

NATIONAL Assessment Centre Services

Date In: 15/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20000929/13	SAS e-filing		
Veh No: 4N7276E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 14/01/20 1500	I-Motor Claim Form	MT/1060228-001	
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: SHELTER	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () %	(Note-Bst. 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

NA2000814	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N3: Courtesy Car / Tp 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: Idao 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	15/01/2020 10:51
Date Of Accident	14/01/2020 15:00
Exact Location Of Accident	20 CHANGI NORTH CRESCENT @ VICOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN7276E
Insured/Policyholder	
Name Of Registered Owner	MASINDO LOGISTIC PTE. LTD.
Co Reg No	2XXXXX939M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97216502
Vehicle Particulars	
Manufacturer	UD TRUCKS
Model	-
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	5110919871
Cover Note Number	
Driver	
Name of Driver	IMRAN MOHAMED HASSAN
NRIC No	SXXXX129F
Date Of Birth	16/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98262471
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 547 BEDOK NORTH STREET 3 #09-1478
Postcode	460547
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
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	
Vehicle Make/Model/Colour	
Details Of Properties	SHELTER
Vehicle Category	NA/UNKNOWN
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.:

[Signature]

14 Jan 20
1730 hrs

[Signature]

15/01/20

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 14 Jan 20
1730 hrs

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

[Signature] 15/01/20

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

Google Maps 4 Changi North Street 1



Image capture: Feb 2018 © 2020 Google

Singapore

Google

Street View

Per Changi...



Condo park

20 CHANGI NORTH CRESCENT VICOM

A - 4N7276E
B - ~~CON~~SHELTER

I WAS DRIVING MY VEH AT 4 CHANGI NORTH STREET 1(VICOM)TO REPAIR MY ERP.AFTER I DRIVE 1
ROUND THE PLACE IS SO CRAMMED AND I DECIDED TO DRIVE OFF.WHEN I'M MOVING OFF MY
VEH,I HEARD A METAL SCREECHING.THAN I WENT INSIDE AND INFORM THE CASHIER THAT I THINK I
HAD HIT THE CORNER OF THE SHELTER BUT B4 I HIT IT HAD ALREADY BEEN DAMAGED.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: S7707129F

Name: IMRAN MOHAMED HASSAN

Birth Date: 16 Mar 1977

Issue Date: 13 Sep 2016

002608629G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7707129F

Name: IMRAN MOHAMED HASSAN

Race: MALAY

Date of Birth: 16-03-1977

Sex: M

Country of Birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	22 Apr 1999
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	14 Jan 2003
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	

NP 428A

Licence No: S7707129F

A0053748

S7707129F

25-08-2003

APT BLK 547 BEDOK NORTH STREET 3
#09-147B
SINGAPORE 460547

ACCIDENT STATEMENT

ACCIDENT DATE: (14/01/20) (DD/MM/YYYY), TIME: (15:00) (HH:MM)

LOCATION: Changi North Vicom, 20 Changi North Crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 7276 E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97216502
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Imran Mohamed Hassan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7707129F CONTACT: 98262471
c) ADDRESS: Blk 547, Bedok North St 3, #09-1478
(460547)

*d) DATE OF BIRTH: (16/03/77) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20 yrs

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: None MODEL: None

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

Fax =

Video =

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5110919871-000039

Cover : Preferred Workshop Plan

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YN7276E |
| Chassis Number | : PKC8E30276 |
| 2. Name of Policyholder | : MASINDO LOGISTIC PTE. LTD. |
| 3. Effective Date of Insurance | : 07 Jul 2019 |
| 4. Expiry Date of Insurance | : 06 Jul 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- | |
|--|
| (a) Use for hire or reward. |
| (b) Use for racing, pace-making, reliability trial or speed-testing. |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THIAM HENG AUTO (S) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN INSURANCE BROKERS PTE LTD (00000690287)
Date of Issue : 05 Jul 2019 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1080228

Policy No.	5110919871	Vehicle No.	YN7276E	GST Registra
Certificate No.	5110919871-000019			
Policyholder Name	MASINDO LOGISTIC PTE. LTD.			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	97216502	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	15/01/2020 15:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/01/2020	Time of Accident hh:mm	15:00	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	20 CHANGE NORTH CRESCENT # VICOM			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/01/2020
GST Registration No.	200301939M	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	9 TUAS BASIN LINK	Address 2	SINGAPORE 638763	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101145685-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	IMRAN MOHAMED HASSAN	Driver NRIC	SXXXX129F	Driver DOB
Register Date of Driver License	14/01/2003	Driver Age	42	Driving Exper
Contact No.(Mobile)	98262471	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 347	Address 2	BEDOK NORTH STREET 3	Address 3
Address 4	SINGAPORE 460547	Address Type	Singapore address	Post Code
Unit No.	#09-1478			
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

Contact No.(Mobile)

97306107

Contact No. (Home)

Email Address

OI Vehicle Number

Claim Description

YN7276E / SHELTER ON 14 Jan 2020

Preferred Workshop

Insured Liability

Partially at Fault

GIA report

Received

Preferred Repair Option

Preferred Workshop, Name unknown

Received

Date Registered

15/01/2020 15:37

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save Submit

Attachment



Accident No.	MT/1080228	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	15/01/2020 00:00
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	Clear	Please Select NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	SAS		Normal	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	Photos		Normal	P
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	Photos		Normal	P
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	Photos		Normal	P
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	Photos		Normal	P
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	Photos		Normal	P
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2020 15:37	Photos		Normal	P

Video List

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