

NATIONAL Assessment Centre Services

[Ref: Jan'05]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 22/10/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19018673/13 | SAS e-filing | | |
| Veh No: QV2465E | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 21/10/19 2250 | i-Motor Claim Form | MT/1068062-001 | |
| 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: 54C930E | 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. ()

| | | |
|---|-----------------------|---------|
| 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

NA1908055

| | | | |
|---------------------------------|---|-------------|----------|
| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| | 5) RT: 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 | | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2 / 3: | 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 | 22/10/2019 15:18 |
| Date Of Accident | 21/10/2019 22:50 |
| Exact Location Of Accident | SCOTTS RD TWDS NEWTON CIRCUS |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GV2465E |
| Insured/Policyholder | |
| Name Of Registered Owner | AIK TONG CONSTRUCTION PTE. LTD. |
| Co Reg No | 201015693W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-82828371 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | CABSTAR |
| Exact Purpose for which vehicle was being used at time of accident | AFTER WORK OTW BACK HOME |
| 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 | 5111505719 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ISLAM MOHAMMAD SHARFUL |
| Passport No/FIN | G7376201X |
| Date Of Birth | 01/08/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/09/2003 |
| Driving Experience | 16 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81918292 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-----------------|
| Address | 5A TRANSIT ROAD |
| Postcode | 778883 |
| 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 | SIDE SWIPE |
| 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

I WAS TRAVELING FROM SCOTTS RD TWDS NEWTON CIRCUS ON THE 2ND LANE OF A3-LANES RD. SUDDENLY VEH(B) FROM BEHIND OVERTAKE ME FROM MY LEFT, WHEN HE SAW THERE WAS ROAD WORKS ON THE LEFT LANE HE SWERVED BACK TO MY LANE AND COLLIDED ONTO MY VEH.

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 | SHC930E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | SNG BOON LONG |
| NRIC/Passport Number | S6810683D |
| Contact Number | |
| 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.



Policyholder's Signature
Date & Time:

Shanfu

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

Shanfu 22/10/19

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

RD TIMAH

NEWTON CIRCUS

RD WORKS

GV2465E

SHC930E

SCOTTS RD

pls refer to the statement.

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

DECLARATION
We declare the foregoing
201015693W
Shareholder's Signature
Date & Time:

Shorful

Apr 22/10/19

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

| | | | |
|------------------------|---|--------------------|---|
| Policy No. | <input type="text" value="5111505719"/> | Date of Accident | <input type="text" value="21/10/2019 22:50"/> |
| Vehicle No.(For Motor) | <input type="text" value="GV2465E"/> | Certificate Number | <input type="text"/> |

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"/> | 5111505719 | | AIK TONG CONSTRUCTION PTE. LTD. | 201015693W | GCV | Third Party | GV2465E | GV2465E | 13/08/2019 | 12/08/2020 |

Continue

Claim Handling

Accident MT/1068062

| | | | | |
|---------------------|---|---------------------|---|----------------|
| Policy No. | 5111505719 | Vehicle No. | GV2465E | GST Registrat |
| Certificate No. | | | | |
| Policyholder Name | AIK TONG CONSTRUCTION PTE. LTD. | | | Policyholder f |
| Product Code | COMMERCIAL VEHICLE INSURAT | Cover Type | Third Party | Loading |
| Contact No.(Mobile) | 82828371 | Contact No.(Office) | 0 | Contact No.(I |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reaso |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |

| | | | | |
|--------------------|------------------------------|-------------------------------|-------|---------------|
| ⌵ Accident Details | | | | |
| Report Date | 22/10/2019 17:27 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 21/10/2019 | Time of Accident hh:mm | 22:50 | Country of Ac |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SCOTTS RD TWDS NEWTON CIRCUS | | | |

| | | | | |
|----------------------------|--------------|----------------------------|------|----------------|
| ⌵ 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 | Driver is Covi |
| 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 | | Yes |
| Modification History | 22/10/2019 17:32:44 System changed GST Status Verified from No to Yes | | | |

| | | | | |
|--------------------------------|------------------|-----------------------|-----------------------|-----------|
| ⌵ Policyholder Mailing Address | | | | |
| Address 1 | 23 KELANTAN LANE | Address 2 | #05-01 KIM HOE CENTRE | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 05-01 | Related Policy Number | 5111505719 | |

| | | | | |
|---|---|---------------------|-------------------|---------------|
| ⌵ OI Driver Info | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | ISLAM MOHAMMAD SHARFUL | Driver NRIC | G7376201X | Driver DOB |
| Register Date of Driver License | 29/09/2003 | Driver Age | 44 | Driving Exper |
| Contact No.(Mobile) | 81918292 | Contact No.(Office) | 0 | Contact No.(I |
| Address 1 | SA TRANSIT ROAD | Address 2 | SINGAPORE 778863 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insure |

| | | | | |
|-------------------------------------|------|-------------|---|--|
| Declaration | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |

Modification History

Claim 001 OD-MX New

| | | | |
|---|----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | A |
| Contact No.(Mobile) | | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | C |
| Claim Description | GV2465E / SHC930E ON 21 Oct 2019 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Contact No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 22/10/2019 17:34 |
| | | Workshop Repairer | ROSLINDA |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1068062
☒ Yes ☐ No

Claim No.
Upload Date

001
22/10/2019 00:00

Path *

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

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Confid-

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

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NO

Please Select

NO

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | |
|--|------------------|-----------------------|---|---------|----------|
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 | | NRIC/ Driving License | Y | Normal | NRIC/ Dr |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 | | SAS | | Normal | ! |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 | | Photos | | Normal | PI |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 | | Photos | | Normal | PI |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 | | Photos | | Normal | PI |
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| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 | | Photos | | Normal | PI |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2019 17:34 | | Photos | | Normal | PI |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|---|-------------|-----------|--|
| <div>Display in New Window Scan and uploading</div> | | | |