

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHAM0049294**

Date In: 3/12-13:46	Job description	Date & Time Completed	Done by
Ref No: NA/4C2006113/24	SAS e-filing		
Veh No: 6K2W11D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/12-16:00	i-Motor Claim Form	6/7/10 9:26 PM	3/12 14:45
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: 5M788897	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

NA2003141	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Int. Bill	Add. Bill
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:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
Pat. 1:	*N8: DV / Collect Excess Coordination \$5		
Pat. 2 / 3:	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	03/06/2020 13:46
Date Of Accident	01/06/2020 16:00
Exact Location Of Accident	STADIUM WALK OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GK2211D
Insured/Policyholder	
Name Of Registered Owner	KSL LEASING PTE LTD
Co Reg No	2XXXXX864R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87770188
Alternative Phone No	OFFICE-87770188

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	YES
Policy Number	5108955849-01
Cover Note Number	

Driver

Name of Driver	S ZEIN BIN ABDULLAH BAHASHWAN
NRIC No	SXXXX550A
Date Of Birth	27/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1992
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88924078
Fax Number	
Contact Number	OFFICE-88924078
Email Address	NOEMAIL

Address	BLK 773 BEDOK RESERVOIR VIEW #01-129
Postcode	470773
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SMJ8889T
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

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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

Kallang Stadium Wall
open space carpark gentry



Reversed

A: GIC 2211 D.
B: SMJ 8897.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, as I approached the gentry, I noticed that my cash card value was low. I can't exit. I checked my blindspot before I reversed. My rear mirror was facing the other angle; I did not noticed that vehicle B was queuing behind. I slowly reversed my vehicle. My vehicle rear portion interact with vehicle B front portion.

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:

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

Date of Accident : 1/6/20 Accident Time: 16:00 (24-HR-Format)
Accident Place : Kallang Stadium Wall open space carpark
Vehicle No. (Car Plate No.) : GIC 2211D Make/Model: _____
Insurance Company : NTUC Policy No: 5108955849-01
Owner or Company Name / IC No. : KSL Leasing Pte Ltd
Owner or Company Contact No. : 8777 0188 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : S Zin Bin Abdullah Baharshwan
DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : _____
DRIVER'S Contact No. / Alt No. : 1) 8892 4078 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 driver only
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No injury

Other Party Driver's Particular (if any)

Vehicle No: <u>JM38897</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/06/2020 16:00"/>							
Vehicle No.(For Motor)	<input type="text" value="GK2211D"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108955849-01	5108955849-01-000021	KSL LEASING PTE LTD	201607864R	GFM	Comprehensive	GK2211D	GK2211D	28/04/2020	27/04/2021
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5108955849-01	Policyholder Name	KSL LEASING PTE LTD	Policyholder NRIC	201607864R
Certificate No.	5108955849-01-000021				
Address	2A KIAN TECK AVENUE LEVEL 3 SINGAPORE 628896				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/04/2020	Effective Date	28/04/2020 00:00	Expiry Date	27/04/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	2A KIAN TECK AVENUE	Address 2	LEVEL 3	Address 3	SINGAPORE 628896
Address 4		Address Type	Singapore address	Post Code	628896
Unit No.	03-03	Related Policy Number	5117183744-01		

Insured Object: 5108955849-01-000021

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1093667

Policy No.	S108955849-01	Vehicle No.	GK2211D	GST Registration No.	
Certificate No.	S108955849-01-000021				
Policyholder Name	KSL LEASING PTE LTD			Policyholder NRIC	201607864R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	87770188	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	No
Accident Details					
Report Date	03/06/2020 14:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/06/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	STADIUM WALK OPEN SPACE CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	24 KIAN TECK AVENUE	Address 2	LEVEL 3	Address 3	SINGAPORE 628896
Address 4		Address Type	Singapore address	Post Code	628896
Unit No.	03-03	Related Policy Number	S117183744-01		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/05/1965
Unnamed driver Name	S ZEEN BIN ABDULLAH BAHASH	Driver NRIC	XXXXX550A	Driving Experience	28
Register Date of Driver License	27/02/1992	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	88924078	Contact No.(Office)	0	Address 3	LONGVALE
Address 1	BLK 773	Address 2	BEDOK RESERVOIR VIEW	Post Code	470773
Address 4	SINGAPORE 470773	Address Type	Singapore address		
Unit No.	01-129				
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 **New**

Claim Type *	CO-MX	Insured Name	KSL LEASING PTE LTD	Insured NRIC	201607864R
Contact No.(Mobile)	81825505	Contact No.(Home)		Contact No.(Office)	66946567
Email Address	LEASING@KSLAUTO.SG	DI Vehicle Number	GK2211D	TP Vehicle Number	SM38889T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GK2211D / SM38889T ON 3 Jun 2020				
Preferred Workshop Contact No.		Insured Liability *	Not At Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	03/06/2020 14:45	Claim Close Date		Date Received	03/06/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1093667	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/06/2020 14:45		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	

