

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MNA41919939

Date In: 10/09/2019 11:45	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19015993/F	SAS e-filing		
Veh No: GY5252S	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 10/09/2019 10:05	I-Motor Claim Form	m/106174-001	10/09/2019
QID: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:14
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SG6068D	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

MNA906607	
Claimant Particulars:	1) All: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)
Contact No:	3) TP: Towing Fee \$40/145
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Eng-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Author's Comments:	For claiming against INC Only (year 10 Jan 2005)
2nd L:	6) TR: Re-inspection \$73
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$23
	*N8: DV / Collect Excess Coordination \$3
	TP (NI): TP (Non INC) against INC \$20
	*N12: Idas Mobile \$30
	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	10/09/2019 11:45
Date Of Accident	10/09/2019 10:05
Exact Location Of Accident	ALONG STEVEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5252S
Insured/Policyholder	
Name Of Registered Owner	EC COURIER SERVICES
Co Reg No	-
Email Address	DYBOMBOM72@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97587735

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5100532826-01
Cover Note Number	

Driver

Name of Driver	ISMADY BIN ISMAIL
NRIC No	S7210195B
Date Of Birth	17/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1999
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97587735
Fax Number	
Contact Number	
Email Address	DYBOMBOM72@GMAIL.COM

Address	BLK 450C BUKIT BATOK WEST AVE 6 SINGAPORE
Postcode	653450
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?	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)	2
Passenger 1	NAME: : WIFE 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

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	SG6068D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	RATHAKIRUSHNA A/L SP MARCAN DAYAN
NRIC/Passport Number	F7288601K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ISMADY BIN ISMAIL
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	GY5252S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

EC COURIER SERVICES
ACRA NO: 53311222B

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/9/19 &
1020 hrs


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/9/19, I was driving a GY 5252 S van along Steven road at 0730 hrs. That time it was heavy traffic and I was in a middle lane. Once I in the middle lane, I check my ^{back} blind spot it have many vehicles. So my ~~intention~~ ^{going to} lane 3 which in front of my van is a bus (190). While I changing 3rd lane, the bus never speed up. So I hit the back right bus. My left side van damage.

DECLARATION

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

EC COURIER SERVICES
ACRA NO: 53311222B

Policyholder's Signature
Date & Time:

Ajunach
Driver's Signature
(If driver is not the policyholder)
Date & Time:
10/9/19
10/9/19

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

Claim Handling

Accident MT/1061774

Policy No.	5100532826-01	Vehicle No.	GY52525
Certificate No.			
Policyholder Name	EC COURIER SERVICES		
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party
Contact No.(Mobile)	97587735	Contact No.(Office)	
Email Address		Special Remark	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	0

▼ Accident Details

Report Date	10/09/2019 13:24	Accident Report Within 24 hrs	Yes
Date of Accident	10/09/2019	Time of Accident hh:mm	10:05
Reporting Centre		Orange Force	
Accident Location	ALONG STEVEN ROAD		

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 45 #04-165	Address 2	TELOK BLANGAH DRIVE
Address 4	SINGAPORE 100045	Address Type	Singapore address
Unit No.	04-165	Related Policy Number	5100532826-01

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	ISMADY BIN ISMAIL	Driver NRIC	S7210195B
Register Date of Driver License	04/01/1999	Driver Age	47
Contact No.(Mobile)	97587735	Contact No.(Office)	
Address 1	BLK 450C #06-633	Address 2	BUKIT BATOK WEST AVENUE 6
Address 4	SINGAPORE 653450	Address Type	Foreign address
Unit No.	06-633		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GY52525

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

OD-MX

Claim Description

Preferred Workshop Insured Liability Fully at Fault

Contact No. Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered 10/09/2019 1

Report Taken By PARASURAM

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1061774 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 10/09/2019 13:29

Path *

Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	Photos	Normal
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	NRIC/ Driving License	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Sep 2019 13:29	SAS	Normal

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 9 / 19) (DD/MM/YYYY), TIME: (10 : 05) (HH:MM)

LOCATION: Bt Merah IDAC Along Steven Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G9 5252 S
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan urvan
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial use
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ismady Bin Ismail (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 7210195 B CONTACT: 97587735
 c) ADDRESS: BK 450 C Bukit Batok West Ave 6
#06-633

* d) DATE OF BIRTH: (17 / 03 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/10/1993

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: SG 6068 D MODEL: MAN
 b) DRIVER'S NAME: RATHAKIRUSHNA A/L SP MARCAN DAYAN
 c) NRIC/FIN/PASSPORT: F 7288601 K CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = dybomborn72@gmail.com
 VIDEO

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Passw

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"/>	5100532826-01		EC COURIER SERVICES	53311222B	GCV	Third Party	GY5252S	GY5252S	08/05/2019	07/05/2020

Continue