

NATIONAL Assessment Centre Services		Date: 8/14/20		MIMA 120041215	
Date In: 8/14/20 13:38	Job description	Date & Time Completed	Done by		
Ref No. MA1 INC 20005079144	SAS e-filing				
Veh No: YP 58000	E-mail (within 3hrs, A02 2hrs)				
D.O.A: 5/12/19 11:00	I-Motor Claim Form	MT/1091123 <sup>001</sup>	8/14/20 14:31		
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 Assgn Wksp / QW: (		Tel:		Fax:	
TP Particulars:	Veh No: SLG 7628 K	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 ( )			

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:	
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Date/Time	Actions

MA 2002645		Invoice Preparation Checklist		Amc (\$)	Amc (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
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)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		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 \$0			
		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	08/04/2020 13:38
Date Of Accident	05/12/2019 11:00
Exact Location Of Accident	BLK 507 WEST COAST DR OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5800U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHAN MING HONG ENGINEERING & TRADING PTE. LTD.
Co Reg No	2XXXXX560E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62450611

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	5107893297
Cover Note Number	

### Driver

Name of Driver	HOSSAIN MD DELWAR
NRIC No	GXXXX897M
Date Of Birth	01/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91925564
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1047 EUNOS AVE 5B #01-14
Postcode	409668
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200319/2053

#### 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	SLC7628K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.
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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

Unable to provide sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20200319/2053

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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





**SINGAPORE  
POLICE FORCE**



T/20200319/2053

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200319/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2020 13:41	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HOSSAIN MD DELWAR		Address: APT BLK 1047 EUNOS AVENUE 5B #01-14 EUNOS INDUSTRIAL ESTATE SINGAPORE 409668	
ID Type / ID No.: FIN NO / G8406897M		Contact No.: Home/Office: Mobile: 91925564	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 37	Date of Birth: 01/03/1983	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2019 11:00	Type of Location: Car Park
Location: Along Road 1 WEST COAST DRIVE  BLOCK 507 IN FRONT OF CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC7628K	Car	HONDA	VEZEL 1.5S CVT ABS D/AIRBAG 2WD 5DR			0
YP5800U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)		No Damage	0



**SINGAPORE  
POLICE FORCE**



T/20200319/2053

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200319/2053

**CONTINUATION OF REPORT**

**Brief Details.**

At the above mention date time an location,

I was trying to park my lorry. So I had to reversed a little. While reversing there was a car behind me. I know that I didn't hit or collide with the car in any way as there were no bump or damages on my lorry. When I'm done with my reversing I figured that I didn't have enough space to park so I made a U-turn to exit the carpark.





**SINGAPORE  
POLICE FORCE**



T/20200319/2053

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200319/2053

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

TP /

SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Informant:

*98406897m*

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2020 13:41

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107893297		ZHAN MING HONG ENGINEERING & TRADING PTE. LTD.	200803560E	GCV	Comprehensive	YP5800U	YP5800U	13/03/2019	12/03/2020



## Claim Handling

## Accident MT/1091123

Policy No.	5107893297	Vehicle No.	YPS800U	GST Registration No.	200803560E
Certificate No.					
Policyholder Name	ZHAN MING HONG ENGINEERING & TRADING PTE. LTD.			Policyholder NRIC	200803560E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62450611	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	15	Private Hire	No

## ▼ Accident Details

Report Date	08/04/2020 14:27	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	05/12/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 507 WEST COAST DR OPEN CARPARK				

## ▼ 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	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2015
GST Registration No.	200803560E	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 1047 #01-14	Address 2	EUNDS AVENUE 5B	Address 3	SINGAPORE 409668
Address 4		Address Type	Singapore address	Post Code	409668
Unit No.		Related Policy Number	5107893297-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/03/1983
Unnamed driver Name	HOSSAIN MO DELWAR	Driver NRIC	GXXXXB97M	Driving Experience	5
Register Date of Driver License	15/04/2014	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	91925564	Contact No.(Office)		Address 3	EUNDS INDUSTRIAL ESTAT
Address 1	BLK 1047 #01-14	Address 2	EUNDS AVENUE 5B	Post Code	409668
Address 4	SINGAPORE 409668	Address Type	Singapore address		
Unit No.	01-14				
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
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ZHAN MING HONG ENGINEERING	Insured NRIC	200803560E		
Contact No.(Mobile)		Contact No.(Home)	62450611	Contact No.(Office)			
Email Address		Vehicle Number	YPS800U	TP Vehicle Number	SLC76		
Claim Description	YPS800U / SLC7628K ON 5 Dec 2019				Name of Preferred Workshop		
Preferred Workshop	<input type="radio"/> Insured Liability	Not at Fault					
Workshop No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered				Claim Close Date	08/04/2020 14:31	Date Received	08/04/2020
Report Taken By	LIEW SHAN HUI						

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1091123	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2020 14:31		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read					

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	SAS	Normal	SAS 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	NRJC/ Driving License	Y	NRJC/ Driving License 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2020 14:31	Photos	Normal	Photos 2020-4-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div> Display in New Window Scan and uploading </div>	