

NATIONAL Assessment Centre Services

Job # JAN03 MNA119141420

| | | | |
|-----------------------------|---|-----------------------|---------------|
| Date In: 2/12/19 - 19:14 | Job description | Date & Time Completed | Done by |
| Ref No: NA119141420/8923/24 | SAS e-filing | | |
| Veh No: AOB5632P | E-mail (within 4hrs, AIC 2hrs) | | |
| D.O.A : 23/12/19 - 19:12 | i-Motor Claim Form | M7/1068455-201 | 2/12/19 19:21 |
| OD : TP Reporting Only | i-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Asst Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: VM9906M INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Ext. Status (V): 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars: | Amount (\$) | Amount (\$) |
|--|-------------|-------------|
| Driver/Owner: | Tot Bill | Add Bill |
| 1) IPR: Applicant Report (130) | | |
| 2) IPR: Applicant Assessment (\$100) (INC 500) | | |
| 3) IPR: Transport Allowance (\$40/545) | | |
| 4) IPR: () (\$120) | | |
| 5) IPR: Follow-Through Survey (Resurvey) (\$30) | | |
| 6) IPR: Resurvey against 1st Day (Nov 19 Jan 2003) | | |
| 7) IPR: Resurvey (\$75) | | |
| 8) IPR: Final DA + SMRT Survey (\$160) | | |
| 9) IPR: Additional Services | | |
| 10) IPR: () | | |
| * NS: Courtesy Car / 1st Allowance (\$5) | | |
| 11) IPR: () (\$10) | | |
| 12) IPR: () (\$25) | | |
| 13) IPR: () (\$5) | | |
| 14) IPR: () (Non-INC) against INC (\$20) | | |
| 15) IPR: () (\$10) | | |
| | Fee Charged | |
| | Fee Charged | |

NA119141420

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Dat. 1:

Dat. 2 / 3:

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 | 24/10/2019 19:12 |
| Date Of Accident | 23/10/2019 19:10 |
| Exact Location Of Accident | MANDAI AVE TWDS SEMBAWANG FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBB5630P |
| Insured/Policyholder | |
| Name Of Registered Owner | CALVARY CARPENTRY PTE LTD |
| Co Reg No | 201407349E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | FIAT |
| Model | DOBLO CARGO 1.9MJTD |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5077186269-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | MUHAMED RAZIQ BN S SHAMSUDDIN |
| NRIC No | S9640034I |
| Date Of Birth | 01/11/1996 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/02/2018 |
| Driving Experience | 1 YEAR AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97856505 |
| Fax Number | |
| Contact Number | OFFICE-97856505 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 610 YISHUN STREET 61 #11-231 |
| Postcode | 760610 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | |
| 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 | YM9906M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| 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.

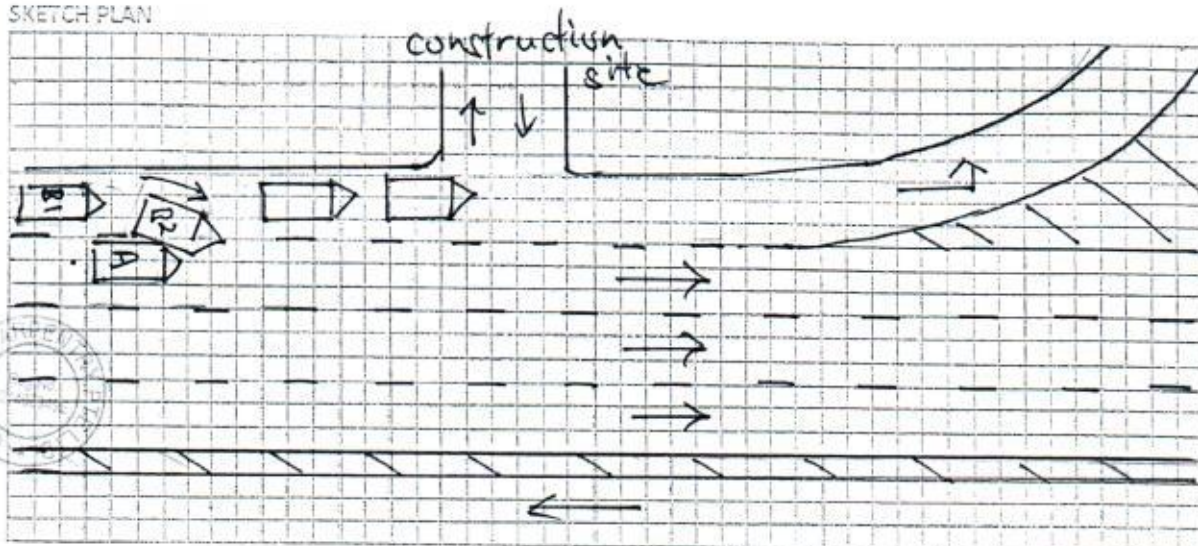


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 23/10/2019 at about 1911 hrs at along Mandai Ave towards Sembawang Flyover before STE (CTE/TPE) exit. I was travelling on the centre lane along Mandai Ave and when coming towards the construction site suddenly on my left a vehicle (B) veered into my lane without proper lookout and without checking his blindspot hence collided onto my left front portion of my vehicle (A) causing damages to my vehicle.

(A) GBB 5630 P
(B) YM 9906 M

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time:



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

[Handwritten Signature]

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

[Handwritten Signature]

Date of Accident : 23/10/2019 Accident Time: 1911 hrs (24-HR-Format)
 Accident Place : Mandai Ave towards Sembawang Flyover
 Vehicle Reg. No. (Car Plate No.) : GBB 5630P before SLE exit
 Vehicle Make/Model : FIAT DOBLO cargo 1.9
 Insurance Company : NTUC income Policy No. 5077186269-03
 Owner or Company Name /IC No. : Calvary Carpentry Pte Ltd / 201407349E
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Munamed Raziq Bin S Shamsuddin / 59640034I
 DRIVER'S Date Of Birth : 01/11/1996 DRIVER'S License Pass Date 19/02/2018
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 610 Yishun Street 61 #11-231 S(760610)
 DRIVER'S Contact No./ Alt No. : 1) 9785 6505 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 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): 1

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: <u>YM 9906M</u> | Vehicle Reg. No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver: _____ | IC No. Driver: _____ |
| Driver's Contact & Add: _____ | Driver's Contact & Add: _____ |

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

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 type="radio"/> | 5077186269-03 | | CALVARY CARPENTRY PTE. LTD. | 201407349E | GCV | Comprehensive | GBB563DP | GBB563DP | 18/12/2018 | 17/12/2019 |

Continue

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|-----------------------------|----------------------------------|------------------|
| Policy No. | 5077186269-03 | Policyholder Name | CALVARY CARPENTRY PTE. LTD. | Policyholder NRIC | 201407349E |
| Certificate No. | | | | | |
| Address | 2 YISHUN INDUSTRIAL STREET 1 #07-26 NORTH POINT BIZHUB SINGAPORE 768159 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | Group Policy Flag | N |
| Policy Issue Date | 14/12/2018 | Effective Date | 18/12/2018 00:00 | Expiry Date | 17/12/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | ABWIN PTE LTD | Agent Tel. | 68423301 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|----------------------------|-----------------------|---------------------------|-----------|------------------|
| Address 1 | 2 YISHUN INDUSTRIAL STREET | Address 2 | #07-26 NORTH POINT BIZHUB | Address 3 | SINGAPORE 768159 |
| Address 4 | | Address Type | Singapore address | Post Code | 768159 |
| Unit No. | | Related Policy Number | 5100253526-01 | | |

▶ Insured Object: GBB5630P

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---|---------------------|------------------|--------------------|---------------------|
| <input type="button" value="Continue"/> <input type="button" value="Cancel"/> | | | | |

Claim Handling

Accident MT/1068455

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | S077186269-03 | Vehicle No. | GB85630P | GST Registration No. | 201407349E |
| Certificate No. | | | | | |
| Policyholder Name | CALVARY CARPENTRY PTE. LTD. | | | Policyholder NRIC | 201407349E |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| KFR | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-----------------------------------|-------------------------------|-------|---------------------|---------------------------------|
| Report Date | 24/10/2019 19:20 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 23/10/2019 | Time of Accident hh:mm | 19:10 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | MANDAI AVE TWDS SEMBAWANG FLYOVER | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 18/04/2016 |
| GST Registration No. | 201407349E | GST Status Verified | Yes |

Modification History

Policyholder Mailing Address

| | | | | | |
|-----------|----------------------------|-----------------------|---------------------------|-----------|------------------|
| Address 1 | 2 YISHUN INDUSTRIAL STREET | Address 2 | #07-26 NORTH POINT BIZHUB | Address 3 | SINGAPORE 768159 |
| Address 4 | | Address Type | Singapore address | Post Code | 768159 |
| Unit No. | | Related Policy Number | 5100253526-01 | | |

01 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|--------------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | MUHAMMAD RAZIQ BIN S SHAMSU | Driver NRIC | S96400341 | Driver DOB | 01/11/1996 |
| Register Date of Driver License | 19/02/2018 | Driver Age | 22 | Driving Experience | 1 |
| Contact No.(Mobile) | 97856508 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 510 | Address 2 | YISHUN STREET 51 | Address 3 | NEE SOON CENTRAL MEADOWS |
| Address 4 | SINGAPORE 760610 | Address Type | Singapore address | Post Code | 760610 |
| Unit No. | 11-231 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 **New**

| | | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|--|
| Claim Type * | DD-MX | Insured Name | CALVARY CARPENTRY PTE. LTD. | Insured NRIC | 201407349E | |
| Contact No.(Mobile) | | Contact No.(Home) | NIL | Contact No.(Office) | 66844012 | |
| Email Address | contact@calvarycarpentry.com | OJ Vehicle Number | GB85630P | TP Vehicle Number | YM9905M | |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | | |
| Claimant Name * | | Claimant NRIC * | | | | |
| Claimant Address | | | | | | |
| Claim Description | GB85630P / YM9905M ON 23 Oct 2019 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received | |
| Date Registered | 24/10/2019 19:21 | Claim Close Date | | Date Received | 24/10/2019 00:00 | |
| Report Taken By | Jackson | | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1068455 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 24/10/2019 19:23 |

| Path * | Category * | Confidential | Urgency * | Description * |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Send Message

Attachment List

Mig Sent?

