

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 05/03/20	Job description	Date & Time Completed	Done by
Ref No NA/INC20003633/13	SAS e-filing		
Veh No YM6041C	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A 03/03/20 1850	i-Motor Claim Form	MT/1087080-001	
OD: <input checked="" type="radio"/> 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: SLG3676B	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

NA2001884

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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		
	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	05/03/2020 11:59
Date Of Accident	03/03/2020 18:50
Exact Location Of Accident	CLEMENCEAU AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM6041C
Insured/Policyholder	
Name Of Registered Owner	HOMEWORKS SERVICES PTE LTD
Co Reg No	2XXXXX015W
Email Address	SHENGYONG.LEE@HOMEWORKS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-93844381
Vehicle Particulars	
Manufacturer	ISUZU
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	THIRD PARTY
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	5106503178-01
Cover Note Number	
Driver	
Name of Driver	RANA MOHAMMAD SOHEL
Passport No/FIN	GXXXX422L
Date Of Birth	01/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92713804
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1 JALAN MOLEK #01-01
Postcode	399501
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 - HEAD TO REAR
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?	YES
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: : UDDIN MAYIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20200304/7064

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	SLG3676B
Vehicle Make/Model/Colour	KIA SORENTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EKACHAI DANPANICH
NRIC/Passport Number	SXXXX549H
Contact Number	96412942

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RANA MOHAMMAD SOHEL
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? YM6041C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UDDIN MAYIN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? YM6041C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE


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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.

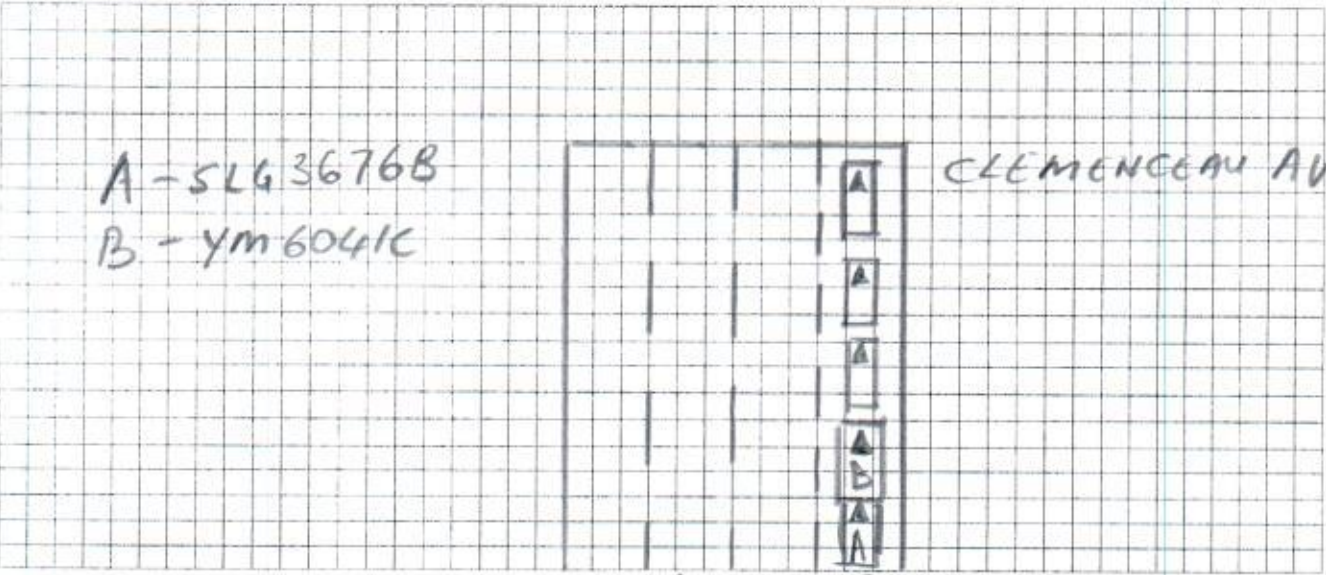

Policyholder's Signature
Date & Time:


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

05/03/20

 05/03/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the police report: G/20200304/7064

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:

05/03/20

 05/03/20
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20200304/7064

Date/Time Report Made 04/03/2020 20:20	Vide Report No.	Station Diary No.
Name Of Informant RANA MOHAMMAD SOHEL	Address 1 JALAN MOLEK #01-01 SINGAPORE 399501	
ID Type / ID No. FIN NO / G8431422L	Contact No. Home/Office:	Mobile: 92713804
Nationality BANGLADESHI	Email Address shengyong.lee@homeworks.com.sg	
Occupation driver	Sex Male	Age 33
	Date of Birth 01/06/1986	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 03/03/2020 18:50 - 03/03/2020 18:55	Location Of Incident CLEMENCEAU AVENUE	

Brief details.

the car behind me hit my back of the lorry i am driving in (bearing vehicle no. plate YM6041C) at clemenceau avenue towards cte but my lorry is at the most right lane turning towards river valley road.

the vehicle A that hit my lorry is SLG3676B (kia sorento) and my lorry Vehicle B is Ym6041C (isuzu npr85)

there is no witness to the accident however the driver of vehicle A has admitted to fault for hitting vehicle B

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2020 20:20
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20200304/7064

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200304/7064

Subjects Involved			
Suspect			
Person Name	ekachai danpanich		
ID Type	NRIC NO	ID No	S2746549H
Gender	Male	Age	55
Race	Thai	Language	English
Address	60 KIM SENG ROAD #06-07 TRIBECA SINGAPORE 239497		Mobile No 96412942
Relation To Informant	a stranger		
Victim			
Person Name	Uddin Mayin		
ID Type	OTHERS / work permit no	ID No	0 63905801
Gender	Male	Age	29
Race	Bangladeshi	Language	English
Occupation	construction worker	Address	1A JALAN MOLEK #02-01 SINGAPORE 399502
Mobile No	92719452	Relation To Informant	colleague
Person Name			
RANA MOHAMMAD SOHEL			
ID Type	FIN NO	ID No	G8431422L
Gender	Male	Age	33
Race	Indian	Language	English
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		04/03/2020 20:20	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200304/7064

Occupation	driver	Address	1 JALAN MOLEK #01-01 SINGAPORE 399501
Mobile No	92713804	Is Informant A Victim?	Yes
Person Name	RANA MOHAMMAD SOHEL (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

04/03/2020 20:20

Classification Of Case:

I am the driver at 6041c at Clemenceau
barging ym 6041c at Clemenceau
are 3rd-Mar-2020 6.50 pm.

General

8274 6549 A

EXACTLY DANPANCE.

96412942

My Desktop
Notice of Loss

Policy Query

Policy No.

5106503178-01

Date of Accident

03/03/2020 18:50

Vehicle No.(For Motor)

YM6041C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106503178-01		HOMEWORKS SERVICES PTE LTD	201604015W	GCV	Comprehensive	YM6041C	YM6041C	16/01/2020	04/01/2021

Continue

Claim Handling

The premium on this policy has not been collected.

Accident MT/1087080

Policy No.	5106503178-01	Vehicle No.	YM6041C	GST Registration No.
Certificate No.				
Policyholder Name	HOMWORKS SERVICES PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93844381	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	05/03/2020 17:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/03/2020	Time of Accident hh:mm	18:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLEMENCEAU AVE			

▼ 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	05/03/2020 17:58:32 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 119 #01-60	Address 2	ALJUNIED AVENUE 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-60	Related Policy Number	5106503178-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RANA MOHAMMAD SOHEL	Driver NRIC	GXXXX422L	Driver DOB
Register Date of Driver License	20/02/2013	Driver Age	33	Driving Experience
Contact No.(Mobile)	92713804	Contact No.(Office)	0	Contact No.(Home)
Address 1	1 JALAN MOLEK	Address 2	SINGAPORE 399501	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#01-01			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HOMWORKS SERVICES PTE LT	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YM6041C	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	YM6041C / SLG3676B ON 3 Mar 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report
Date Registered	05/03/2020 18:01	Claim Close Date		Date Received
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				

Attachment

[illegible]

References

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	SAS		Normal	SAS 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Mar 2020 18:00	Photos		Normal	Photos 2020-3-5

Uploaded By/Date	Folder Date	File Name	Source
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Scan and uploading