

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] *NA19107765*

Date In: <i>17/08/2009 11:03</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/INC/90/4223/4</i>	SAS e-filing		
Veh No: <i>GBF 1945L</i>	E-mail (within 2hrs, AIC 2hrs)		
O.O.A: <i>17/08/2009 09.28</i>	I-Motor Claim Form	<i>MI11058003-001</i>	<i>17/08/2009</i>
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>11:15</i>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Works		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: *8HD 5665.H* 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: ()

Repairer's Action (to be completed by repairer):

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA1905996

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Date:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collat Excess Coordination	\$3
	TP (Nil) / TP (Non-INC) against INC	\$20
	9) N12: Idao 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	17/08/2019 10:42
Date Of Accident	14/08/2019 09:20
Exact Location Of Accident	CTE TOWARDS AMK AVE 3 AFTER AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1945L
Insured/Policyholder	
Name Of Registered Owner	SAPHAD SERVICES
Co Reg No	53287997W
Email Address	SHAHBUEROZZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87887474
Alternative Phone No	OFFICE-91448584

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK
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	5082310759-03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HASSAN SHAH BIN MOHAMED IDRIS
NRIC No	S9446303C
Date Of Birth	07/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	+65-87887474
Fax Number	
Contact Number	OTHERS-91448584
EMail Address	SHAHBUEROZZ@GMAIL.COM

Address	BLK 121A EDGEDALE PLAINS #06-219
Postcode	821121
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	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?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SHD5665H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LO CHI IP
NRIC/Passport Number	S6873293Z
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:

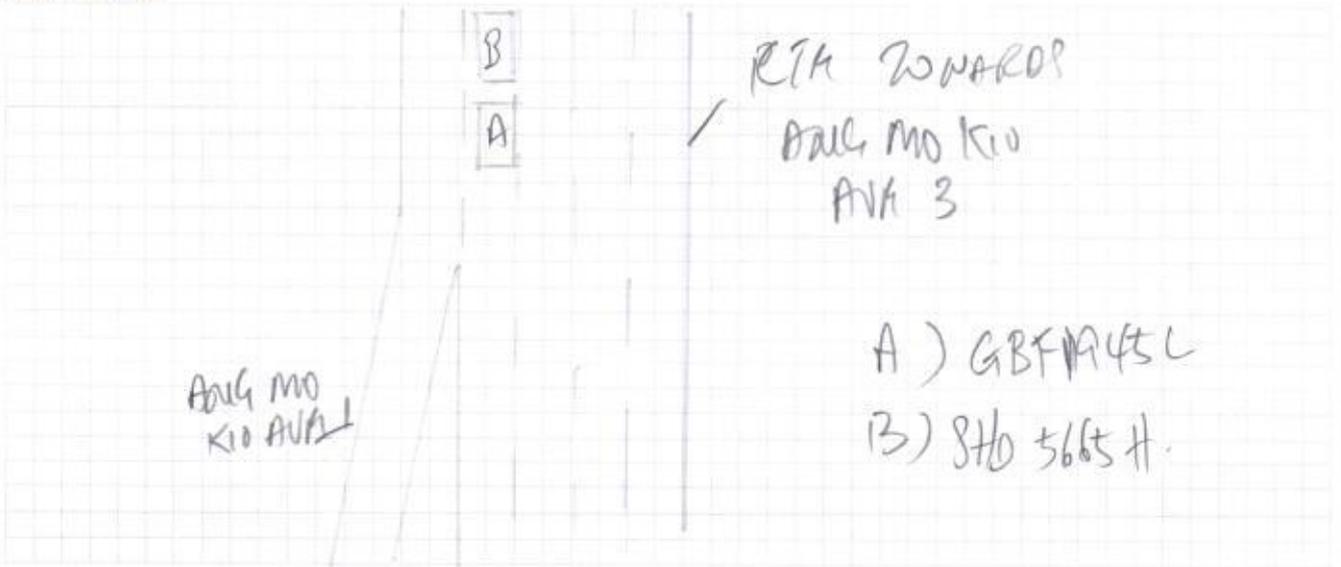
NAZ 15/08/19

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

17/08/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic was jam. Suddenly the in front driver jam break & I could not brake on time.

DECLARATION

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



Policyholder's Signature
Date & Time:

NAD 15/8/19
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 17/08/2019
 Reporting Centre Personnel's Signature
 Name: *Rosalyn Lim*
 NRIC/FIN No.:

Claim Handling

Accident MT/1058063

Policy No.	5082310759-03	Vehicle No.	GBF1945L	GST Registration No.
Certificate No.				
Policyholder Name	SAPHAD SERVICES			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91448584	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	17/08/2019 11:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/08/2019	Time of Accident hh:mm	09:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TOWARDS AMK AVE 3 AFTER AMK AVE 1 EXIT			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/08/2019 11:13:17 System changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	BLK 1 #05-131	Address 2	HOLLAND CLOSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-131	Related Policy Number	5082310759-03	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD HASSAN SHAH BIN	Driver NRIC	S9446303C	Driver DOB
Register Date of Driver License	17/03/2018	Driver Age	118	Driving Experience
Contact No.(Mobile)	87887474	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 121A #06-219	Address 2	EDGE DALE PLAINS	Address 3
Address 4	SINGAPORE 821121	Address Type	Foreign address	Post Code
Unit No.	#06-219			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBF1945L	Driver Insurer Com

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SAPHA
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OI Vehicle Number	GBF194
Claim Description	GBF1945L / SHD5665H ON 14 Aug 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	17/08/2019 11:13	Claim Close Date	

Report Taken By

ROSLI WAHAB Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1058063	Claim No.	001
Last Doc. Received:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/08/2019 11:15
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:14	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:14	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:14	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:14	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:14	SAS	Normal	SAS 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2019 11:14	NRIC/ Driving License	Normal	NRIC/ Driving I

Video List

Uploaded By/Date	Folder Date	File Name
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Display in New Window Scan and uploading

Co's stamp

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 08 / 2019) (DD/MM/YYYY), TIME: (09 : 20 PM) (H:MM)

LOCATION: ~~AFTER EXIT~~ AMK AVE 1 CTR TOWARDS AMK AVE ?

o/k ~~Exit~~ Exit AMK AVE 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE1445L
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: SBF 5082310759-03
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA HIACE
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: ON THE BACK HOME
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SAPHAD SERVICES (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: SAPARI CONTACT: 9144 8584
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHD HASSAN SHAH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9446303C CONTACT: 97887474
- c) ADDRESS: 121A EDGE DALE PLAINS #06-219 (S'PORE) 821121

*d) DATE OF BIRTH: (07 / 12 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/MAR/19

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD5665H MODEL: TOYOTA
- b) DRIVER'S NAME: LO CHI IP
- c) NRIC/FIN/PASSPORT: S6873299Z 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 = SHAHBUERO22@GMAIL.COM

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S94463030



For LKK/NAC Use Only



MUHAMMAD HASSAN SHAH BIN
MOHAMED IDRIS

محمد حسن شاه بن محمد ادریس

Race

INDIAN

Date of birth

07-12-1994

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9446303C



MUHAMMAD HASSAN SHAH BIN
MOHAMED IDRIS

For LKK/NAC Use Only

Expn Date: 07 Dec 1994

Issue Date: 17 Mar 2018



5789041



NRIC No. S9446303C



For LKK/NAC Use Only

Date of issue

05-08-2017

Address

APT BLK 121A EDGEDALE PLAINS
#06-219
SINGAPORE 821121

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 17 Mar 2018

HP: 888 7474

GBF 19456

For LKK/NAC Use Only



NP 428A

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA119107765 Vehicle Registration No: GBF 1945L
Name (as shown in NRIC) : MUHAMMAD HASSAN NRIC/FIN/Passport No : S9446303C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 87887474

Email Address : _____

Date of Accident : 14/08/2009 Time of Accident : 09:20

Place of Accident : C7R TOWARDS ANK ANK 3 B/F EXIT ANK ANK 1

Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INSERT THIRD PARTY PARTICULARS.

Policyholder / Driver's Signature
Date:

[Signature] 17/08/2009
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:
Date:

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082310759-03		SAPHAD SERVICES	53287997W	GCV	Comprehensive	GBF1945L	GBF1945L	19/07/2019	18/07/2020

Continue