

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 09/12/19	Job description	Date & Time Completed	Done by
Ref No NA/INC/9021602/13	SAS e-filing		
Veh No GBJ5473J	E-mail (within 8hrs, AIC 2hrs)		
DOA 23/11/19 1600	i-Motor Claim Form	MT/1072989	-002
OD / TP <u>Reporting Only</u>	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: SKN8400Y	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	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	09/12/2019 09:27
Date Of Accident	23/11/2019 16:00
Exact Location Of Accident	UPP SERANGOON RD CARPARK BESIDE CHEAP JOHN'S ENTER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ5473J
Insured/Policyholder	
Name Of Registered Owner	SAFETECH ENGINEERING PTE LTD
Co Reg No	2XXXXX322C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63415238
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	AFTER 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	5109806836
Cover Note Number	
Driver	
Name of Driver	RAHMAN SHAHINOR
Passport No/FIN	GXXXXX096K
Date Of Birth	01/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86189565
Fax Number	
Contact Number	
EMail Address	INDERJEETRATAUL@GMAIL.COM

Address	852 HOUGANG CENTRAL #02-11
Postcode	530852
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	NO COLLISION
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?	NO
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	SKN8400Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.



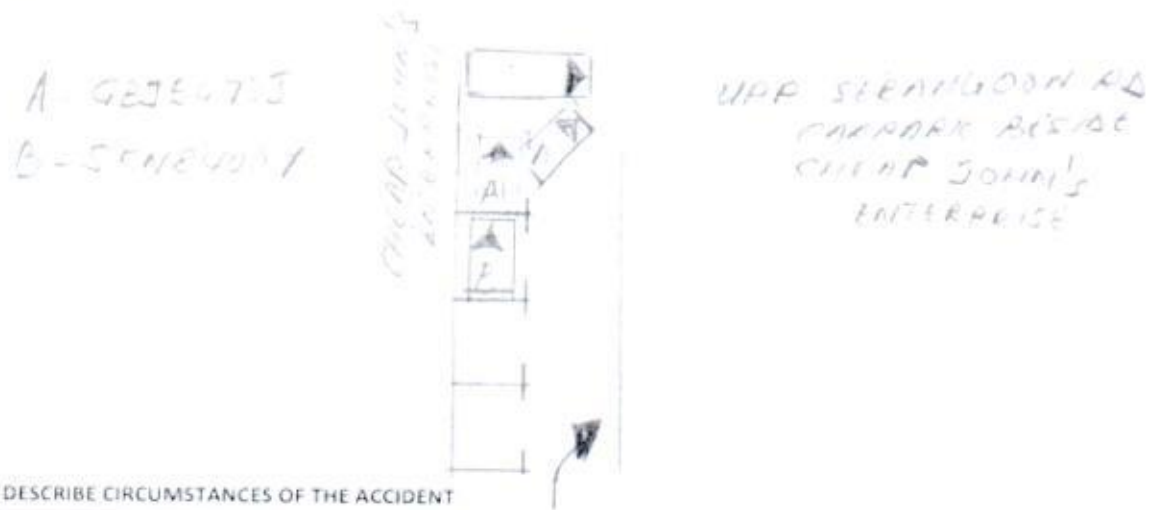
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/12/19

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

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 06/12/19

Reporting Centre Personnel's Signature
Name
NRIC/PIN No.

Individual Statement

I PARK MY VEH INSIDE THE CARPARK LOT AT UPP SERANGOON RD BESIDE CHEAP JOHN'S ENTERPRISE. AFTER I PARKED MY VEH I CAME OUT FROM MY VEH AND SOMEONE APPROACHED ME AND TOLD THAT WHILE REVERSING MY VEH HIT ONTO THE FRT PORTION OF VEH B THAT PARK BEHIND MY VEH. I DIDN'T FELT ANY IMPACT. I CAME TO MAKE AN ACCIDENT REPORT COZ MY COMPANY RECEIVED A LETTER FROM THEIR INSURANCE.

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

23/11/2019 16:00

Vehicle No.(For Motor)

GBJ5473J

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="checkbox"/>	5109806836		SAFETECH ENGINEERING PTE LTD	201320322C	GCV	Preferred Workshop Plan	GBJ5473J	GBJ5473J	28/05/2019	27/05/2020

Continue

Claim Handling

Task Transfer

Exit

Accident MT/1072989

LOS

SAL

SUB

Policy No.

5109806836

Certificate No.

Policyholder Name

SAFETECH ENGINEERING PTE LTD

Product Code

COMMERCIAL VEHICLE INSURANCE

Contact No.(Mobile)

Nil

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

GBJ5473J

Cover Type

Preferred Workshop Plan

Contact No.(Office)

63415238

Special Remark

TCA

No

Yes

NCD Entitlement(%)

0

GST Registration No.

201320322C

Policyholder NRIC

201320322C

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

Accident Details

Report Date

26/11/2019 11:35

Date of Accident

23/11/2019

Reporting Centre

NATIONAL ASSESSMENT CENTRE

Accident Location

UPP SERANGOON RD CARPARK BESIDE CHEAP JOHN'S ENTER

Accident Report Within 24 hrs

No

Time of Accident hh:mm

16:00

Orange Force

No

Accident Type

No collision

Country of Accident

Singapore

ICM No.

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

000.00

TP Standard Excess

0.00

YIED OD Excess

0.00

YIED TP Excess

0.00

Additional Excess

Driver is Covered?

Covered

Total OD Excess Applicable

000.00

Total TP Excess Applicable

0.00

Benefits

GST Registered Information

GST Registered

Yes

GST Registration No.

201320322C

Modification History

26/11/2019 11:37:15 System changed GST Registered from No to Yes
26/11/2019 11:37:15 System changed GST Registration No. from null to 201320322C
26/11/2019 11:37:15 System changed GST Registration Date from null to 14/05/2018

GST Registration Date

14/05/2018

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

30 ROBERTS LANE

Address 2

#02-01 SINGAPORE 218309

Address 3

Address 4

Address Type

Singapore address

Post Code

218309

Unit No.

Related Policy Number

5109806836

OI Driver Info

Driver Name

Unnamed Driver

Unnamed driver Name

RAHMAN SHAHINOR

Register Date of Driver License

25/04/2012

Contact No.(Mobile)

86189565

Address 1

BLK 852 #02-11

Address 4

Unit No.

02-11

Does he own a Singapore Registered car?

Yes

No

Driver Type

Unnamed Driver

Driver NRIC

G7999096K

Driver Age

33

Contact No.(Office)

Address 2

HOU GANG CENTRAL

Address Type

Singapore address

Address 3

SINGAPORE 530852

Post Code

530852

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

10/12/2019 16:50 s047775 Modify Accident Report Within 24 hrs(Yes-->No)
11/12/2019 08:06 s024248 Modify Driver Name(-->Unnamed Driver)
11/12/2019 08:06 s024248 Modify Driver Type(-->Unnamed Driver)

Investigation

Claim 002 OD-MX

New

Claim

Case Officer

Claim Type

OD-MX

Contact No.(Mobile)

Email Address

Claim Description

GBJ5473J / SKN8400Y ON 23 Nov 2019

Preferred Workshop

Preferred Repair Option

Contact No.

Yes

Finalisation Date Registered

09/12/2019 10:10

Report Taken By

ROS LINDA

Insured Name

SAFETECH ENGINEERING PTE LTD

Contact No.(Home)

OI Vehicle Number

GBJ5473J

Claim Close Date

Workshop Repairer

Insured NRIC

Contact No.(Office)

TP Vehicle Number

Name of Preferred Workshop

Partially at Fault Received

Date Received

Total Loss but Repaired

Print AK letter

Modification History

https://gicclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&caseId=2666627&objectId=3091274&readAllBox=1&checkN...

1/2

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No. MT/1072989

Claim No. 002

Last Doc. Received * Yes No

Upload Date 09/12/2019 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

Category

Confidential

Urgency

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

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Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:10	SAS		Normal	SAS 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:10	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:10	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:10	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:09	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:09	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:09	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:09	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:09	Photos		Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 10:09	Photos		Normal	Photos 2019-12-9

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	