

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

11/5/20 11:54

Date In: 24/01/2020 11:54	Job description	Date & Time Completed	Done by
Ref No: 18A/INC 20001473/4	SAS e-filing		
Veh No: 650 3547A	E-mail (update this, AIC this)		
DOA: 15/01/2017 18:30	1-Motor Claims Form	11/08/2020 002	24/01/2020
QID: TP: Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		12:09
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: PROPERTY 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date Done: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Author's Comments: ()

24/11/20

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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	24/01/2020 11:54
Date Of Accident	13/09/2017 18:30
Exact Location Of Accident	EAST VILLAGE MALL 430 UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3547A
Insured/Policyholder	
Name Of Registered Owner	KIDFORTE PTE LTD
Co Reg No	1XXXXX896H
Email Address	LIM_YONGKIAT@KIDFORTE.COM.SG
Mobile Phone No	(FOREIGN) +601-87808498
Alternative Phone No	OFFICE-62766033

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	5084336699
Cover Note Number	

Driver

Name of Driver	MOHD AZLIN BIN ANNUAR
Passport No/FIN	GXXXX511U
Date Of Birth	25/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98105401
Fax Number	
Contact Number	OFFICE-62766033
EMail Address	LIM_YONGKIAT@KIDFORTE.COM.SG

Address -
 Postcode
 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 PROPERTY
 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? 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? YES
 If Yes, Please state which Police Station
 Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20170916/2060

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

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.

KIDFORTE PTE LTD

Reg No: 199104888R

BLK 219 HENDERSON ROAD

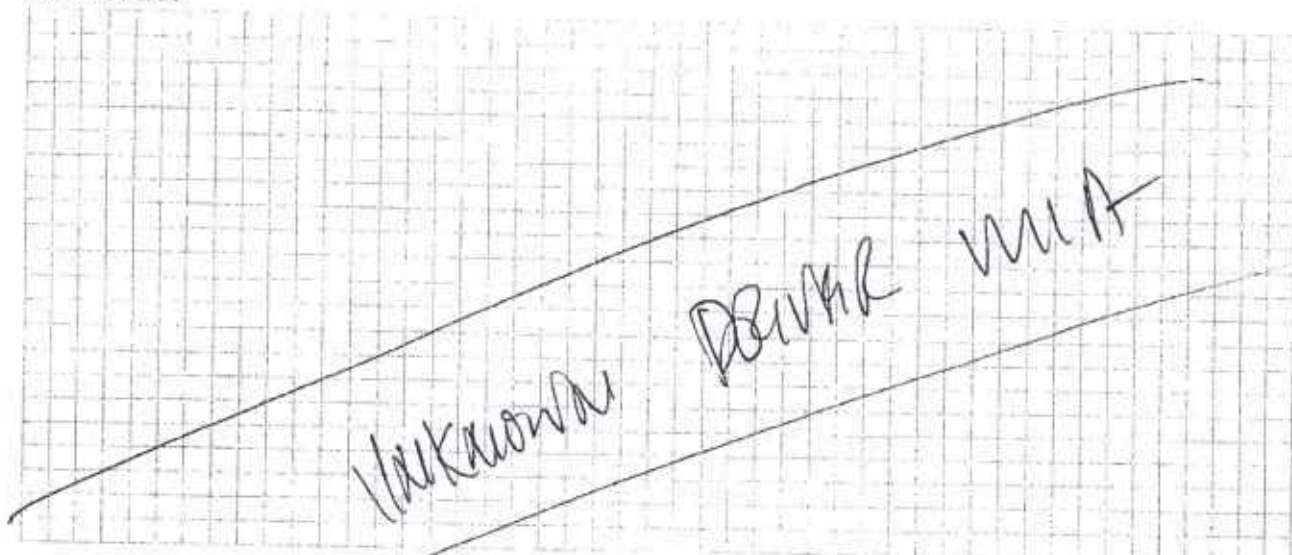
#09-04 SINGAPORE 159556

TEL: 62766033 Fax: 62766022

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 D/20170916/2060

DECLARATION

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

KIDFORTE PTE LTD

Roc No: 1991048957

BLK 219 HENDERSON ROAD

#09-04 SINGAPORE 159556

TEL: 62766033 Fax: 62766022

(JANMC SketchPlanForm_V3)

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

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

24/01/2020
Roshan Kumar

c/c. 07 skany

13 ACCIDENT STATEMENT

ACCIDENT DATE: 16.09.2017 (DD/MM/YYYY), TIME: 18.30 (HH:MM)
LOCATION: East Village Mall 430 UPPER CHANGI RD

1. DETAILS OF VEHICLE
- a) VEHICLE NUMBER: GBD 3547A
 - b) INSURANCE COMPANY: NTUC INCOME
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Toyota VINA
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
- a) NAME: Kioforte Pte Ltd (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 19104896H CONTACT: 62766033
 - c) ADDRESS: 219 Henderson Road, #09-04, 5159556

*No. of passengers
(including driver)
()

- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
- a) NAME: MOHD AZLIN BIN ANUAR (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 96917511U CONTACT: +60 187808498
 - c) ADDRESS: _____

- *d) DATE OF BIRTH: () (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS _____
- 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: Telok Blangah NPP

*No. of passengers
(including driver)
()

8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: _____
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No. of passengers
(including driver)
()

9. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: _____
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = Lm-Tonykint @ kioforte.com.sg
VIDEO



**SINGAPORE
POLICE FORCE**



D/20170916/2060

1 of 2

POLICE REPORT (NP299)

Report No. D/20170916/2060

Police Station Of Origin
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Date/Time Report Made 16/09/2017 16:31		Vide Report No.		Station Diary No. 13	
Name Of Informant MOHD AZLIN BIN ANNUAR		Address			
ID Type / ID No. FIN NO / G6917511U		Contact No. Home/Office		Mobile 98105401	
Nationality MALAYSIAN		Email Address			
Occupation Lorry driver		Sex Male	Age 32	Date of Birth 25/04/1985	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 13/09/2017 18:30		Location Of Incident 430 UPPER CHANGI ROAD EAST VILLAGE SINGAPORE 487048			

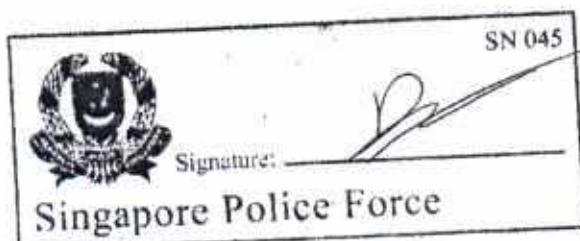
Brief details.

On 13/09/17 at around 1830hrs, I was driving my company's lorry GBD3547A into the carpark of East Village Mall. It was my first time driving to the location making deliveries and I did not know where the entrance for loading and unloading for lorries. I went into one of the entrance and saw a sign with a picture of a lorry and thought that the loading and unloading bay would be there.

I then drove slowly and then heard a metal-grinding-metal sounds. I immediately stopped my lorry. I got out of my vehicle and saw that the top left part of my lorry had hit onto the level 1 covered ceiling of the

Signature Of Officer Recording The Report: D / Staff Sgt MUHAMMAD DANIAL BIN JAFFAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2017 16:31
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Staff Sgt CHUA BOON PIN Contact No.:	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



D/20170916/2060

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20170916/2060

building. The metal structure of the ceiling became dented and one part of the metal structure came off. The top left part of my lorry became dented and there were some scratches on it. The management of the building was notified of the matter and they informed that they will contact my company (Kidforte Pte Ltd).

I am making this report as IDAC informed me to make a Police report as my company wants to make insurance claims.

Signature Of Officer Recording The Report:

D / Staff Sgt MUHAMMAD DANIAL BIN JAFFAR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Staff Sgt CHUA BOON PIN
Contact No.:

Signature Of Informant:

Date/Time:
16/09/2017 16:31

Classification Of Case:

Authentication Stamp



Claim Handling

Accident MT/1080362

Policy No.	5084336699	Vehicle No.	GBD3547A	GST Registrati
Certificate No.				
Policyholder Name	KIDFORTE PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	16/01/2020 11:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/09/2017	Time of Accident hh:mm	18:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	430 Upper Changi Road, East Village			

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/0
GST Registration No.	M201029465	GST Status verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	219 HENDERSON ROAD	Address 2	#09-04 HENDERSON INDUSTRI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103402405	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	KIC
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description:	GBD3547A / PROPERTY ON 13 Sept 2017		
Preferred Workshop		Insured Liability	Fully at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			24/01/2020 12:09
			Claim Close Date
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1080362	Claim No.	002
Last Doc. Received		Upload Date	

* Yes No

24/01/2020 12:09

Path *

Category *

Confider

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

Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:09	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:09	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:09	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:09	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 12:09	SAS		Normal	S

Video List

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

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

17/09/2017 11:58

Vehicle No. (For Motor)

GBD3547A

Certificate Number

Select:	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5084336699		KIDFORTE PTE LTD	199104896H	GCV	Comprehensive	GBD3547A	GBD3547A	20/09/2016	19/09/2017

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA 420011546 Vehicle Registration No: GAB03547A
Name (as shown in NRIC) MOTHA AZLIM BIN BAKHTAR NRIC/FIN/Passport No : GXXXXX5114
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 62766033 Mobile No.: 97105601
Email Address : _____
Date of Accident : 13:29 Time of Accident: 18:30
Place of Accident : EAST VILLAGE MALL 430 UPPER LEVEL RAIR
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED UNDER NTUC & NOT MSIC

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosa
NRIC/FIN No.: MA 420011546
Date: 07/08/2020