

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 06/02/20 | Job description | Date & Time Completed | Done by |
| Ref No. NA/INC20002058/13 | SAS e-filing | | |
| Veh No: GBB3789H | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 17/12/19 1515 | i-Motor Claim Form | MT/1076623 | 002 |
| 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: GBB201C | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA2001242 | Invoice Preparation Checklist | Amt (\$) Inc Bill | Amt (\$) Add Bill |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| 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) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *N5: 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 | 06/02/2020 09:20 |
| Date Of Accident | 17/12/2019 15:15 |
| Exact Location Of Accident | JURONG POINT SHOPPING MALL LOADING/UNLOADING BAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBF3789H |
| Insured/Policyholder | |
| Name Of Registered Owner | KOHUP SPORTS PTE LTD |
| Co Reg No | 1XXXXX543R |
| Email Address | KOHUP@SINGNET.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62812009 |

Vehicle Particulars

| | |
|--|--------|
| Manufacturer | TOYOTA |
| Model | DYNA |
| 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 | 5112224544 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | RAHMAN MD SADEKUR |
| Passport No/FIN | GXXXX128L |
| Date Of Birth | 01/01/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/06/2017 |
| Driving Experience | 2 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88096746 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | PPT LODGE 1A #03-21 SELETAR NORTH LINK |
| Postcode | 797607 |
| 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 | COLLISION - OPENING DOOR OF VEHICLE |
| Weather Conditions | INDOOR |
| Road Surface | INDOOR |

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? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : MONORANJAN GENDER: : MALE |

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 | GBB201C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | RIDHWAN BIN HUSSEN |
| NRIC/Passport Number | SXXXX492I |
| Contact Number | 87477100 |
| 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: 05.02.2020

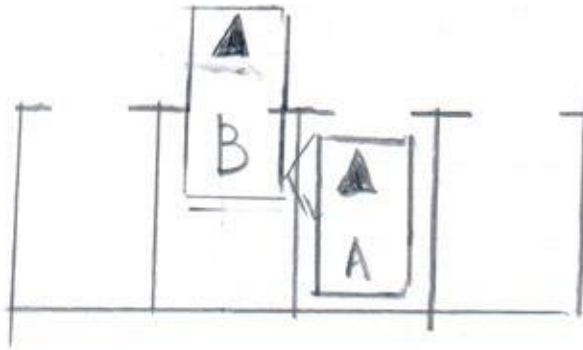

Reporting Centre Personnel's Signature
Name: 06/02/20
NRIC/FIN No.:

SKETCH PLAN

JURONG POINT SHOPPING MALL
LOADING / UNLOADING BAY

A - GBF3789H

B - GBB201C



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:

Sadik 05.02.2020

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

Shym 06/02/20

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

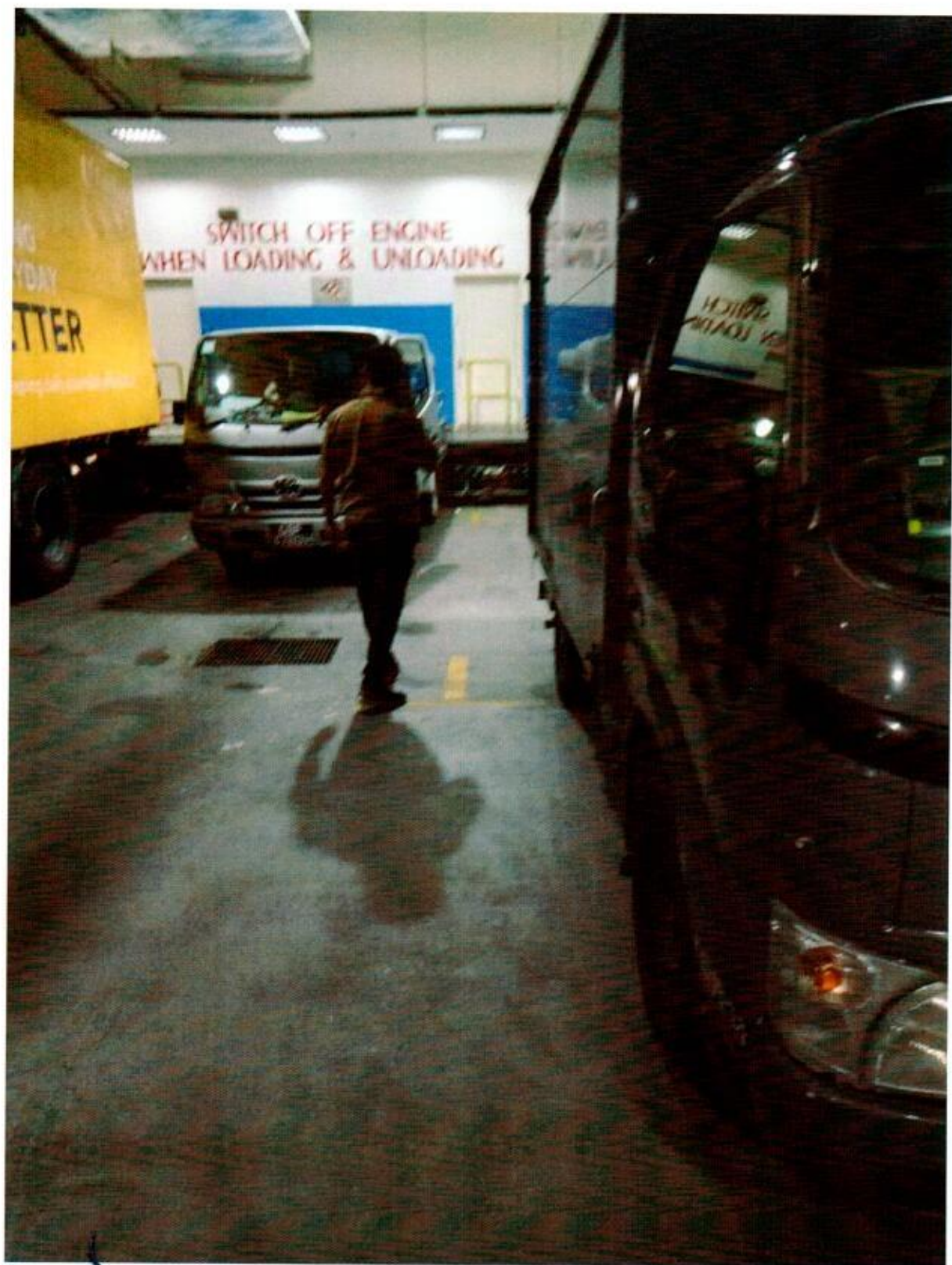
FOR REPORTING ONLY.

On 17 Dec'19 at about 1514hrs, I was parked stationary at the loading/unloading bay of Jurong Point Shopping Mall. My passenger was boarding the lorry GBF3789H (Vehicle A). Suddenly, lorry GBB201C (Vehicle B) which was parked on the left, move off without any warning and its tailgate hit my lorry front left door. As a result, my front left door as not able to close after the accident.

I check vehicle B and there is no damage. The driver of vehicle B also told me there is no damage to the lorry. He told me he won't make any reporting as his lorry got no damage.

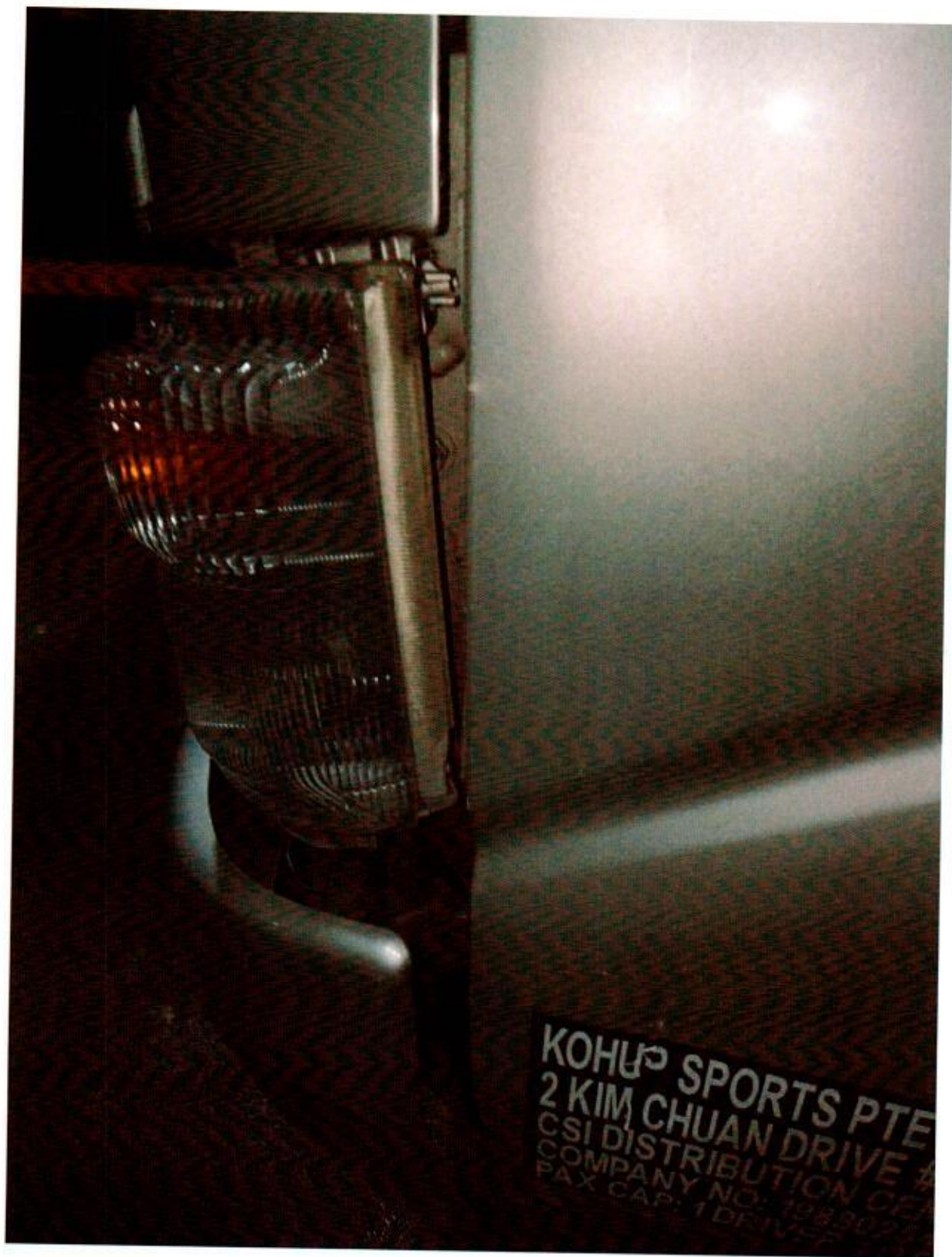
Below are the photos.











KOHUP SPORTS PTE
2 KIM CHUAN DRIVE #
CSI DISTRIBUTION CEN
COMPANY NO: 198302
PAX CAP: 1 DRIVER

REPUBLIC OF SINGAPORE DRIVING LICENCE

002682325C

G7986128L

RAHMAN MD SADEKUR

Birth Date: 01 Jan 1985

Issue Date: 09 Jun 2017

Valid Till: 08/06/2022

002682325C

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)

Republic of Singapore

Employer: KOHUP SPORTS PTE LTD

Name: RAHMAN MD SADEKUR

Work Permit No: 0 62395427

Sector: CONSTRUCTION

0 62395427

K1572117

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

09 Jun 2017

Licence No: G7986128L

NP 428A

VISIT PASS

Immigration Regulations

06-07-2019

Name: RAHMAN MD SADEKUR

FIN: G7986128L

Date of Birth: 01-01-1985

Sex: M

Nationality: BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

ACCIDENT STATEMENT

ACCIDENT DATE: (17/12/2019) (DD/MM/YYYY), TIME: (15:15) (HH:MM)

LOCATION: JURONG POINT SHOPPING MALL LOADING (UNLOADING) BAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF3789H
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA DYNA
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: KOHUP SPORTS PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62812009
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAHMAN MD SADERUR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 88096746
c) ADDRESS: PAT LODGE 1A
SELETAR NORTH LINK #03-21 797607
*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS indoor)
b) ROAD SURFACE: (DRY / WET / OTHERS indoor)
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: GBB201C MODEL: _____
b) DRIVER'S NAME: RIDHWAN BIN HUSSEN
c) NRIC/FIN/PASSPORT: S91304921 CONTACT: 87487150

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

05/02/20

waiting for

company stamp

Email = kohup@singnet.com.sg

fax =

video =

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

17/12/2019 15:15

Vehicle No.(For Motor)

GBF3789H

Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|--------|------------|--------------------|----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| | 5112224544 | | KOHUP SPORTS PTE LTD | 198802543R | GCV | Comprehensive | GBF3789H | GBF3789H | 30/09/2019 | 29/09/2020 |

Continue

Claim Handling

Accident MT/1076623

| | | | | |
|---------------------|----------------------------|---------------------|---------------|----------------|
| Policy No. | SI12224044 | Vehicle No. | GBF3789H | GST Registrat |
| Certificate No. | | | | |
| Policyholder Name | KOHUP SPORTS PTE LTD | | | Policyholder f |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Comprehensive | Loading |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(f |
| Email Address | | Special Remark | | eCode |
| KFK | No Yes | TCA | No Yes | eCode Reasoi |
| NCD Protection | Yes | NCD Entitlement(%) | 20 | Private Hire |

Accident Details

| | | | | |
|-------------------|-----------------------------|-------------------------------|-------|---------------|
| Report Date | 20/12/2019 16:25 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 17/12/2019 | Time of Accident hh:mm | 15:00 | Country of Ar |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SUPREME POLICE TRAINING WAY | | | |

Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|--------|---------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 1000.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | | YIED TP Excess | | Driver is Cov |
| Additional Excess | | | | |
| Total OD Excess Applicable | 900.00 | Total TP Excess Applicable | 0.00 | |

Benefits

GST Registered Information

| | | | |
|----------------------|--|-----------------------|-----|
| GST Registered | Yes | GST Registration Date | 20 |
| GST Registration No. | 198802543R | GST Status Verified | Yes |
| Modification History | 20/12/2019 16:26:46 System changed GST Registration No. from null to 198802543R 20/12/2019 16:26:46 System changed GST Registration Date from null to 20/04/2000 20/12/2019 16:26:46 System changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | |
|-----------|-------------------|-----------------------|-----------------------------|-----------|
| Address 1 | 2 KIM CHUAW DRIVE | Address 2 | #08-03 CSI DISTRIBUTION CEN | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5113909375 | |

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.(f |
| Address 1 | | Address 2 | | Address 3 |
| Address 4 | | Address Type | Foreign address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insure |

Modification History

Claim 002 OD-MX New

Claim Type

OD-MX

Insured Name

Contact No. (Home)

Email Address

kohup@singnet.com.sg

OI Vehicle Number

Claim Description

GBF3789H / GBB201C ON 17 Dec 2019

Preferred Workshop

Insured Liability

Partially at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

06/02/2020 11:10

Report Taken By

ROSOLINDA

Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.

HT11076623

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

06/02/2020 09:00

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

Confid

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_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:10 | NRIC/ Driving License | Y | Normal | NRIC/ D |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:10 | SAS | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:10 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:10 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:10 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:10 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:09 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:09 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:09 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:09 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:09 | Photos | | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 11:09 | Photos | | Normal | |

Video List

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