

NATIONAL Assessment Centre Services

Form NA-100

Date In: 02/12/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC/19021241/13			
Veh No: 4L8484A	E-mail (within 8hrs: NP/2hrs)		
D.O.A: 02/12/19 1130	i-Motor Claim Form: MT/1074254-001		
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:

JCJ9643

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

NA1909034

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

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

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 (N:n 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	02/12/2019 16:39
Date Of Accident	02/12/2019 11:30
Exact Location Of Accident	615 LOR 4 TOA PAYOH LOADING BAY NEAR MGMT OFFICE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL8484A
Insured/Policyholder	
Name Of Registered Owner	KENZONE SINGAPORE PTE. LTD.
Co Reg No	200204837C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68440230
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5113780069
Cover Note Number	
Driver	
Name of Driver	MOHAMED AMIN BIN KARIM
NRIC No	S7110006E
Date Of Birth	01/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94871311
Fax Number	
Contact Number	
EMail Address	AMINKARIM12283@GMAIL.COM

Address	BLK 295A COMPASSVALE CRESCENT #04-211
Postcode	541295
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JCJ9643 (MOTORCYCLE)
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: : CHAI XINYANG GENDER: : MALE
Passenger 2	NAME: : CHAN FOOK KHEONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191202/2099

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JCJ9643
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)	

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.

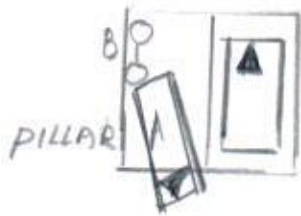


Policyholder's Signature
Date & Time:

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

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

A-YL8484A
B-JCJ9643



LOADING BAY
615 LOR 4
TOA PAYOH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20191202/2099

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:

[Signature]

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

[Signature] 02/12/19



**SINGAPORE
POLICE FORCE**



T/20191202/2099

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20191202/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2019 16:17	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: MOHAMED AMIN BIN KARIM			Address: APT BLK 295A COMPASSVALE CRESCENT #04-211 SINGAPORE 541295		
ID Type / ID No.: NRIC NO / S7110006E			Contact No.: Home/Office: Mobile: 94871311		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 01/04/1971	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: LOGISTIC DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/12/2019 11:30	Type of Location: Car Park
Location: Along Road 1 LORONG 4 TOA PAYOH 615 LORONG 4 TOA PAYOH, LOADING BAY NEAR TO MGMT OFFICE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JCJ9643	Motorcycle					0
YL8484A	Lorry				No Damage	2

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20191202/2099

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 3

Report No. T/20191202/2099

CONTINUATION OF REPORT

Driver			
Name	MOHAMED AMIN BIN KARIM	ID No.	S7110006E
Related Vehicle	NIL	Contact No.	94871311
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2/12/2019 at about 1130hrs while at 615 Lorong 4 Toa Payoh, loading bay, there was a m/cycle parked inside the loading bay. While I was reversing my vehicle I had accidentally knocked onto the m/cycle and caused it to fall. I then lifted back the m/cycle back upright and went to do my work. About 1hr later he then called my office and my office called me, I then went back to my vehicle and met up with the m/cycle owner who refused to exchange particulars.
The m/cycle owner demanded me to pay S\$300 for scratches on his m/cycle however I refused as such I told him to go for insurance claims.
I wish to state that there is no damage on my lorry.



**SINGAPORE
POLICE FORCE**



T/20191202/2099

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20191202/2099

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 SHAUN CHUA YONG QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/12/2019 16:17

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	5113780069	Date of Accident	02/12/2019 11:30
Vehicle No.(For Motor)	YL8484A	Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5113780069	5113780069-000007	KENZONE SINGAPORE PTE. LTD.	200204837C	GFM	Comprehensive	YL8484A	YL8484A	15/11/2019	14/11/2020

Continue

Claim Handling

Accident MT/1074254

Policy No.	5113780069	Vehicle No.	YL8484A	GST Registrat
Certificate No.	5113780069-000007			
Policyholder Name	KENZONE SINGAPORE PTE. LTD.			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	68440230	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	04/12/2019 10:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	11:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	K10 LOR 4 TOA PAYOH LOADING BAY NEAR HIGHT OFFICE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	1,500.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	08/07/2002
GST Registration No.	200204837C	GST Status Verified	Yes
Modification History	04/12/2019 10:28:36 System changed GST Registered from No to Yes 04/12/2019 10:28:36 System changed GST Registration No. from null to 200204837C 04/12/2019 10:28:36 System changed GST Registration Date from null to 08/07/2002		

Policyholder Mailing Address

Address 1	150 UBI AVENUE 4	Address 2	#05-07/08 UBI BIZ-HUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113780069	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD AMIN BIN KARIM	Driver NRIC	S7110006E	Driver DOB
Register Date of Driver License	07/11/2000	Driver Age	48	Driving Exper
Contact No.(Mobile)	94871311	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 295A	Address 2	COMPASSVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-211			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type

OD-MX

Insured Name

K

Contact No.(Mobile)

Contact No.(Home)

Email Address

OI Vehicle Number

Y

Claim Description

YL8484A / JC9643 ON 2 Dec 2019

Preferred Workshop

Insured Liability

Partially at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Contact No. Finalisation

Yes

Date Registered

04/12/2019 10:34

Claim Close Date

Report Taken By

ROSINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No. MT/1074254

Claim No. 001

Last Doc. Received * Yes No

Upload Date 04/12/2019 06:00

Path *

Category *

Confid

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen












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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:34	NRIC/ Driving License	Y	Normal	NRIC/ Dr	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:33	SAS		Normal		
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:33	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:33	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:33	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:32	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:32	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:32	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:32	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:32	Photos		Normal	P	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 10:32	Photos		Normal	P	
Video List					
Uploaded By/Date	Folder Date	File Name	?		
<div>Display in New Window</div> <div>Scan and uploading</div>					