

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA11915249

Date In: 18/11/19 17:42	Job description	Date & Time Completed	Done by
Ref No: 40/INC19020436/24	SAS e-filing		
Veh No: JMP66534	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/11/19 20:55	i-Motor Claim Form	17/11/19 00:00	18/11/19 18:04
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: FXNLS48A

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

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

- QD*
- *N5: Courtesy Car / Tpl 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 \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat 1:

Sat 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	18/11/2019 17:42
Date Of Accident	17/11/2019 20:50
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6937U
Insured/Policyholder	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 7-SEATER 2.5 ZG CVT
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110191748
Cover Note Number	

Driver

Name of Driver	MOHAMED YUNUS BIN ABDUL RAHIM
NRIC No	S1639597H
Date Of Birth	27/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87690027
Fax Number	
Contact Number	OFFICE-87690027
EEmail Address	NOEMAIL

Address	BLK 116 PASIR RIS STREET 11 #01-543
Postcode	510116
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 - 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?	
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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191118/2140.

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 Witness 1

Name	GEORGE TAN
Phone Number	98575161
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG4548A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

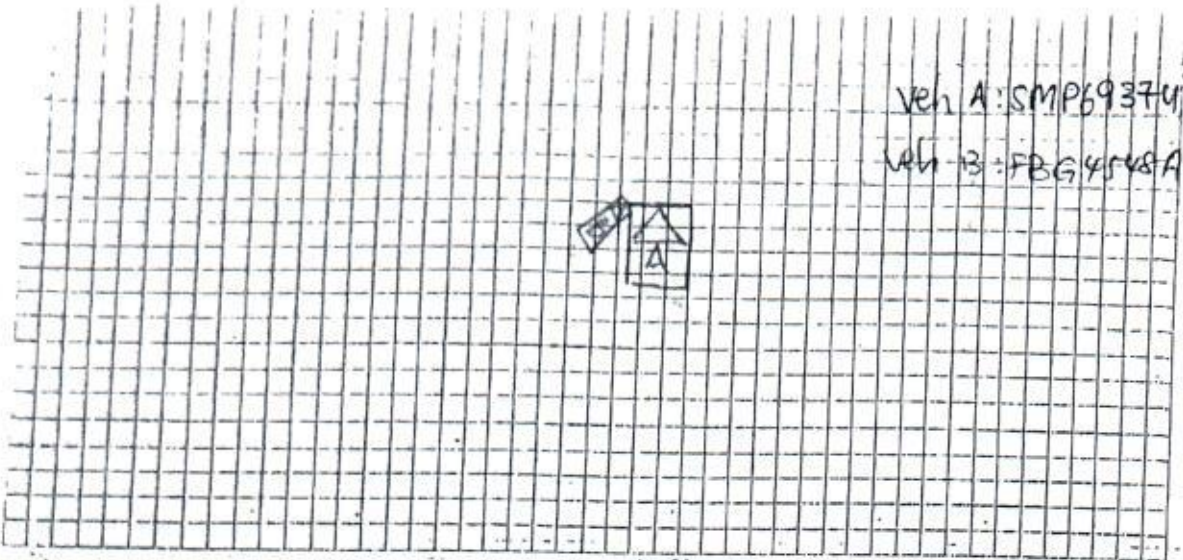


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

I/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:

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

Date of Accident : 17NOV2019 Accident Time: 2050 (24-HR-Format)
Accident Place : Sims Avenue
Vehicle Reg. No. (Car Plate No.) : SMP6937U
Vehicle Make/Model : Vellfire
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Jacy Pte Ltd
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Mohamed Yunus Bin Abdul Rahim S1639597H
DRIVER'S Date Of Birth : 27-03-1964 DRIVER'S License Pass Date 10 Mar 2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
DRIVER'S Address : 761 Woodlands Ave 6 #03-106 S(730461)
DRIVER'S Contact No./ Alt No. : 1) 87690027 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@MyCar.sg
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): 2 1 guy (No injuries)
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>FBG4548A</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: _____



SINGAPORE POLICE FORCE



T/20191118/2140

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20191118/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 16:27		Vide Report No.: G/20191117/0215		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: MOHAMED YUNUS BIN ABDUL RAHIM			Address: APT BLK 116 PASIR RIS STREET 11 #01-543 SINGAPORE 510116		
ID Type / ID No.: NRIC NO / S1639597H			Contact No.: Home/Office: Mobile: 87690027		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 27/03/1964	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/11/2019 20:50	Type of Location: Bend
Location: SIMS AVENUE Sims Ave Leading To PIE and CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4548A	Motorcycle					0
SMP6937U	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191118/2140

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20191118/2140

CONTINUATION OF REPORT

Name	Chia	ID No.	NIL
Related Vehicle	FBG4548A (Motorcycle)	Contact No.	96194393
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED YUNUS BIN ABDUL RAHIM	ID No.	S1639597H
Related Vehicle	SMP6937U (Car)	Contact No.	87690027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, place and time while I was travelling along Sims Avenue, one motorcycle (Vehicle Registration Number: FBG4548A) suddenly hit the left side of my vehicle.

I then immediately jammed on my brake to stop my vehicle however, the motorcycle which banged into me continued to move forward swerving to the right then it subsequently hit the wall which resulted in the driver falling off it.

I then got down of my vehicle to assist the rider whom did not have any ID on him at the point of time. Ambulance subsequently conveyed the rider to the hospital prior to the traffic police's arrival.

I want to state that I have a passenger whom was travelling in my vehicle during the accident whom is not injured. I am also not injured. I also want to add that the rider said sorry to me when I approached him, I also have an eye witness whom had witnessed the incident (Name: George Tan Contact: 98575161).



**SINGAPORE
POLICE FORCE**



T/20191118/2140

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20191118/2140

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 1 CHUN KHANG YEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Signature Of Informant:

Date/Time:

18/11/2019 16:27

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5110191748"/>	Date of Accident	<input type="text" value="17/11/2019 20:50"/>							
Vehicle No.(For Motor)	<input type="text" value="SMP6937U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110191748	5110191748-000022	JACY PTE. LTD.	201705208G	GFM	drive CLASSIC	SMP6937U	SMP6937U	10/10/2019	05/06/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5110191748	Policyholder Name	JACY PTE. LTD.	Policyholder NRIC	201705208G
Certificate No.	5110191748-000022				
Address	60 JALAN LAM HUAT #05-19 CARROS CENTRE SINGAPORE 737869				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/06/2019	Effective Date	06/06/2019 00:00	Expiry Date	05/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5110191819		

Insured Object: 5110191748-000022

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	10/10/2019 00:00	Basic Information Endorsement	000000000009373	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 10 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DICKSON CAPITAL PTE LTD CHASSIS NUMBER: AGH300208543 ENGINE NUMBER: 2ARJ162751 VEHICLE REGISTRATION NUMBER: SMP6937U ORIGINAL REGISTRATION DATE: 10 Oct 2019

Continue

Cancel

Claim Handling

Accident MT/1071900

Policy No.	5110191748	Vehicle No.	SMP6937U	GST Registration No.	
Certificate No.	5110191748-000022				
Policyholder Name	JACY PTE. LTD.			Policyholder NRIC	201705208G
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
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 Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	18/11/2019 18:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	17/11/2019	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5110191819		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/03/1964
Unnamed driver Name	MOHAMED YUNUS BIN ABOL R	Driver NRIC	51639507H	Driving Experience	9
Register Date of Driver License	10/03/2010	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	87690027	Contact No.(Office)	0	Address 3	SINGAPORE 510116
Address 3	BUK 116	Address 2	PASIR RIS STREET 11	Post Code	510116
Address 4		Address Type	Singapore address		
Unit No.	01-543				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JACY PTE. LTD.	Insured NRIC	201705208G
Contact No.(Mobile)	86858787	Contact No.(Home)		Contact No.(Office)	+
Email Address	JLCARRE3@GMAIL.COM	OT Vehicle Number	SMP6937U	TP Vehicle Number	FBG6548A
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP6937U / FBG6548A ON 17 Nov 2019				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Injured Liability *	Not at Fault	GIA report	Received
Date Registered	18/11/2019 18:09	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/11/2019 00:00
Report Taken By	Jackson	Claim Close Date			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1071900	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/11/2019 18:10

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	

