

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

12/11/2010

Date In: 04/09/2010 12:31	Job description	Date & Time Completed	Done by
Ref No: X/1201/2010/5681/4	SAS e-filing		
Veh No: SKG 6822Y	E-mail (4 jobs 2hrs, AIC 2hrs)		
DOA: 0309/2010 19:50	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBA 1307E	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 repair.

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

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

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action
	NO INVOICE FBAD WITH SUBMISSION

Client/Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Ref:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): 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	04/09/2019 12:31
Date Of Accident	03/09/2019 19:50
Exact Location Of Accident	ALONG UPPER CIRCULAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFG6822Y
Insured/Policyholder	
Name Of Registered Owner	NAGORE MURUKKU
Co Reg No	53343791A
Email Address	FMRASHEED@YAHOO.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	5106798079
Cover Note Number	
Driver	
Name of Driver	MOHAMED RASHEED S/O FAKEER MOHAMED
NRIC No	S7470599E
Date Of Birth	14/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OTHERS-99999999
Email Address	FMRASHEED@YAHOO.COM

Address	BLK 27 MARSILING DRIVE #06-237
Postcode	730027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE

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	GBA1307E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDULLAH BIN ABDUL WAHEED
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

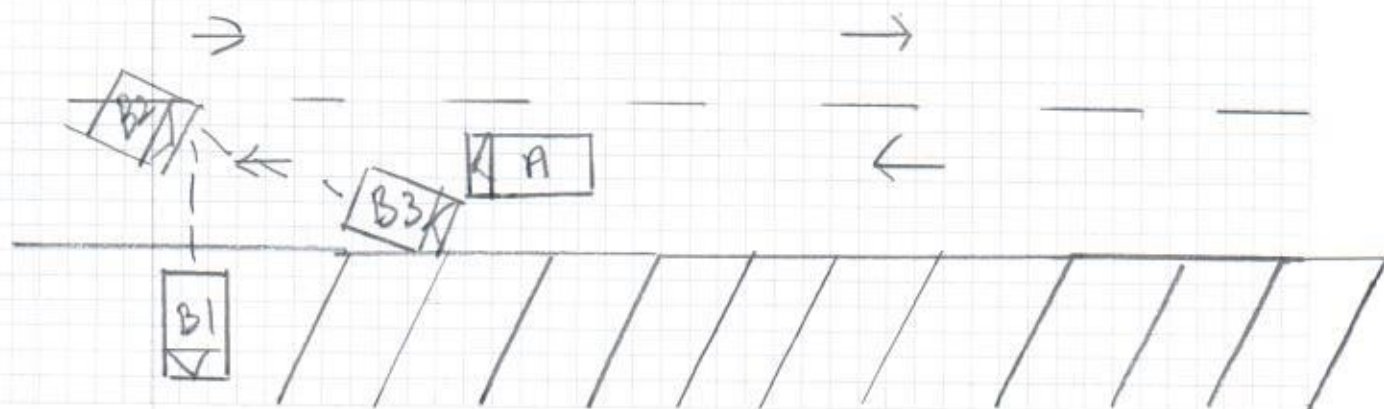

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Along UPPER CIRCULAR ROAD

A) SFG 6822Y
B) GBA 1307E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG UPPER CIRCULAR ROAD TO DROP OFF A PASSENGER WHEN A WHITE VAN GBA1307E WAS REVERING FROM THE LOT. I WAS STATIONERY WAITING FOR HIM TO CLEAR THE WAY WHEN HE MOVED FORWARD AND HIT MY LEFT BUMPER. HE WAS AGAINST THE ROAD. THAT'S ALL.

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.:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of NAGORE MURUKKU (53343791A)

Date: 12/08/2016

The Following Are The Brief Particulars of :

Name of Business	:	NAGORE MURUKKU
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53343791A
Registration Date	:	12/08/2016
Commencement Date	:	12/08/2016
Status of Business	:	Live
Status Date	:	12/08/2016
Renewal Date	:	
Expiry Date	:	12/08/2017
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	17 BEACH ROAD #19-4707 GOLDEN BEACH VISTA SINGAPORE (190017)
Date of Change of Address	:	

Principal Activities

Activities (I)	:	RETAIL SALE OF FOOD NEC (47219)
Description	:	RETAIL SALES OF SWEETS,SNACKS AND SAVOURIES
Activities (II)	:	PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (49219)
Description	:	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
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Business Profile (Business) of NAGORE MURUKKU (53343791A)

Date: 12/08/2016

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
MOHAMED RASHEED S/O FAKEER MOHAMED	S7470599E	SINGAPORE CITIZEN	104 WHAMPOA DRIVE #05-54 SINGAPORE (323104)	ACRA	12/08/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA160812004879

DATE : 12/08/2016

This is computer generated. Hence no signature required.

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Wednesday, 11 September, 2019 9:29 AM
To: LKK Bukit Merah
Subject: FW: Non-payment of Claims not Registered in eBao system made on 3 to 4 Sept 2019

Hi Rosli

Pls take note.

Best Regards,
Roslinda | 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)

From: Daniel Koh [<mailto:daniel.koh@income.com.sg>]
Sent: Wednesday, 11 September 2019 8:52 AM
To: LKK Paya Ubi
Cc: Patrick Tan Teck Boon
Subject: FW: Non-payment of Claims not Registered in eBao system made on 3 to 4 Sept 2019

Dear Sir/Mdm,

We will not be paying the following reporting fee as the claim file was not submitted in our system.

We have registered them in our system after 2 working days, so please do not submit the case(s) to our system anymore.

No.	CASE REFERENCE	DOA	EFILE DATE	VEH/NO	REPORTING CENTER	CASE TYPE	Late reporting	Internal Comments
1	MNA419117090	03-09-19 19:50	04-09-19 16:51	SFG6822Y	National Assessment Centre Services	SUBMITTED		Accident Type: Collision - Head on collision Liability: Not at fault

As our Accident Reporting Centre, we require you to create the claim file on eBao-GCS by the next working day, after submitting the e-filling at Merimen system.

The reporting fees will be paid on case basis after you have registered the claims at both systems & uploaded the GIA report and photos at our system.

With effect from 1st Sep 2011, we will only pay the Reporting Fees if and only if:

- the claim is registered in both systems by the next working day;
- GIA report &/or photos is uploaded to our system.

Meanwhile, if you have any problem using our new claims system, please contact my colleagues for assistance:

- Patrick Tan (patrick.tan@income.com.sg)
- Clarence Anthony (clarence.anthony@income.com.sg)

Daniel Koh
Senior Admin Assistant
Motor Insurance
T +65 6430 7901
www.income.com.sg



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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: (03/09/2019) (DD/MM/YYYY), TIME: (19:51) (HH:MM)

LOCATION: UPPER CIRCULAR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFG 68224
 b) INSURANCE COMPANY: NTAC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: NAGORE MURUKKU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMED RASHEED S/O PAKER MUHAMMED (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5740599E CONTACT: 9
 c) ADDRESS: 27, MARSHALLING DRIVE, #06-237, S(730027)

* d) DATE OF BIRTH: (14/09/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1998

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: GBA1307E MODEL: TOYOTA
 b) DRIVER'S NAME: ABDULLAH BIN ABDUL WAHEED
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email = Amrasheed@yahoo.com

VIDEO

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/09/2019 11:45"/>
Vehicle No.(For Motor)	<input type="text" value="SFG6822Y"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106798079		NAGORE MURUKKU	53343791A	GPC	drive CLASSIC	SFG6822Y	SFG6822Y	04/01/2019	03/01/2020

Continue