NATIONAL Assessment Centre Services. [wef 1 Jan'09] . MA04/2002101/4

Date In: 17/02/2020 11:40	Job description	Date &Time Completed	Done by
Ref No: N20/INC2020264/4	SAS e-filing		
Veh No: GBB 3301L	E-mail (Within 4hrs, AIC 2hrs)		
DOA: 15/02/2020 15:45	I-Motor Claim Form	M/1004564001	17/02/2020 11:42
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SMR2528B 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 ( )

[illegible]

( ) 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: ( )

[illegible]		Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > $3000]	( )		

Injury :

[illegible]

NA2009523

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

[illegible]		[illegible]	[illegible]
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($40)			
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 2009)			
6) TR : Re-inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services-			
OD:			
* 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: Idea Mobile	30		[illegible]
Invoice dated	Fee Charged		
Invoice dated	Fee Charged	[illegible]	

MNA420021054 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 17/02/2020 11:10
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	17/02/2020 11:10
Date Of Accident	15/02/2020 15:45
Exact Location Of Accident	NORTH BRIDGE ROAD (INFRONT OF FUNAN MALL)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB3307L
Insured/Policyholder	
Name Of Registered Owner	LSPL & COMPANY PTE LTD
Co Reg No	2XXXXX918H
Email Address	SALLEH.LSPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93870521
Alternative Phone No	OFFICE-86441948
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114626411
Cover Note Number	
Driver	
Name of Driver	ISLAM MD ZIHADUL
NRIC No	GXXXX721Q
Date Of Birth	25/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93870521
Fax Number	
Contact Number	OTHERS-86441948
EMail Address	SALLEH.LSPL@GMAIL.COM

Address	NO 68, LORONG 8, GEYLANG #05-01
Postcode	399130
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 - MAJOR/MINOR RD
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?	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

PLEASE REFER TO SKETCH PLAN

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	SME2528B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BUCK SENG
NRIC/Passport Number	SXXXX611G
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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

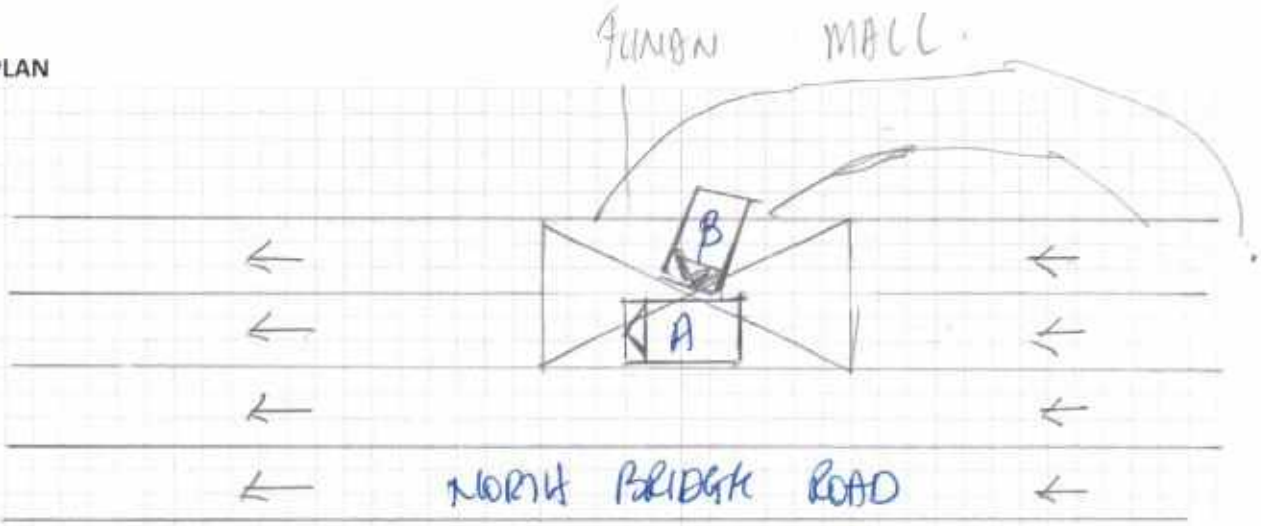
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:
	15/02/2020 17:36	17/02/2020

SKETCH PLAN



A) GBB 3307L
B) SME 2558B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/02/2020 AT ABOUT 15:44HRS I WAS TRAVELLING ALONG NORTH BRIDGE ROAD ON THE 2ND RIGHT LANE GOING TOWARDS CITY. AT THE POINT OF TIME I WAS AT THE YELLOW BOX INFRONT OF JUNSN MALL, I FELT A BUMP FROM MY RIGHT. STOP MY LORRY GBB 3307L & SAW A CAR SME 2558B BEING ON TO THE RIGHT CNR OF MY LORRY NO DAMAGE ON OTHER PROPERTY / THAN ALL.

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: 15/02/2020 17:36	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 17/02/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 02 / 2020) (DD/MM/YYYY), TIME: (15 : 44) (HH:MM)

LOCATION: NORTH BRIDGE ROAD (Front of Funan mall)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GBB 3307 L
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: NISSAN CABSTAR
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
   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: LSPL & COMPANY PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 93870521
   c) ADDRESS: #03-04, 5 Kallang Sector S'pore 349279

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: ISLAM MD ZIHADUL (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: G2023721Q CONTACT: 86441948
   c) ADDRESS: #05-01, 68 Lorong 8 Geylang,
   *d) DATE OF BIRTH: (25 / 11 / 1990) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 26 APR 2018
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: SME 2528B MODEL: HONDA VEZEL
   b) DRIVER'S NAME: TEO BUCK SENG
   c) NRIC/FIN/PASSPORT: S1444611G CONTACT:

*No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (Including driver) (__)

email = salleh.lspl@gmail.com

VIDEO

Claim Handling

Accident MT/1084564

Policy No.	5114626411	Vehicle No.	GBB3307L	GST Registration No.	
Certificate No.					
Policyholder Name	LSPL & COMPANY PTE LTD				
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Contact No.(Mobile)	93870521	Contact No.(Office)		Loading	
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	
NCD Protection	No	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	

Accident Details

Report Date	17/02/2020 11:35	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	16/02/2020	Time of Accident hh:mm	15:45	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BRIDGE ROAD (INFRONT OF FUNAN MALL)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes		
GST Registration No.	201400918H	GST Registration Date	17/03/2014
Modification History	17/02/2020 11:38:30 System changed GST Registered from No to Yes 17/02/2020 11:38:30 System changed GST Registration No. from null to 201400918H 17/02/2020 11:38:30 System changed GST Registration Date from null to 17/03/2014	GST Status Verified	Yes

Policyholder Mailing Address

Address 1	5 KALLANG SECTOR	Address 2	#03-04	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-10/11	Related Policy Number	5114626411		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ISLAM MD ZIHADUL	Driver NRIC	GXXXX721Q	Driver DOB	
Register Date of Driver License	26/04/2018	Driver Age	29	Driving Experience	
Contact No.(Mobile)	86441948	Contact No.(Office)		Contact No.(Home)	
Address 1	68 LORONG 8 GEYLANG	Address 2	#05-01 SWANN COURT	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	05-01				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBB3307L	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *			OD-MX	Insured Name	LSPL & COMPANY PTE LT
Contact No.(Mobile)			91730394	Contact No. (Home)	NIL
Email Address				OI Vehicle Number	GBB3307L
Claim Description			GBB3307L / SME2528B ON 15 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault		
Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered			17/02/2020 11:40	Claim Close Date	
Report Taken By			KOSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1084564	Claim No.	001				
Last Doc. Received	Yes No	Upload Date	17/02/2020 11:42				
Path *				Category *		Confidential	Urgency *

Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:42	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:42	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:42	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:42	Photos		Normal	Photos 2020-2-17
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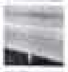
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	Photos		Normal	Photos 2020-2-17
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Feb 2020 11:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-1

NAC_BUKIT_MERAH_8008/6(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 11:40 | SAS | Normal | SAS 2020-2-17

Video List

Uploaded By/Date	Folder Date	File Name	Sourc

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

› Change Language › Change Password › Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) GBB3307L

Date of Accident 15/02/2020 10:57

Certificate Number

Search

Select	Policy No	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5114626411		LSPL & COMPANY PTE LTD	201400918H	GCV	Third Party, Fire & Theft	GBB3307L	GBB3307L	11/01/2020	17/12/2020

Continue