

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 28/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20003314/15	SAS e-filing		
Veh No: 4N7276E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/02/20 1000	i-Motor Claim Form	MT/1086161-001	
OD: TP <u>Reporting Only</u>	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:	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

NA2001872	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	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: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	28/02/2020 09:37
Date Of Accident	27/02/2020 10:00
Exact Location Of Accident	JUNC OF WEST COAST RD & PENJURU RD
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	LCL.CONTROL@MASINDOLOGISTIC.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87793595
Vehicle Particulars	
Manufacturer	UD TRUCKS
Model	-
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	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 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98262471
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 547 BEDOK NORTH ST 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	NO COLLISION
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING FROM WEST COAST RD TWDS PENJURU ROAD. AFTER I'M MAKING A RIGHT TURN B4 THE BUS STOP MY PALLETE & CARGO FELL OFF FROM MY VEH. NO VEHICLES INVOLVED WHEN INCIDENT HAPPEN.

Attachment(s)

Are accident photos available for attachment?	YES
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.
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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.

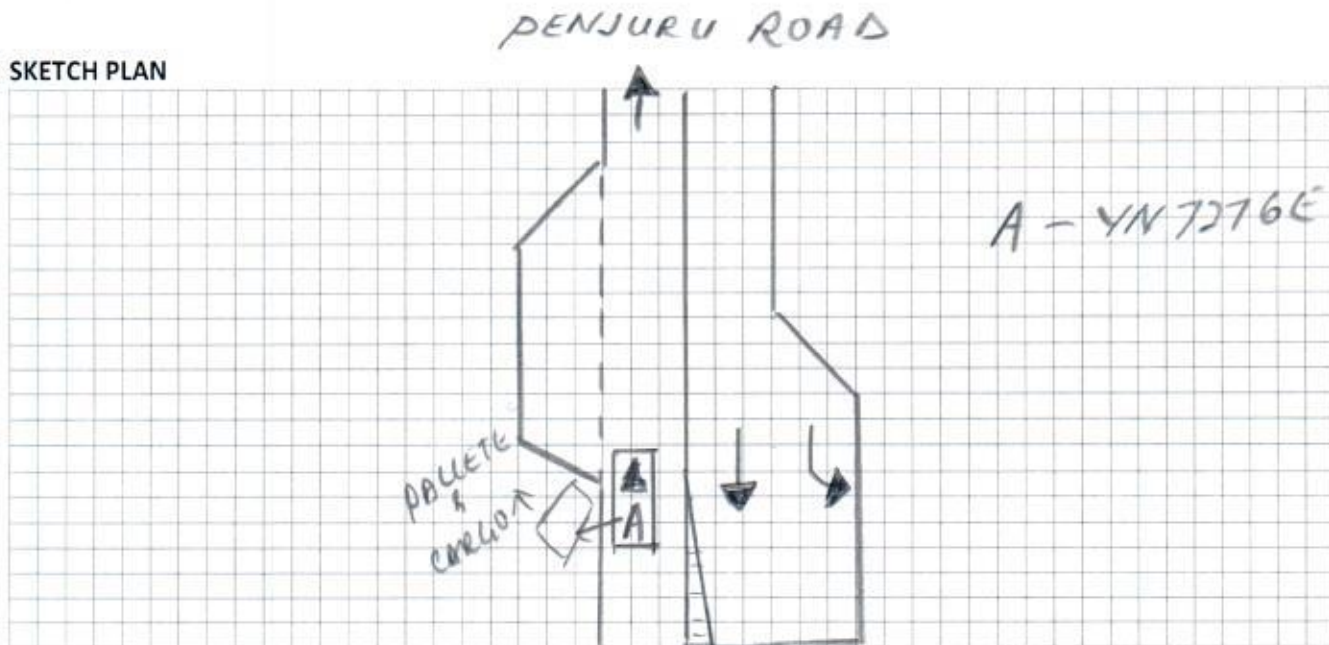


Policyholder's Signature
Date & Time:

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

Pls refer to the statement.

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:

[Signature] 28 Feb 20
10am

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

[Signature] 28/02/20

Google Maps Penjuru Rd

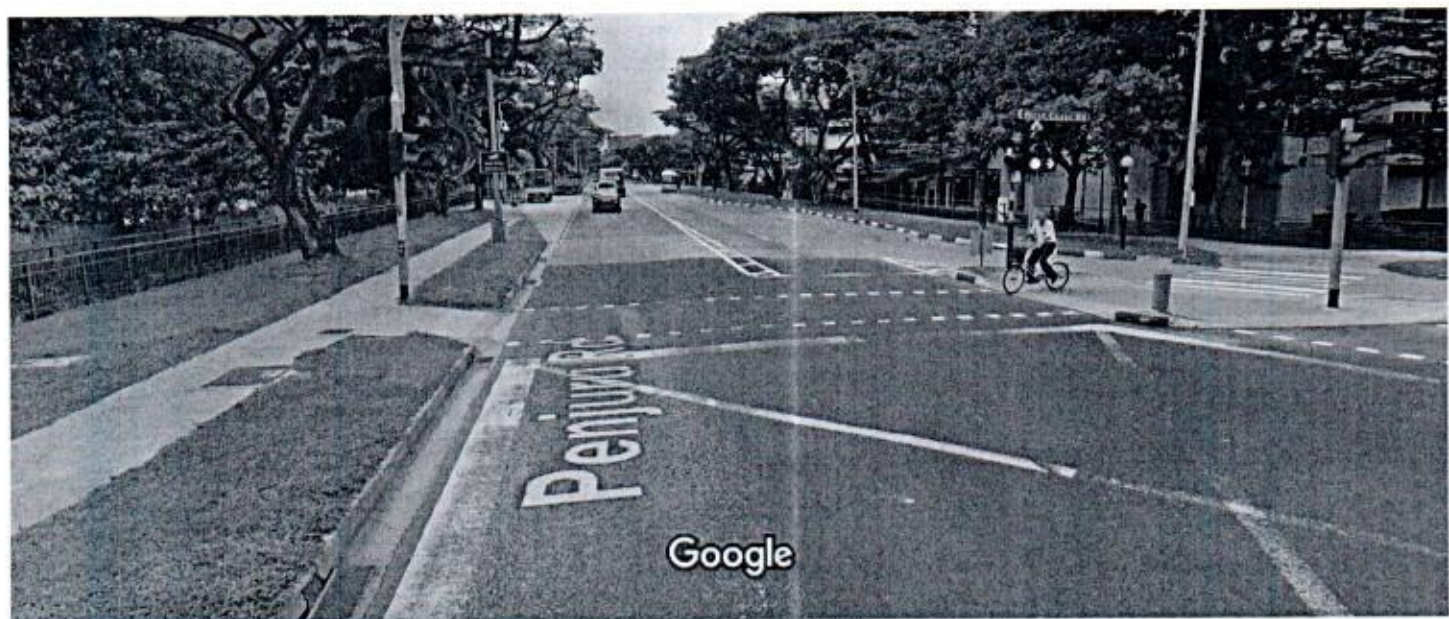
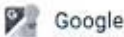


Image capture: Jun 2019 © 2020 Google

Singapore



Street View



Claim Handling

Accident MT/1086161

Policy No.	5110919871	Vehicle No.	YN7276E	GST Registration No.
Certificate No.	5110919871-000039			
Policyholder Name	MASINDO LOGISTIC PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	87793595	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	28/02/2020 12:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/02/2020	Time of Accident hh:mm	10:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF WEST COAST RD & PENJURU RD			
▼ 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		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable		
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	15/09/2003	
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 Experience
Contact No.(Mobile)	98262471	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 547	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?	<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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MASINDO LOGISTIC PTE. LTD.	Insured NRIC
Contact No.(Mobile)	97306107	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YN7276E	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	YN7276E ON 27 Feb 2020			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	28/02/2020 12:15	Claim Close Date		Date Received
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				

Save

Submit

Attachment

▼

Accident No. MT/1086161

Last Doc. Received ☒ Yes ☐ No

Claim No. 001

Upload Date 28/02/2020 00:00

Path *

Category *

Confidential

Urgency

	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	<div>🔑</div>	Urgency	Description
<div></div> <div>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 12:15</div>		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-
<div></div> <div>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 12:15</div>		SAS		Normal	SAS 2020-2-28
<div></div> <div>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 12:15</div>		Photos		Normal	Photos 2020-2-28
<div></div> <div>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 12:15</div>		Photos		Normal	Photos 2020-2-28
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<div></div> <div>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 12:15</div>		Photos		Normal	Photos 2020-2-28
<div></div> <div>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 12:15</div>		Photos		Normal	Photos 2020-2-28
<div></div> <div>NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 12:15</div>		Photos		Normal	Photos 2020-2-28

Video List

Uploaded By/Date	Folder Date	File Name	<div>🔑</div>	Source
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Display in New Window

Scan and uploading