

NATIONAL Assessment Centre Services.

(over 1 Jan 2005)

19 MAY 197 35957

Date In: 14/10/2018 14:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N8A1MCL9018006/4	E-mail (Vehicle 2hrs, AIC 2hrs)		
Veh No: SKA 3002C	I-Motor Claim Form	14/10/2018	14:49
DOA: 12/10/2018 09:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OID: (1) Reporting Only	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: SKV 7705H 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: ()

Comments: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: ()

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N/A 1907781

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	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NI: Courtesy Car / Tpl Allowance \$3	
	* NI: Repair Co-ordination \$10	
	* NI: Post Repair Inspection \$25	
	* NI: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$30	
	* NI: Ideal Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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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	14/10/2019 14:24
Date Of Accident	12/10/2019 09:30
Exact Location Of Accident	JUNCTION OF BUKIT BATOK EAST AVE 3/TOH TUCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5062C
Insured/Policyholder	
Name Of Registered Owner	GT PTE. LTD.
Co Reg No	201622568K
Email Address	JEHANSHADIK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-90616427

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (A)
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	5111772470
Cover Note Number	

Driver

Name of Driver	MOHAMMAD DAEES BIN EESAH
NRIC No	S7616533E
Date Of Birth	04/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2002
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899125
Fax Number	
Contact Number	OTHERS-90616427
EEmail Address	JEHANSHADIK@GMAIL.COM

Address	BLK 294 TAMPINES STREET 22 #02-592
Postcode	520294
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : JURAIDAH BTE MD.SALLEH GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER (UNKNOWN) 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	SKV7705H
Vehicle Make/Model/Colour	AUDI A3
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)

SKETCH PLAN

Veh A: SKA 5062C

Veh B: SKV 7750H

IMPORTANT NOTICE

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GT PTE LTD

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/10/19 12:30

Reporting Centre Personnel's Signature

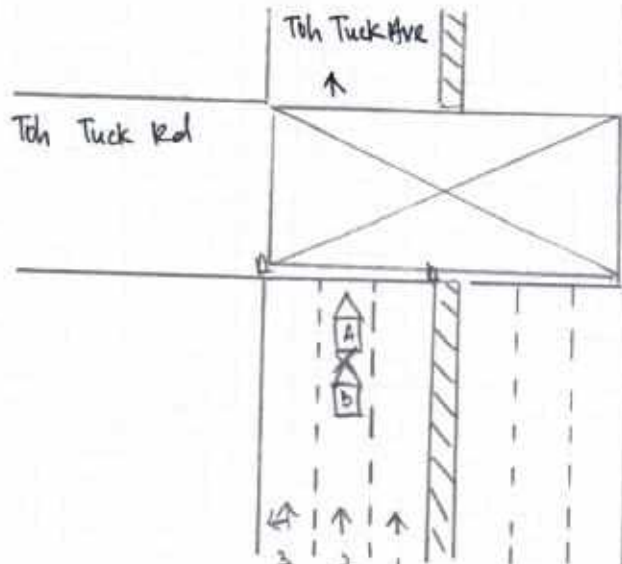
Name:

NRIC/FIN No:

SKETCH PLAN

Veh A: SKA 5062C

Veh B: SKV 7705H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bukit Batok East Ave 3

I was stationary at the traffic Junction (traffic light was red).
Vehicle B behind me collided to my rear of vehicle.

DECLARATION

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

GT PTE LTD

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/10/19 12:30

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

14/10/2019
Rashid / [Signature]

The premium on this policy had not been collected.

Accident NT/1066744

Policy No.	5111772470	Vehicle No.	8KA20R2C	GST Registration No.	
Certificate No.	5111772470-000015				
Policyholder Name	GT PTE.LTD.				
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	201022568X
Contact No. (Mobile)	93895125	Contact No. (Office)		Loading	0
Email Address		Special Remarks		Contact No. (Home)	
XOF	= No Yes	TCA	= No Yes	uCode	<input type="button" value="No"/>
NCD Protection	No	NCD Endowment(%)	0	eCode Reason	

▼ Accident Details

Report Date	14/10/2019 14:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/10/2019	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	JUNCTION OF BUNGEY BAYON EAST AVE 3/TON TUCK ROAD				

Total Excess Application

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered	Covered
Additional Excess	0				
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	1,500.00		

7 GST Registered Information

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

Policyholder Mailing Address

Address 1	28 PRGOOA STREET	Address 2	SINGAPORE 009188	Address 3	
Address 4		Address Type	Singapore address	Post Code	009188
Unit No.		Related Police Number			

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD GABER BIN EESAHI	Driver NRIC	\$7605338	Driver DOB	04/05/1978
Register Date of Driver License	16/01/2002	Driver Age	43	Driving Experience	17
Contact No.(Mobile)	90675427	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 294 J	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 530294
Address 4		Address Type	Foreign address	Post Code	530294
Unit No.					
Does he own a Singapore registered car?	Yes = No	Driver Vehicle No.			

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Procedural History

Claim 001	RAW

Client Type: *

Contact No. (Mobile)		CO-MX	Insured Name	GT PTE. LTD.	Insured NRIC	200623549K
Email Address			Contact No. (Home)		Contact No. (Office)	
Claim Description			OI Vehicle Number	SHAS062C	TP Vehicle Number	SKV770SH
				SHAS062C / SKV770SH DN 13 Oct 2019	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Contact No. Finalisation	Yes	Endorsed	Repair Option	Preferred Workshop, Name unknown	OTA report	Received
Date Registered						
Report Taken By					Claim Close Date	Date Received
					14/10/2019 14:48	14/10/2019 00:00
					RDSLI WAMAB	

• **Open AK letter**

Attachment

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 [NATIONAL ASSESSMENT CENTRE SERVICE B (BUKIT MERAH)] on 14 Oct 2019 14:49	Photos	Normal	Photos 2019-10-14	
	NAC_BUKIT_MERAH_806676 [NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)] on 14 Oct 2019 14:49	Photos	Normal	Photos 2019-10-14	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:49	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:49	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:49	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:48	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:48	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:48	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:48	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:48	Photos	Normal	Photos 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:48	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Oct 2019 14:48	SAS	Normal	SAS 2019-10-14

Video List

Uploaded By/Date

Folder Data

File Name

Source

Action

Display in New Window

Scan and uploading

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 12.10.2019

East ~~East~~ Time of Accident: 9.30am

*Accident Location: JUNCTION OF BUCIT BATOK AVE 3, JUNCTION OF TOH TUCK ROAD

Vehicle Details

*Vehicle Number: SKA5062C

*Make & Model: HONDA STREAM 1.8 L A

Insured / Policyholder

*Owner Name: GT Pte Ltd

*NRIC: 201622568K

*Address: _____

*Email: _____

*HP: 9389 9125

*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: MOHAMMAD DAEES BIN EESAH

*NRIC: S7616533E

*Address: BLK 294 TAMPINES ST. 22 #02-S92

*Date of Birth: 04.06.1976

*Driving Pass Date: 16.01.2002

*HP: 90616427

*Email: jehanshadik@gmail.com

*Gender: Male / Female

*Occupation: ENGINEER

(Indoor / Outdoor)

*Tel / H / Other: 9271 8620

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: JURAI DAH BTE MD. SAUHE

(Male/Female) *P/Name: _____

(Male/Female)

*P/Name: Unknown

(Male/Female) *P/Name: _____

(Male/Female)

Insurance Company

*Insurer: _____

*Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SKV7705H

Make & Model: AUDI A3

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____

*Weather conditions: Clear / Raining / others: _____

*Any video cam: Yes / No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / No (Name: _____

NRIC : _____

HP: _____)

*Accident reported to police: Yes / No

*Summon against whom: _____

*Injured party: Yes / No

*No. of passengers (include driver): _____

-I/Name: _____

*Fasten seat belt: Yes / No

*Conveyed by Ambulance: Yes / No

-I/Name: _____

*Fasten seat belt: Yes / No

*Conveyed by Ambulance: Yes / No

Hello, NAC_BUKIT_MERAH_800676

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

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 checked="" type="radio"/>	5111772470	5111772470-000015	GT PTE. LTD.	201622568K	GFM	drive CLASSIC	SKA5062C	SKA5062C	18/08/2019	13/08/2020

Continue