

NATIONAL Assessment Centre Services (part 1 Jan 09) MMA 120051460

Date In: 15/6/20 10:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI INC 20006188/h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: PC4470 U	I-Motor Claim Form	M7/1094459 ⁰⁰¹	15/6/20 16:14
IP: 12/6/20 11:10	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP / Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
IP Particulars:	Veh No: SJ814 G.	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC to Unit: 67496616)	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:

MMA 2003257		Invoice Preparation Checklist	Am (5)	Am (5)
Client's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$10)		
QC Checked by (Bngr-In-Charge):		3) TP: Towing Fee \$40/\$45		
Auditors' Comments:		4) PT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claimant against INC Only (wef 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) NI: Idno DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Coordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (Nil): TP (Non INC) against INC \$20		
		9) NI2: Idno 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 willful 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	15/06/2020 10:48
Date Of Accident	12/06/2020 11:10
Exact Location Of Accident	ROAD OUTSIDE BLK 82 MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4470U
Insured/Policyholder	
Name Of Registered Owner	BIZLINK CENTRE SINGAPORE LTD
Co Reg No	1XXXXX566R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64495652

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098339957-02
Cover Note Number	

Driver

Name of Driver	IKROM BIN MOHAMMED SELAMAT
NRIC No	SXXXX218H
Date Of Birth	18/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88229064
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 55 CHAI CHEE DR #08-192
Postcode	460055
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	SIDE SWIPE
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	SJB14G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KE WEI
NRIC/Passport Number	SXXXX037J
Contact Number	96473882
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**.
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

see attachment.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I alighting my passengers, I wanted to move out.

but I need to reserve ^{backwards} ~~space~~ as the clearance was small.

while reversing, I checked on my left mirror but

~~the~~ there was a car on my right side, I fail to check

on the right mirror. I can't see on my blindspot as,

The veh was too near me. I heard a honk and ~~at~~ move forward

abit. but I'm unsure if I have knock into the mention veh.

~~And~~ there was NO DAMAGE on both veh.

WE exchange particulars and move off.

DECLARATION

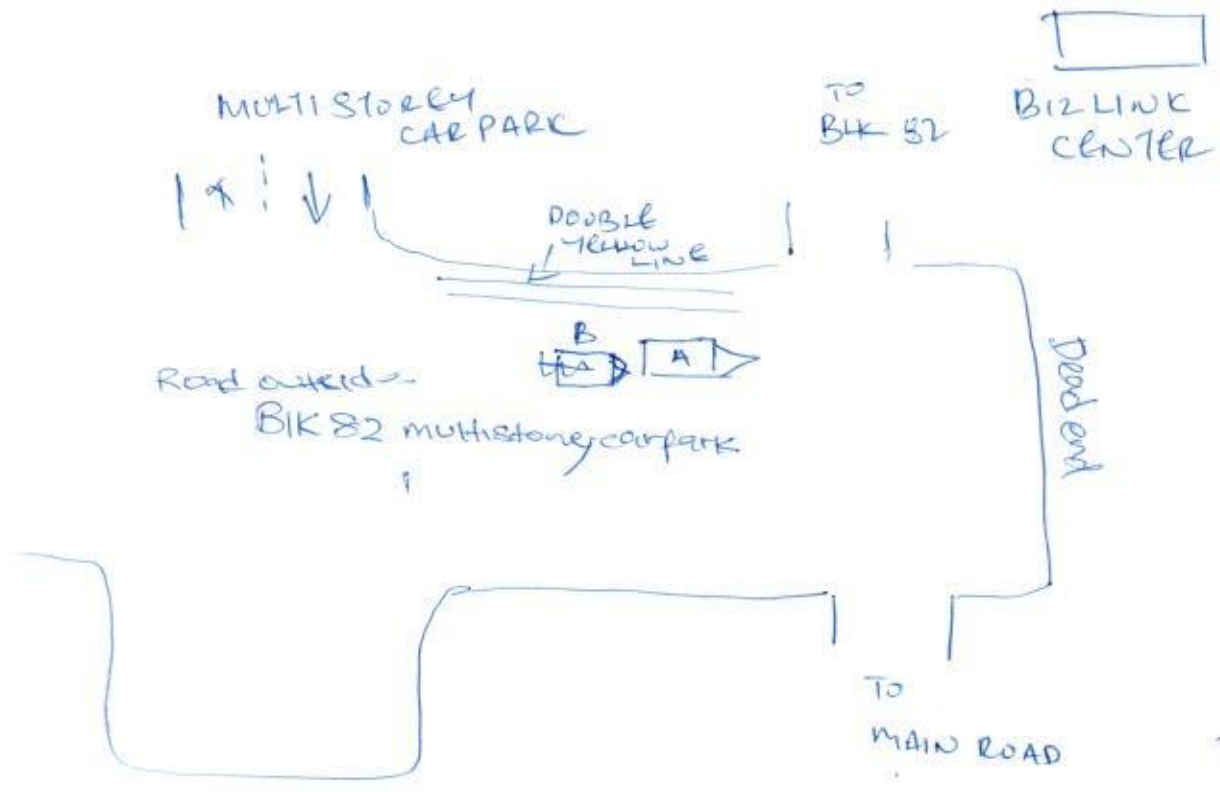
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/6/20
1130

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



VEH A = PC 4470 U
 VEH B = SSB 14 S

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="12/06/2020 11:27"/>
Vehicle No.(For Motor)	<input type="text" value="PC4470U"/>	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"/>	5098339957-02		BIZLINK CENTRE SINGAPORE LTD	199500566R	GBS	Comprehensive	PC4470U	PC4470U	09/03/2020	08/03/2021

~~Incident~~

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 06 / 2012) (DD/MM/YYYY), TIME: (11 : 12) (HH:MM)

LOCATION: Road outside B1K82 multistorey carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 44700
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota / Hiace 3.0 DX wheelchair lifter
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) AT 2WD
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 0820
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: BILLY K CENTRE SINGAPORE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1995005662 CONTACT: 6449 5652
c) ADDRESS: 512 CHAN CHEE LANE #01-07/09
S 469028

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ikrom bin MOHAMMED SEAMAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 8822048H CONTACT: 88229064
c) ADDRESS: 55 CHAN CHEE DRIVE #08-192 S 46055

*d) DATE OF BIRTH: (10 / 07 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 years

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: 83B 149 MODEL: _____
b) DRIVER'S NAME: GON KE WEI
c) NRIC/FIN/PASSPORT: 591080373 CONTACT: 96473882

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

voice terminal license

Email = IKROMAYO@1211@gmail.com

fax =

video =

Claim Handling

The premium on this policy has not been collected.

Accident MT/1094459

Policy No.	5098339957-02	Vehicle No.	PC4470U	GST Registrati
Certificate No.				
Policyholder Name	BIZLINK CENTRE SINGAPORE LTD			Policyholder NI
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	64495652	Contact No.(Office)		Contact No.(Hi
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(%)	20	Private Hire

▼ Accident Details

Report Date	15/06/2020 16:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/06/2020	Time of Accident hh:mm	11:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ROAD OUTSIDE BLK 82 MULTI STOREY CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	3,000.00	

▼ Benefits

Coverage	Sum Insured
Accessory	5000

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	05/1
GST Registration No.	199500566R	GST Status Verified	Yes
Modification History	15/06/2020 16:10:38 System changed GST Registration Date from 01/01/2015 to 05/04/2005 15/06/2020 16:10:38 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 512 CHAI CHEE LANE	Address 2	#01-09 BEDOK INDUSTRIAL ES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098339957-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	IKROM BIN MOHAMMED SELAM	Driver NRIC	SXXXX218H	Driver DOB
Register Date of Driver License	18/08/2009	Driver Age	37	Driving Experi
Contact No.(Mobile)	88229064	Contact No.(Office)		Contact No.(H
Address 1	BLK 55 #08-192	Address 2	CHAI CHEE DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-192			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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	BI:
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	PC
Claim Description	PC4470U / SJB14G ON 12 Jun 2020		
Preferred Workshop	Insured Liability	Partially at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/06/2020 16:12	Claim Close Date	
Report Taken By	SHAN HUI		
<input type="checkbox"/> Print AK letter			

Attachment

Accident No.	MT/1094459	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/06/2020 16:14

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:14	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:14	NRIC/ Driving License	Y Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:14	NRIC/ Driving License	Y Normal	NRIC/ Dri
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:14	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:13	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:13	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:12	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:12	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:12	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2020 16:12	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
			