

NATIONAL Assessment Centre Services.

(part 1 Jan'08)

15/01/2009

Date In: 01/01/2009 15:00	Job description	Date & Time Completed	Done by
Ref No: N/A 19017268/4	SAS e-filing		
Veh No: 220 3206C	E-mail (within 2hrs, A/C 2hrs)		
DOA: 13/01/2009 18:00	I-Motor Claim Form	MT 10063201022	01/01/2009
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:25
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 220 9557X	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 ()	

() 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: ()

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

Injury: _____

Date/Time:	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/245
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against UNO Only (wa 10 Jan 2009)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
• N5: Courtesy Car / Tpt Allowance	\$3
• N6: Repairs Co-ordination	\$10
• N7: Post Repair Inspection	\$25
• N8: DV / Collect Excess Coordination	\$3
• TP (N11): TP (Non INC) against INC	\$20
• N12: Idas 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	01/10/2019 15:04
Date Of Accident	13/09/2019 18:00
Exact Location Of Accident	ALONG QUEENSWAY TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3206C
Insured/Policyholder	
Name Of Registered Owner	BOON HEALTHWISE PTE LTD
Co Reg No	200603419W
Email Address	GRACEAMBULANCE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96118424
Alternative Phone No	OFFICE-96118424

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	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	5086954917-02
Cover Note Number	

Driver

Name of Driver	MOHAMED HUSSAIN BIN SHAHUL HAMEED
NRIC No	S7309518B
Date Of Birth	21/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2000
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96118424
Fax Number	
Contact Number	OTHERS-96118424
Email Address	HUSSAINPARVIN21@GMAIL.COM

Address	BLK 45 STIRLING ROAD #06-446
Postcode	140045
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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE

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	SLL9557X
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	S8243800I
Contact Number	97807334
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/10/2019

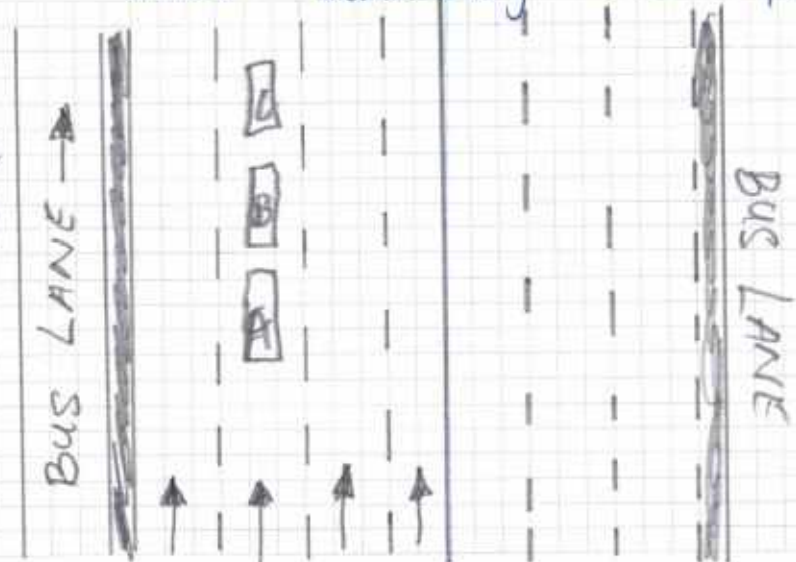
1320 hrs

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

SKETCH PLAN

Along Queensway Towards Farrer Road

(A) SKW 3206C
(B) SLL 9557 X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 13th September 2019 I Mohamed Hussain 1/C ST309518-B was travelling along Queensway Rd towards Farrer Rd, at about 1800hrs. Just after the Queenstown Fire Station it was massive jam. I am the driver of SKW 3206C which is an Ambulance. The car in front of me was SLL 9557 X, All the vehicles were moving and stopping very slowly maybe at the speed of 2kmph/hour.

Suddenly SLL 9557 X jam break and I couldn't stop in time and hit SLL 9557 X back bumper. The damage was only a light scratch as all the vehicles were moving and stopping at a very low speed. The driver of SLL 9557 X and me got out of the vehicle and saw that the damage was very minor so we agreed to settle on our own. But now the driver of SLL 9557 X is claiming under insurance going back on his words. So now I have no choice but to make a report.

Thanks & regards.

DECLARATION

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



Policyholder's Signature
Date & Time:

M. Hussain

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

01/10/2019
1315 hrs.

01/10/2019
Rishi

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1063270

Policy No.	508354913-02	Vehicle No.	GW3206C	GST Registration No.	
Certificate No.					
Policyholder Name	BOON HEALTHWISE PTE LTD			Policyholder NRIC	200603419W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No. (Mobile)	N/A	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KPI	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hosp	Not available
Accident Details					
Report Date	20/09/2019 14:13	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/09/2019	Time of Accident (hh:mm)	14:08	Country of Accident	Singapore
Reporting Centre		Orange Fence		ICM No.	
Accident Location	QUEENSWAY TO LORNE ROAD				
Excess					
Own damage Excess	1,000.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 113 #01-05	Address 2	ROSEVALE WALK	Address 3	SINGAPORE 540113
Address 4		Address Type	Singapore address	Post Code	540113
Unit No.		Related Policy Number	508354913-02		
OT Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History:

Claim 001 **NEW**

Claim Type *	OG-MR	Insured Name	BOON HEALTHWISE PTE LTD	Insured NRIC	200603419W
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	96370836
Email Address		OT		TP	
Claim Description		Vehicle Number	GW3206C	Vehicle Number	508354913
Preferred Workshop		GW3206C / 508354913 ON 13 Sept 2019		Name of Preferred Workshop	
Repair No. Information	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered		Preferred Workshop, Name unknown			
Report Taken By		Claim Close Date	01/10/2019 15:03	Date Received	01/10/2019 00:00
			MUSLI WANAB		

Attachment

Accident No.	MT/1063270	Claim No.	003
Last Doc. Received	Yes No	Upload Date	01/10/2019 15:21
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Oct 2019 15:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-10-1	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Oct 2019 15:25	SAS	Normal	SAS 2019-10-1	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Oct 2019 15:03	Photos	Normal	Photos 2019-10-1	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Oct 2019 15:07	Photos	Normal	Photos 2019-10-1	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Oct 2019 15:07	Photos	Normal	Photos 2019-10-1	



5 (BUKIT MERAH)) on 01 Oct 2019 15:03



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2019 15:03

Photos

Normal

Photos 2019-10-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2019 15:03

Photos

Normal

Photos 2019-10-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2019 15:03

Photos

Normal

Photos 2019-10-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2019 15:03

Photos

Normal

Photos 2019-10-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2019 15:03

Photos

Normal

Photos 2019-10-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2019 15:03

Photos

Normal

Photos 2019-10-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2019 15:03

Photos

Normal

Photos 2019-10-1

Video List

Uploaded By/Data	Folder Date	File Name	PS	Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 13/02/2019 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: Block Quinlan Road, just after the fire station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8KW 3266C
 b) INSURANCE COMPANY: NDA
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN NV350
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: MEDICAL TRANSPORT
 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: BOON KHANHWIRK PIA MD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD HUSSAIN RA SHARAF HONKAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 87804518 CONTACT: 96118424
 c) ADDRESS: _____

* d) DATE OF BIRTH: 26/02/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING PASS _____

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: SL 9557 X MODEL: CHAVOL 2
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: 582438001 CONTACT: 97807334

9. THIRD PARTY VEHICLE

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

email = hussain.parvina2@gmail.com

VIDEO

Company email = grace.ambulance@yahoo.com

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5086954917-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle
Chassis Number

: SKW3206C
: JN1UC4E26Z0002359

2. Name of Policyholder

: BOON HEALTHWISE PTE LTD

3. Effective Date of Insurance

: 01 Jan 2019

4. Expiry Date of Insurance

: 31 Dec 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover.

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$1,500

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KINETIC INSURANCE AGENCY (00000573090)

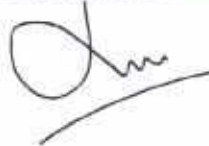
Date of Issue : 02 Jan 2019 09:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive