[ref 1 Jan'00] MA/A/09/23729

NATIONAL Assessment Centre Services.

	Job description	Date & Time Completed	Done by
Date In: 18/09/2019 14:22			
Ref No: NBA/MCL/9016486/Y	SAS e-filing		
Veh No: SLF6780D	E-mail (Within 8hrs, A/C 2hrs)		
D.O.A: 17/09/2019 14:58	I-Motor Claim Form	MMIL062856001	18/09/2019 14:51
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	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: SGX2807 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%. F: 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: ( )

Continuing Action	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

MA/907601

Claimant's Details

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

1) AR : Accident Reporting ($30)	INC ($40)	
2) DA : Damage Assessment ($100)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2000) For claiming against INC Only	$75	
6) TR : Re-inspection	$160	
7) N1 : Idea DA + SMRT Survey		
8) NTUC Additional Services:-		
OD:	$5	
*N5: Courtesy Car / Tpt Allowance	$10	
*N6: Repair Co-ordination	$25	
*N7: Post Repair Inspection	$5	
*N8: DV / Collect Excess Coordination	$20	
TP (N11) : TP (Non INC) against INC	$30	
9) N12: Idea Mobile		
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 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	18/09/2019 14:22
Date Of Accident	17/09/2019 14:55
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF6708D
Insured/Policyholder	
Name Of Registered Owner	SLICK STONE 69 PTE LTD
Co Reg No	201710161H
Email Address	LISTELLO86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92723038
Alternative Phone No	OFFICE-92723038
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102464474-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NAJIB BIN SINWAN
NRIC No	S8609256E
Date Of Birth	26/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92723038
Fax Number	
Contact Number	OTHERS-92723038
EMail Address	LISTELLO86@GMAIL.COM

Address	BLK 457 SEGAR ROAD #03-135
Postcode	670457
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 - MAJOR/MINOR RD
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX230T
Vehicle Make/Model/Colour	MERCEDES BENZ GLC 250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIMON HA HOW KIAT
NRIC/Passport Number	F2149463K
Contact Number	94894998
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.
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. 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.

SLICK STONE 69 PTE. LTD.

X

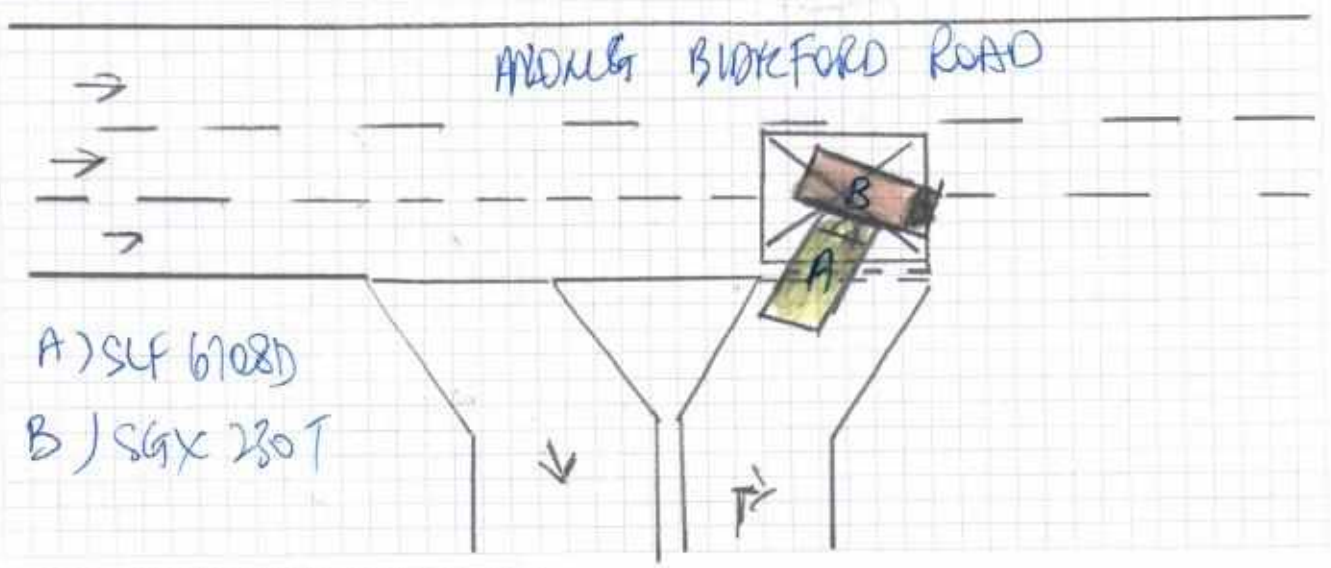
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/9/2019 1504HRS

18/09/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I see the road was clear, when suddenly SGX 230T bang me infront.

DECLARATION

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

X

Policyholder's Signature
Date & Time:

SLICK STONE 69 PTE LTD

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/9/2019
1304hrs

18/09/2019

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

Claim Handling

Accident MT/1062956

Policy No.	5102464474-01	Vehicle No.	SLF6708D	GST Registration No.	201710161H
Certificate No.					
Policyholder Name	SLICK STONE 88 PTE LTD			Policyholder NRIC	201710161H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	92723038	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	18/09/2019 14:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	17/09/2019	Time of Accident hh:mm	14:58	Country of Accident	Singapore
Reporting Centre		Orange Force		IDN No.	
Accident Location	ALONG BIDEFORD ROAD				

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	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

Benefits

Coverage		Sum Insured	
Transport Allowance		9999999.99	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	18/09/2019 14:48:43 System changed GST Registered from Yes to No 18/09/2019 14:48:43 System changed GST Registration No. from 201710161H to null 18/09/2019 14:48:43 System changed GST Registration Date from 11/04/2017 to null		

Policyholder Mailing Address

Address 1	10 ANSON ROAD	Address 2	#03-05 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.	03-05	Related Policy Number	5102464474-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD NAUB BIN SINWAN	Driver NRIC	S8609256E	Driver DOB	26/03/1986
Register Date of Driver License	17/04/2012	Driver Age	33	Driving Experience	7
Contact No.(Mobile)	92723038	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 457 #03-135	Address 2	SEGAR ROAD	Address 3	SEGAR MEADOWS
Address 4	SINGAPORE 670457	Address Type	Foreign address	Post Code	670457
Unit No.	03-135				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLF6708D	Driver Insurer Company	NTUC

Declaracon

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SLICK STONE 88 PTE LTD	Insured NRIC	201710161H
Contact No.(Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	92233956
Email Address		OI Vehicle Number	SLF6708D	TP Vehicle Number	SGX230T
Claim Description	SLF6708D / SGX230T ON 17 Sept 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair Instruction Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			18/09/2019 14:49	Claim Close Date	
Date Received	18/09/2019 00:00				
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

Attachment

Accident No.	MT/1062956	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/09/2019 14:51

Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:51	Photos		Normal	Photos 2019-9-18	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:51	Photos		Normal	Photos 2019-9-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:51	Photos		Normal	Photos 2019-9-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:51	Photos		Normal	Photos 2019-9-18
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:51	Photos		Normal	Photos 2019-9-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:51	Photos		Normal	Photos 2019-9-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:50	Photos		Normal	Photos 2019-9-18
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:49	Photos		Normal	Photos 2019-9-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2019 14:49	SAS		Normal	SAS 2019-9-18

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 9 / 2019) (DD/MM/YYYY), TIME: (14 : 56) (HH:MM)

LOCATION: Bideford Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLF 6708P
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: S102464474-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Toyota Vellfire
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Working time
   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: Slick Stone 69 Pte Ltd (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

DRIVER
   a) NAME: MUHAMMAD NAJIB BIN SINWAN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8609256E CONTACT: 92723038
   c) ADDRESS: BLK 487 Segar Road #03-135 SINGAPORE 670487
   *d) DATE OF BIRTH: (26/03/1986) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 20/4/2006 17/4/2012
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

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SGX 230T MODEL: Mercedes GLC 250
   b) DRIVER'S NAME: SIMON HA HOW KIAT
   c) NRIC/FIN/PASSPORT: F3149463K CONTACT: 94894998
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = listello86@gmail.com

VIDEO

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SLF6708D
Date of Accident 17/09/2019 11:47
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5102464474-01		SLICK STONE 69 PTE LTD	201710161H	GPC	drivo PREMIUM	SLF6708D	SLF6708D	02/09/2019	01/09/2020

Continue