

NATIONAL Assessment Centre Services

Date In: 01/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19019344/13	SAS e-filing		
Veh No: PC1219A	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 30/10/19 1940	i-Motor Claim Form	MT/1069404-001	
OD: TP (Reporting Only)	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMA70836	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

NA1908292

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	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	

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	01/11/2019 15:53
Date Of Accident	30/10/2019 19:40
Exact Location Of Accident	TPE TWDS UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC1219A
Insured/Policyholder	
Name Of Registered Owner	CITI COMFORT TRANSPORT SERVICES
Co Reg No	52885085K
Email Address	CITICOMFORT@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96906768
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COASTER
Exact Purpose for which vehicle was being used at time of accident	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054003552-07
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SIDEK BIN SAIDAN
NRIC No	S6837433B
Date Of Birth	04/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96116075
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 74 BEDOK NORTH ROAD #03-128
Postcode	460074
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	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

PLS REFER TO THE ATTACHED 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	SMA7083E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CLAUDIA
NRIC/Passport Number	S9349250A
Contact Number	92955667
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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.

*

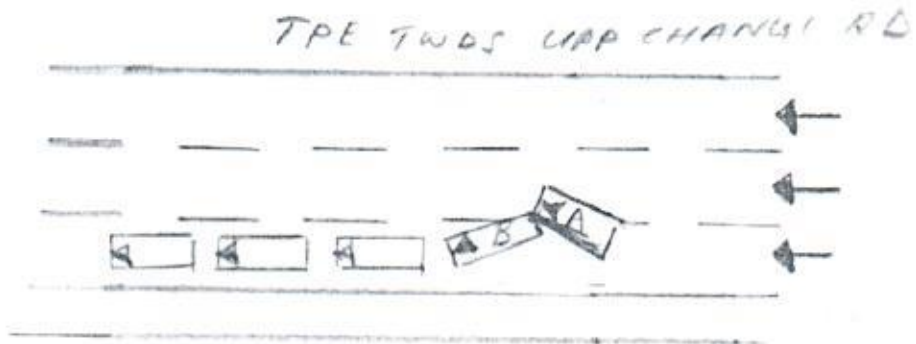
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



A - PC 1219A

B - SMA7083E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the statement.

DECLARATION

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

* *Dayaleen*

Policyholder's Signature

Date & Time

31/10/19



[Signature] 31/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 31/11/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

I WAS TRAVELLING ALONG TPE TWDS UPP CHANGI RD ON THE EXTREME LEFT LANE. AS THE LANE WAS SLOW MOVING TRAFFIC, I TURN ON MY RIGHT SIGNAL TO MOVE OUT TO MY RIGHT LANE. THE VEH B PASS BY MY VEH AND SUDDENLY MOVE INFRT OF MY VEH ENTER INTO THE LEFT LANE AND SLOW DOWN HIS VEH. I JAMMED BRAKE BUT MY VEH HIT ONTO THE REAR RIGHT PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 10 / 19) (DD/MM/YYYY), TIME: (19 : 40) (HH:MM)

LOCATION: TPE TWO UPP CHANGI RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC1219A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: ~~COMPREHENSIVE~~ THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA COASTER
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: OTW BACK HOME
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: CITI COMFORT TRANSPORT SERVICES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96906768/9
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMAD SIDER BIN SAIDAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 56837433B CONTACT: 96116075
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)

f) YEARS OF DRIVING EXPERIENCE:

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: SMA7083E MODEL:
b) DRIVER'S NAME: CLAUDIA
c) NRIC/FIN/PASSPORT: 59349250A CONTACT: 92955667

9. THIRD PARTY VEHICLE

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

31/09/19

Email =

fax =

video =

waiting for company
Stamp

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

30/10/2019 19:40

Vehicle No.(For Motor)

PC1219A

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5054003552-07		CITI COMFORT TRANSPORT SERVICES	52885085K	GBS	Comprehensive	PC1219A	PC1219A	02/07/2019	01/07/2020

Continue

Claim Handling

Accident MT/1069604

Policy No.	5054003552-07	Vehicle No.	PC1219A	GST Registra
Certificate No.				
Policyholder Name	CITI COMFORT TRANSPORT SERVICES			Policyholder T
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96906768	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<div>NoYes</div>	TCA	<div>NoYes</div>	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details				
Report Date	02/11/2019 10:06	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	30/10/2019	Time of Accident hh:mm	19:40	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE TWDS UPP CHANGI RD			

Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History	02/11/2019 10:08:43 System changed GST Status Verified from No to Yes			

Policyholder Mailing Address				
Address 1	44 KALLANG PLACE	Address 2	#1A-220 FOUR STAR BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-06	Related Policy Number	5054003552-07	

OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMAD SEDEK BIN SAIDAN	Driver NRIC	66837433B	Driver DOB
Register Date of Driver License	25/05/1996	Driver Age	50	Driving Exper
Contact No.(Mobile)	96116075	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 74	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-128			
Does he own a Singapore Registered car?	<div>YesNo</div>	Driver Vehicle No.		Driver Insure

Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div>YesNo</div>	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	C
Contact No.(Mobile)	96819622	Contact No. (Home)	
Email Address	citicomfort@singnet.com.sg	OT Vehicle Number	P
Claim Description	PC1219A / SMA7083E ON 30 Oct 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	02/11/2019 10:11
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save

Submit

Attachment

Accident No. MT/1009604

Claim No. 001

Last Doc. Received * Yes No

Upload Date 02/11/2019 00:00

Path *

Category *

Confid

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

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NO

NO

NO

NO

NO

NO

Attachment List

Attachment

Uploaded By/Date

Category

?

Urgency

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 10:11

NRIC/ Driving License

Y

Normal

NRIC/ Dr

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 10:11

SAS

Normal

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Nov 2019 10:11

Photos

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Photos

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Video List

Uploaded By/Date

Folder Date

File Name

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Display in New Window

Scan and uploading