

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 2006550-01

Date In: 4/8/20 - 12:07	Job description	Date & Time Completed	Done by
Ref No: 16/14CD2008002/24	SAS e-filing		
Veh No: PC16145	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/8/20 - 12:45	i-Motor Claim Form	M71098819-01	4/8/20 12:18
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: 8M618304

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

Invoice Preparation Checklist

Amt (\$)

Inc Bill

Amt (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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
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:-
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

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	04/08/2020 10:07
Date Of Accident	03/08/2020 13:45
Exact Location Of Accident	77 YISHUN AVE 11 ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1614S
Insured/Policyholder	
Name Of Registered Owner	KCUBIC
Co Reg No	5XXXX919J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82822211
Alternative Phone No	OFFICE-82822211
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115216893
Cover Note Number	

Driver

Name of Driver	MAHADIR BIN AHMAT
NRIC No	SXXXX356E
Date Of Birth	22/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97394935
Fax Number	
Contact Number	OFFICE-97394935
EEmail Address	NOEMAIL

Address	BLK 331C ANCHORVALE STREET #03-571
Postcode	543331
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	SMG1870H
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)	1

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.

K CUBIC

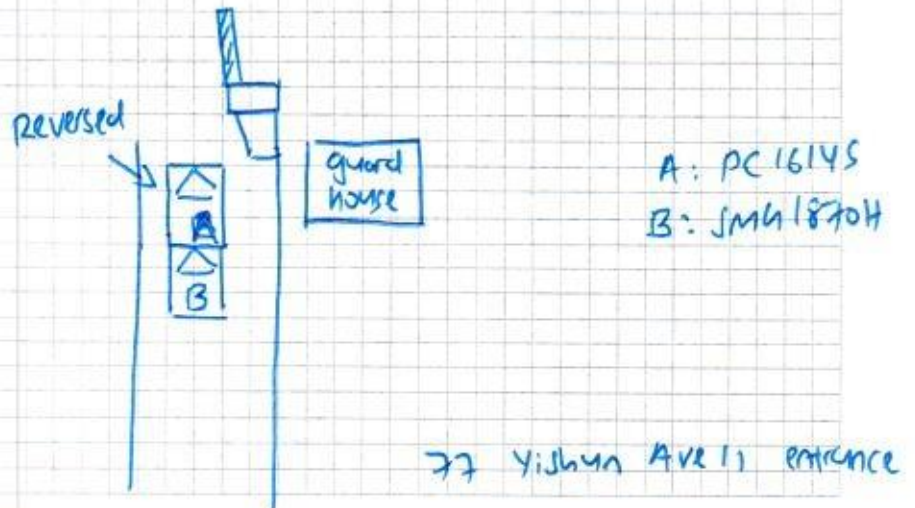
Reg. No.: 53206919J
Blk 723 Woodlands Ave 6
#10-524 Singapore 730723
Tel: 8686 1033

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

On stated date and time, as I approached the guard house. The guard told me that my vehicle can't enter as my vehicle exceed the height limit. I thought of reversing my vehicle, before I reversed my vehicle, I checked on my vehicle side mirror. As there was no vehicle behind of my vehicle I slowly reversed out. Suddenly I felt an impact from the rear and noticed that my vehicle rear portion impact with vehicle B front portion.

DECLARATION

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

K CUBIC

Reg. No.: 53206919J

Blk 723 Woodlands Ave 6

#10-524 Singapore 730723

Policyholder's Signature

Tel: 8686 1033

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 8 / 20) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: 77 Vishnu Ave 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC16145
b) INSURANCE COMPANY: N7UC
c) POLICY NUMBER: 5115216893
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Kcubic (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8282 2211
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97394935
c) ADDRESS: _____

* d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SM 618714 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = Kcubic11@gmail.com

fax =

VIDEO =

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120065550 Vehicle Registration No: PC1614S
Name (as shown in NRIC) : KCUBIC NRIC/FIN/Passport No : 5XXXX919J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 82822211
Email Address : _____
Date of Accident : 03/08/2020 Time of Accident : 03/08/2020
Place of Accident : 77 YISHUN AVE 11 ENTRANCE
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend driver gender

Policyholder / Driver's Signature
Date:


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

eBaoTech

GeneralClaim

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"/>	5115216893		KCUBIC	53206919J	GBS	Comprehensive	PC1614S	PC1614S	07/01/2020	06/01/2021

 Policy Information

Policy No.	5115216893	Policyholder Name	KCUBIC	Policyholder NRIC	532069193
Certificate No.					
Address	BLK 723 #10-524 WOODLANDS AVENUE 6 SINGAPORE 730723				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/12/2019	Effective Date	07/01/2020 00:00	Expiry Date	06/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 723 #10-524	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730723
Address 4		Address Type	Singapore address	Post Code	730723
Unit No.	10-524	Related Policy Number	5110398916-01		

 Insured Object: PC1614S

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1098819

Policy No.	5115216893	Vehicle No.	PC1614S	GST Registration No.	
Certificate No.					
Policyholder Name	KCUBIC	Cover Type	Comprehensive	Policyholder NRIC	53206919J
Product Code	BUS INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	82622211	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	04/08/2020 10:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/08/2020	Time of Accident (H:mm)	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	77 YISHUN AVE 11 ENTRANCE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	\$500.00		
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 Status Verified	Yes
GST Registration No.					
Modification History	04/08/2020 10:17:11 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 723 #10-524	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730723
Address 4		Address Type	Singapore address	Post Code	730723
Unit No.	10-524	Related Policy Number	5110398916-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/02/1977
Unnamed driver Name	MAHAQIR BIN AHMAT	Driver NRIC	S7705355E	Driving Experience	9
Register Date of Driver License	23/11/2010	Driver Age	43	Contact No. (Home)	0
Contact No. (Mobile)	97354935	Contact No. (Office)	0	Address 3	ANCHORVALE HARVEST
Address 1	BLK 331C	Address 2	ANCHORVALE STREET	Post Code	543331
Address 4	SINGAPORE 543331	Address Type	Singapore address		
Unit No.	03-571	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
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 *	OD-MX	Insured Name	KCUBIC	Insured NRIC	53206919J
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	PC1614S	TP Vehicle Number	SMG1870H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC1614S / SMG1870H ON 2 Aug 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/08/2020 10:18	Claim Close Date		Date Received	04/08/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					






Save Submit

Attachment

Accident No.	MT/1098819	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/08/2020 10:19	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	Y/N	Normal	
Browse... Clear	Please Select	Y/N	Normal	
Browse... Clear	Please Select	Y/N	Normal	
Browse... Clear	Please Select	Y/N	Normal	
Browse... Clear	Please Select	Y/N	Normal	
Browse... Clear	Please Select	Y/N	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:19	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:19	SAS	Normal	SAS 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Aug 2020 10:18	Photos	Normal	Photos 2020-8-4	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading