NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA1197916J

Date In: 27/9/19 - 14:11	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19012555/24	SAS e-filing		
Veh No: PA 6749P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 27/9/19 - 13:15	i-Motor Claim Form	M7/1064627301	30/9/19 14:23
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: Veh No: SJZ2309J 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

NA1907457

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA119129165 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 30/09/2019 14:11
SUBMITTED BY: Jackson Ho Zhao Tian

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	30/09/2019 14:11
Date Of Accident	27/09/2019 13:55
Exact Location Of Accident	SIMS WAY TWDS SIMS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PA6749P
Insured/Policyholder	
Name Of Registered Owner	GREAT EMPLOYMENT AGENCY
Co Reg No	53059739W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88097557
Alternative Phone No	OFFICE-88097557
Vehicle Particulars	
Manufacturer	TOYOTA
Model	REGIUS ACE 2.5 M
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110946467
Cover Note Number	
Driver	
Name of Driver	AHMAD FUA'AT BIN SAFUAN
NRIC No	S1625860A
Date Of Birth	26/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96644335
Fax Number	
Contact Number	OFFICE-96644335
EMail Address	NOEMAIL

Address	BLK 401 CHOA CHU KANG AVENUE 3 #04-203
Postcode	680401
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 - CROSS JUNCTION
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)	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

REFER TO STATEMENT.

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	SJZ2309S
Vehicle Make/Model/Colour	HYUNDAI AVANTE
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)	

DETAILS OF INJURED PERSON 1

Name	AHMAD FUA'AT BIN SAFUAN

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PA6749P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The 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.

GREAT EMPLOYMENT AGENCY LIC NO: 06C2981

Policyholder's Signature
Date & Time:

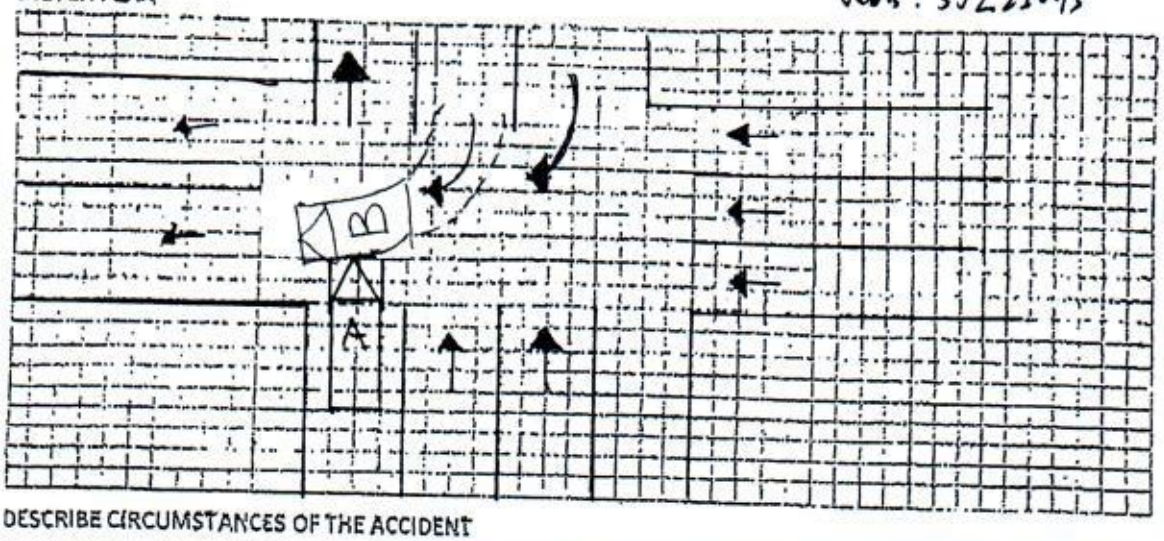
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

VHA : PA6749P

VHB : SJZ2309S

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON the stated time and Date

I was travelling my vehicle heavy complete PA6749P at sims way
Straight
towards sims Ave. I was Driving when the light is GREEN. Suddenly

A vehicle heavy Complete SJZ 2309S turned right from the minor

road, I could not stop on time and had a head to side

collision with the vehicle.

DECLARATION

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

LIC NO: 06C2981

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.:

Date of Accident : 27/9/19 Accident Time: 1:53 (24-HR-Format)

Accident Place : Sims way to Sims Ave

Vehicle Reg. No. (Car Plate No.) : PA 6749 P

Vehicle Make/Model : Toyota Hiace

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : Great Employment Agency

Owner or Company Contact No. : 8809 7557 Owner's Hp Company Tel

DRIVER'S Name / IC No. : AHMAD. FUAD'AT Bin Sofuan

DRIVER'S Date Of Birth : 26-11-1963 DRIVER'S License Pass Date

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : APT BLK 401 CHOA Chu kang Ave 3 #04-203

DRIVER'S Contact No./ Alt No. :1) 9664 4335 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Admin @ mycar.sg

Weather & Road Surface (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): 01 Driver injury

Was there any video Captured by car camera: YES (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJZ 2309 S

Vehicle Make\Model: Hyundai Avante

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 27/09/2019 13:55
Vehicle No.(For Motor): PA6749P | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5110946467		GREAT EMPLOYMENT AGENCY	53059739W	GBS	Third Party, Fire & Theft	PA6749P	PA6749P	19/07/2019	18/07/2020

Continue

Policy Information

Policy No.	5110946467	Policyholder Name	GREAT EMPLOYMENT AGENCY	Policyholder NRIC	53059739W
Certificate No.					
Address	144 UPPER BUKIT TIMAH ROAD #02-36 BEAUTY WORLD CENTRE SINGAPORE 588177				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/07/2019	Effective Date	19/07/2019 00:00	Expiry Date	18/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	144 UPPER BUKIT TIMAH ROAD	Address 2	#02-36 BEAUTY WORLD CENTR	Address 3	SINGAPORE 588177
Address 4		Address Type	Singapore address	Post Code	588177
Unit No.		Related Policy Number	5110946467		

Insured Object: PA6749P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1064627

Policy No.	5110946467	Vehicle No.	PA6749P	GST Registration No.	
Certificate No.					
Policyholder Name	GREAT EMPLOYMENT AGENCY			Policyholder NRIC	S3059739W
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	88097557	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	30/09/2019 14:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	27/09/2019	Time of Accident hh:mm	13:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS WAY TWDS SIMS AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	3,000.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2012
GST Registration No.	M90369682Y	GST Status Verified	Yes
Modification History	30/09/2019 14:23:12 System changed GST Registered from No to Yes 30/09/2019 14:23:12 System changed GST Registration No. from null to M90369682Y 30/09/2019 14:23:12 System changed GST Registration Date from null to 01/12/2012		

Policyholder Mailing Address

Address 1	144 UPPER BUKIT TIMAH ROAD	Address 2	#02-36 BEAUTY WORLD CENTR	Address 3	SINGAPORE 588177
Address 4		Address Type	Singapore address	Post Code	588177
Unit No.		Related Policy Number	5110946467		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AHMAD FUA'AT BIN SAFUAN	Driver NRIC	S1625860A	Driver DOB	26/11/1963
Register Date of Driver License	26/08/2015	Driver Age	55	Driving Experience	4
Contact No.(Mobile)	96644335	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 401	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE 680401
Address 4		Address Type	Singapore address	Post Code	680401
Unit No.	04-203				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GREAT EMPLOYMENT AGENCY	Insured NRIC	S3059739W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PA6749P	TP Vehicle Number	SJZ2309S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	PA6749P / SJZ2309S ON 27 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/09/2019 14:23	Claim Close Date		Date Received	30/09/2019 00:00
Report Taken By	Jackson				

[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1064627	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	30/09/2019 14:24

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	A
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	SAS		Normal	SAS 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:24	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:23	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:23	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:23	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:23	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:23	Photos		Normal	Photos 2019-9-30		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Sep 2019 14:23	Photos		Normal	Photos 2019-9-30		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actior

Display in New Window | Scan and uploading