

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MMA 120054977

Date In: 27/6/20 15:57	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 2000 6740164	SAS e-filing		
Veh No: GBC 8560H	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/6/20 11:50	i-Motor Claim Form	MT/1095487-001	27/6/20 16:52
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:

GBC 333 5J

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:

Date/Time

Actions

MA2003402

## Invoice Preparation Checklist

Amt (\$)

for Bill

Amt (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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	27/06/2020 15:57
Date Of Accident	27/06/2020 11:50
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8560H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARVEL BROS SERVICES
Co Reg No	5XXXX934C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90886441

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	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	5063688376-06
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD JUFRI BIN AHMAD BAJURI
NRIC No	SXXXX375F
Date Of Birth	18/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2009
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90886441
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 851 WOODLANDS STREET 83 #10-32
Postcode	730851
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	WET

#### 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)	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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3335J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD JUFRI BIN AHMAD BAJURI
------	---------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBC8560H

YES

NO



## 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.

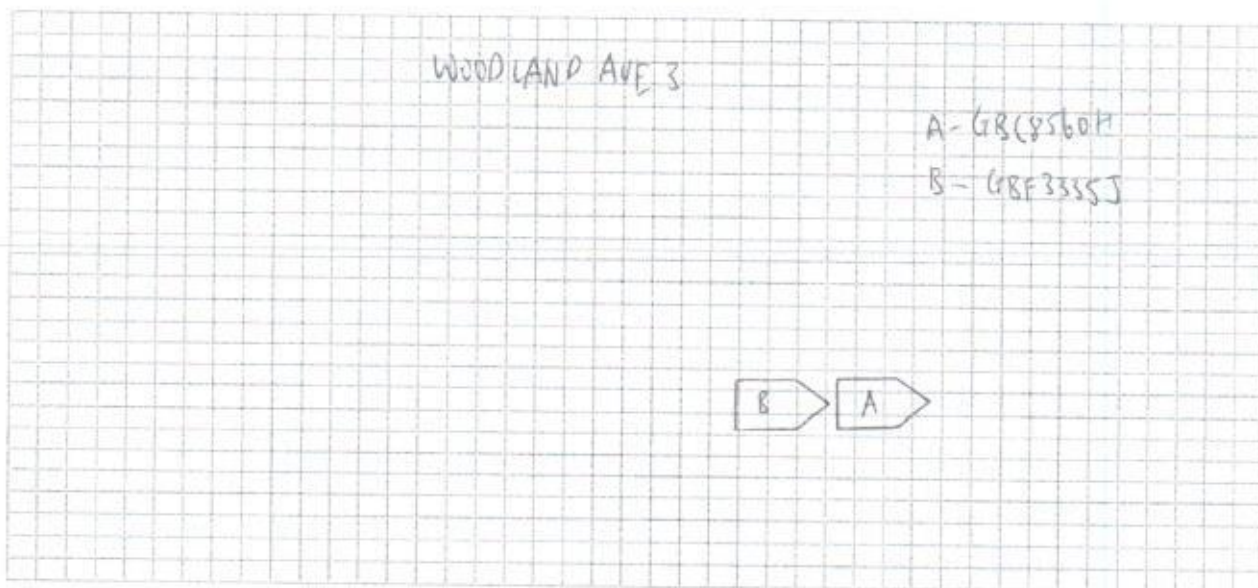
MARVEL BROS SERVICES  
Reg No.: 200107159M  
Blk B31 Woodlands St. 83  
#10-32 S(730851)

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

I WAS TRAVELLING ALONG WOODLAND AVE 3. WHEN VEHICLE B ( POLICE CAR ) SIGNAL ME TO STOP WITH A SIREN, PASSENGER( SERGENT BRYAN ANG) ALIGHT FROM VEHICLE B AND CAME TO TALK TO ME. VEHICLE B DRIVER ( OFFICER IRAHIM ) ACCIDENTALLY STEP ON THE GAS PADDLE AND HIT ONTO THE BACK OF MY VEHICLE.

DECLARATION

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

Policyholder's Signature  
Date & Time:

**MARVEL BROS SERVICES**  
Reg No.: 200107159M  
80, 851 Woodlands St. 83  
#10-32-S(730851)

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


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



## Accident Reporting Draft

VEHICLE NO: GBC8560H

MODEL: NISSAN NV200

DATE OF ACCIDENT	27/6/2020		
TIME OF ACCIDENT	1150	HRS	AM/PM
LOCATION OF ACCIDENT	WOODLAND AVE 3		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	MARVEL BROS SERVICES		
CONTACT NO.	90886441		
NRIC	53166934C		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: MUHAMMAD JUFRI BIN AHMAD BAJURI		
NRIC	S8215375F	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	<u>OUTDOOR</u> / INDOOR		
DATE OF DRIVING PASS			
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	90886441	OFFICE:	HOME:
ADDRESS	BLK 851 WOODLANDS ST83 #10-32 S(730851)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: WET		
ANY INJURIES	NO / IF YES: <u>Driver</u>		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	GBF3335J	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: ryderautoworkshop@gmail.com                  Tel: 67418277 Fax: 67468277             </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

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"/>	5063688376-06		MARVEL BROS SERVICES	53166934C	GCV	Comprehensive	GBC8560H	GBC8560H	09/01/2020	08/01/2021



## Claim Handling

Accident MT/1095487

Policy No.	5063688376-06	Vehicle No.	GBC8560H	GST Registrati
Certificate No.				
Policyholder Name	MARVEL BROS SERVICES			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90886441	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	27/06/2020 16:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/06/2020	Time of Accident hh:mm	11:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS AVE 3			

## ▼ 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 Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	27/06/2020 16:50:03 System changed GST Registered from Yes to No 27/06/2020 16:50:03 System changed GST Registration No. from 53166934C to null 27/06/2020 16:50:03 System changed GST Registration Date from 01/08/2010 to null		

## ▼ Policyholder Mailing Address

Address 1	BLK 851 #10-32	Address 2	WOODLANDS STREET 83	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-32	Related Policy Number	5063688376-06	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD JUFRJ BIN AHMAD	Driver NRIC	SXXXX375F	Driver DOB
Register Date of Driver License	18/05/2009	Driver Age	38	Driving Exper
Contact No.(Mobile)	90886441	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 851 #10-32	Address 2	WOODLANDS STREET 83	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-32			
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---------------------------------------------------------------

## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Not at Fault

Reason No. Finalisation  Preferred Repair Option  Preferred Workshop, Name unknown

Date Registered

Report Taken By

OD-MX  Insured Name  MA

Contact No. (Home)

OI Vehicle Number  GB

GBC8560H / GBF3335J ON 27 Jun 2020

GIA report  Received27/06/2020 16:51 Claim Close Date 

SHAN HUI

☐ Print AK letter

Save Submit

## Attachment



Accident No. MT/1095487 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 27/06/2020 16:52

Path \*

Category \*

Confider

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	SAS		Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jun 2020 16:52	Photos		Normal	Ph

## Video List

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