

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA11916558**

Date In: 16/1/19 JF	Job description	Date & Time Completed	Done by
Ref No: NA11916558	SAS e-filing		
Veh No: JM27179C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1/1/19-03:00	i-Motor Claim Form	M71075980-01	16/1/19 19:37
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: **JHF 5004**

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% P: 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

NA11916558

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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:-
- ON*
- *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	16/12/2019 18:58
Date Of Accident	14/12/2019 03:00
Exact Location Of Accident	BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7679C
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96518877
Alternative Phone No	OFFICE-96518877

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS PLUS (AUTO)
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5106629800
Cover Note Number	

Driver

Name of Driver	HABIL BIN JAMAL MOHAMED
NRIC No	S7722926D
Date Of Birth	21/08/1977
Occupation	INDOOR
Date Of Driving Pass	22/11/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96885848
Fax Number	
Contact Number	OFFICE-96885848
EEmail Address	NOEMAIL

Address	BLK 568 PASIR RIS STREET 51 #12-86
Postcode	510568
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 - MAJOR/MINOR RD
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF500Y
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
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.

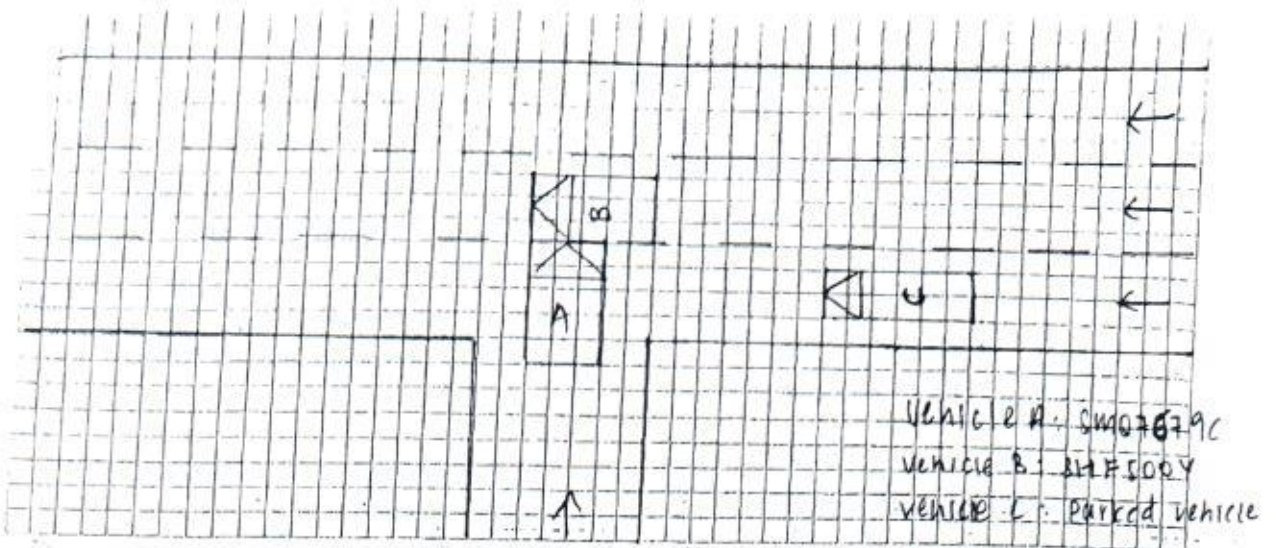


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was travelling on my vehicle bearing carplate number SMQ7679C,

while I was on the minor road with intention to turn left into

Bukit Timah Road, I realise that there was a lorry parked on the

right, which caused me to not be able to look out for oncoming vehicles

clearly I inched out a little and turned out once I check clear, suddenly

a taxi who was travelling on the main road grazed the front portion of

my vehicle.

DECLARATION

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

Reg. No: 201836450G
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 : 14/12/2019 Accident Time: 0300 Hrs (24-HR-Format)
Accident Place : Bukit Timah Road
Vehicle Reg. No. (Car Plate No.) : SMQ 7679C
Vehicle Make/Model : Toyota Prius +
Insurance Company : NAC Policy No. _____
Owner or Company Name / IC No. : Focus Rentals Pte Ltd
Owner or Company Contact No. : 96518877 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Habil Brn Jamal Mohamed
DRIVER'S Date Of Birth : 21/08/1977 DRIVER'S License Pass Date 22/11/2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: hirer
DRIVER'S Address : BK 588 Pasir Ris St 51 #12-86 5510568
DRIVER'S Contact No. / Alt No. : 1) 96885848 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): 0 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: SHE500Y
Vehicle Make/Model: TOYOTA PRIUS
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106629800		FOCUS RENTALS PTE. LTD.	201836450G	GFT	Third Party	SMQ7679C	SMQ7679C	29/11/2019	

Policy Information					
Policy No.	5106629800	Policyholder Name	FOCUS RENTALS PTE. LTD.	Policyholder NRIC	201836450G
Certificate No.					
Address	26 SIN MING LANE #05-114 MIDVIEW CITY SINGAPORE 573971				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2018	Effective Date	26/12/2018 00:00	Expiry Date	25/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	14090.42		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	TIMES INS BROKERS (MOTOR B Agent Tel.		62528888	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.	03-02	Related Policy Number	5106629800		
Insured Object: SMQ7679C					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	27/12/2018 00:00	Basic Information Endorsement	000001286971728	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJS9308K 27-12-2018 \$1,269.81 2. SJU6842T 27-12-2018 \$1,269.81 3. SJU6916P 27-12-2018 \$1,269.81 In view of this amendment, an additional premium of \$3,809.42 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGF608H 07-01-2019 \$1,231.44 2. SKR6614P 07-01-2019 \$1,231.44 In view of this amendment, an additional premium of \$2,462.88 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by</p>
2	07/01/2019 00:00	Basic Information Endorsement	000001286982404	Endorsement Take Effective	

Claim Handling

Accident MT/1075980

Policy No.	5106629800	Vehicle No.	SMQ7679C	GST Registration No.	
Certificate No.					
Policyholder Name	FOCUS RENTALS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201836450G
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96518877	Special Remark		Contact No. (Home)	0
Email Address		TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KTK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	16/12/2019 19:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	14/12/2019	Time of Accident hh:mm	03:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.	03-02	Related Policy Number	5106629800		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/08/1977
Unnamed driver Name	HABIL BIN JAMAL MOHAMED	Driver NRIC	S7722926D	Driving Experience	13
Register Date of Driver License	22/11/2006	Driver Age	42	Contact No. (Home)	0
Contact No. (Mobile)	96885848	Contact No. (Office)	0	Address 3	SINGAPORE 510568
Address 1	BLK 568	Address 2	PASIR RIS STREET 51	Post Code	510568
Address 4		Address Type	Singapore address		
Unit No.	12-86				
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 *	OD-MX	Insured Name	FOCUS RENTALS PTE. LTD.	Insured NRIC	201836450G	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	4	
Email Address		OT Vehicle Number	SMQ7679C	TP Vehicle Number	SHF500Y	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	22	Claimant NRIC *				
Claimant Address						
Claim Description	SMQ7679C / SHF500Y ON 14 Dec 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	16/12/2019 19:33	Claim Close Date		Date Received	16/12/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						











Save Submit

Attachment

Accident No.	MT/1075980	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/12/2019 19:33						
Path *		Category *		Confidential		Urgency *		Description *	
Browse...	Clear	Please Select		<input type="checkbox"/>	Normal				
Browse...	Clear	Please Select		<input type="checkbox"/>	Normal				
Browse...	Clear	Please Select		<input type="checkbox"/>	Normal				
Browse...	Clear	Please Select		<input type="checkbox"/>	Normal				
Browse...	Clear	Please Select		<input type="checkbox"/>	Normal				
Browse...	Clear	Please Select		<input type="checkbox"/>	Normal				
<input type="button" value="Send Message"/>									

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	SAS		Normal	SAS 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_LB1_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 16 Dec 2019 19:33	Photos		Normal	Photos 2019-12-16	
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Actor	
<div>Display in New Window</div> <div>Scan and uploading</div>						