE SWIPE
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	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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - J/20190724/2094.

#### 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	SLQ2821C
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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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.



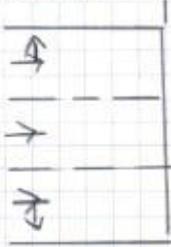
Policyholder's Signature  
Date & Time:

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

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

Juang West Ave 1.

SKETCH PLAN



A: 6139890D.  
B: SLA 28716.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - J/walqozry/wagy.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (23/7/14) (DD/MM/YYYY), TIME: (12:42) (HH:MM)

LOCATION: Junc Jurong West H 52 E Jurong West Ave 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G3598902  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5105785229  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) \_\_\_\_\_  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) Private  
h) PURPOSE OF USING AT ACCIDENT TIME: Work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) \_\_\_\_\_

## 2. INSURED / POLICY HOLDER

- A) NAME: + PinSato Rental (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 53389358E CONTACT: 67331970  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Abdul Halim Bin Abdul Man (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 519565617 CONTACT: 96607574  
c) ADDRESS: Blk 278 Yishun Street W #04-270 (760278)

\*d) DATE OF BIRTH: (13/11/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Driver

f) YEARS OF DRIVING EXPERIENCE: 5/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear  
b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL28MC MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = yapkokwee22@gmail.com

fax =

video = X





**SINGAPORE  
POLICE FORCE**



J/20190724/2094

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190724/2094

Signature Of Officer Recording The Report:

J / SI LIM YEN FANG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
J / Jurong Police Divisional Investigation Branch /  
Sgt 3 LIM JIA XING  
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:  
24/07/2019 18:19

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1295656H



Name  
ABDUL HISHAM BIN ABDUL MUIN

Race  
MALAY

Date of Birth  
13-11-1958

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1295656H

Name  
ABDUL HISHAM BIN ABDUL MUIN

Birth Date: 13 Nov 1958

Issue Date: 07 Jul 2003




For LKK/NAC Use Only

A0058328



NRIC No: S1295656H



Blood Group: B+      Date of Issue: 27-08-2001

APT BLK 278 YISHUN STREET 22 #04-270  
SINGAPORE 760278

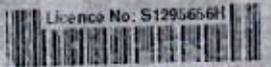
NRIC No: S1295656H      Date: 31/10/2016

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Jan 1980
Class 2A	Motorcycles between 201 cc and 400 cc	22 Jan 1980
Class 2	Motorcycles exceeding 400 cc	22 Jan 1980
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Sep 1997

NP 478A

Licence No: S1295656H



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="23/07/2019 12:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBB9890D"/>	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 type="radio"/>	5105785229		+PLUSMOTO RENTAL	53389358E	GFT	Third Party	GBB9890D	GBB9890D	11/04/2019	

Claim Handling

Exit

Accident MT/1055109

Policy No.	5105795229	Vehicle No.	GBB9900	GST Registration No.	
Certificate No.					
Policyholder Name	+PLUSMOTO RENTAL	Cover Type	Third Party	Policyholder NRIC	53389358E
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="T"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
<b>Accident Details</b>		Time of Accident hh:mm	12:30	Accident Type	Side Swipe
Report Date	26/07/2019 11:42	Orange Force		Country of Accident	Singapore
Date of Accident	23/07/2019			ICM No.	
Reporting Centre					
Accident Location	JURONG WEST AVE 1				
<b>Excess</b>		Additional Excess		Windscreen Excess	0.00
Own Damage Excess	0.00	Outside Singapore OD Excess			
Unnamed Driver Excess		Outside Singapore TP Excess			
Third Party Excess	1,500.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	26/07/2019 11:43:29 System changed GST Status Verified from No to Yes				

<b>Policyholder Mailing Address</b>					
Address 1	160 SIN MING DRIVE	Address 2	#07-18 SIN MING AUTOCITY	Address 3	SINGAPORE 575722
Address 4		Address Type	Singapore address	Post Code	575722
Unit No.	07-18	Related Policy Number	5106291833		

<b>OT Driver Info</b>					
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	+PLUSMOTO RENTAL	Insured NRIC	53389358E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	GBB9900	TP Vehicle Number	SLQ2821C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBB9900 / SLQ2821C DN 23 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/08/2019 17:50	Claim Close Date		Date Received	01/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1055109	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/08/2019 17:50
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	SAS	Normal	SAS 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 01 Aug 2019 17:50	Photos	Normal	Photos 2019-8-1		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				