

NATIONAL Assessment Centre Services.

(part 1 of 2)

MAA 007625

Date In: 09/09/2020 16:36	Job description	Date & Time Completed	Done by
Ref No: N/A 200094074	SAS e-Ming		
Veh No: GBE 46787	E-mail (Update Status, AIC Status)		
D.O.A: 09/09/2020 10:55	I-Motor Claims Form	09/09/2020 16:53	
OD: TP / Reporting Only	I-Motor W/O (Within: OD Status, TP Status)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / GW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: CB 8271K	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO Refor of repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: ()

Date of Incident: ()
Location: ()
Weather: ()
Time of Day: ()
Other: ()

MA 2004.715	Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:		3) TP: Towing Fee	\$40/\$45
QC Checked by (Bugs-In-Charge):		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Resurvey)	\$30
		6) TT: Re-inspection	\$75
		7) NI: 1 Day DA + EMRT Survey	\$160
		8) NTUC Additional Services	
		ON:	
		• NI: Courtesy Car / Tpt Allowance	\$35
		• NI: Repairs Coordination	\$10
		• NI: Post Repair Inspection	\$25
		• NI: DV / Collect Receipts Coordination	\$35
		TE (NI): TP (NI) (INC) (Resurvey) (Resurvey)	\$20
		9) NI: 1 Day Mobile	\$35
		Invoice dated	
		Invoice dated	
		Fee Charged	
		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	03/09/2020 16:36
Date Of Accident	03/09/2020 10:55
Exact Location Of Accident	BARTLEY ROAD EAST BEFORE BARTLEY VIADUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4678T
Insured/Policyholder	
Name Of Registered Owner	HOME SPRAY COATING & PAINTING SRV
Co Reg No	5XXXX976L
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90085314
Alternative Phone No	OFFICE-90085314

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5114589833
Cover Note Number	

Driver

Name of Driver	ISLAM NURUL
NRIC No	FXXXX456R
Date Of Birth	02/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90085314
Fax Number	
Contact Number	OTHERS-90085314
Email Address	HANCARREPAIRS@GMAIL.COM

Address -
 Postcode
 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 DRIZZLING
 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? NO
 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) 2
 Passenger 1 NAME: : PASSENGER
 GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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 CB8271K
 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)

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.



Home Spray Coating
& Painting Service

Policyholder's Signature
Date & Time: RCB No: 52847976L

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

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

SKETCH PLAN

(A) GBE4678T
(B) CB8271K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bartley Road East Heading Towards Bartley Viaduct when vehicle (B) hit my van and badly damage my van (A)

DECLARATION

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



Home Spray Coating
& Painting Service
RCB No: 52847976L

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

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

PERSONAL PARTICULARS

Date of Accident: 03/09/2020

Time of Accident: 10:55 (24Hrs)

1 Driver
1 passenger

Vehicle No: GBE4678T

Vehicle Make/Model: Nissan NV350

Exact Location of Accident: Bartley Road East before Bartley Viaduct

Owner's Name/NRIC: Home spray coating & Painting Service / 52847976L

Driver's Name/NRIC: Islam Nurul / F8309456R

Driver's Contact: 90085314

Insurance Co & Policy No: NTUC Income

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer / Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle The one you want to claim against 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet Drizzling & Wet

Occupation

Indoor Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station?

1 Driver
+ students

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: CB8271K

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Claim Handling

Accident MT/1102181

Policy No.	3114589833	Vehicle No.	GBE4678T	GST Registration No.	
Certificate No.					
Policyholder Name	HOME SPRAY COATING & PAINTING SRV			Policyholder NRIC	52847076L
Product Code	COMMERCIAL VEHICLE (INSURA	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	90065314	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KPI	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	03/09/2020 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/09/2020	Time of Accident hh:mm	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BARTLEY ROAD EAST BEFORE BARTLEY VIADUCT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	5.00	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	No	GST Registration Date		Yes	
GST Registration No.		GST Status Verified			
Modification History	03/09/2020 18:47:58 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 225 #03-201	Address 2	CHOA CHU KANG CENTRAL	Address 3	SINGAPORE 680225
Address 4		Address Type	Singapore address	Post Code	680225
Unit No.	03-201	Related Policy Number	3114589833		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/07/1976
Unnamed driver Name	ISLAM NURUL	Driver NRIC	F8209455R	Driving Experience	2
Register Date of Driver License	06/06/2018	Driver Age	44	Contact No. (Home)	
Contact No. (Mobile)	90065314	Contact No. (Office)		Address 3	SINGAPORE 680225
Address 1	BLK 225 #03-201	Address 2	CHOA CHU KANG CENTRAL	Post Code	680225
Address 4		Address Type	Foreign address		
Unit No.	03-201				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBE4678T	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HOME SPRAY COATING & PAINTING SRV	Insured NRIC	52847076L	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	90065314	
Email Address		OT		Vehicle Number	GBE4678T	
Claim Description	GBE4678T / CBE271K ON 3 Sept 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Retained	
Preferred Repair Option		Preferred Workshop Name unknown				
Date Registered	03/09/2020 16:52	Claim Close Date		Date Received	03/09/2020 00	
Report Taken By	ROSIZ WAHAB					

Print AA letter

Save Submit

Attachment

Accident No.	MT/1102181	Claim No.	001																												
Last Doc. Received	Yes No	Upload Date	03/09/2020 16:53																												
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr><td>Clear</td><td>Please Select</td><td>NO</td><td>Normal</td></tr> <tr><td>Clear</td><td>Please Select</td><td>NO</td><td>Normal</td></tr> <tr><td>Clear</td><td>Please Select</td><td>NO</td><td>Normal</td></tr> <tr><td>Clear</td><td>Please Select</td><td>NO</td><td>Normal</td></tr> <tr><td>Clear</td><td>Please Select</td><td>NO</td><td>Normal</td></tr> <tr><td>Clear</td><td>Please Select</td><td>NO</td><td>Normal</td></tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	Clear	Please Select	NO	Normal	Clear	Please Select	NO	Normal	Clear	Please Select	NO	Normal	Clear	Please Select	NO	Normal	Clear	Please Select	NO	Normal	Clear	Please Select	NO	Normal
Category *	Confidential	Urgency *	Description *																												
Clear	Please Select	NO	Normal																												
Clear	Please Select	NO	Normal																												
Clear	Please Select	NO	Normal																												
Clear	Please Select	NO	Normal																												
Clear	Please Select	NO	Normal																												
Clear	Please Select	NO	Normal																												

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)
NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Sep 2020 16:53		Photos	Normal	Photos 2020-9-3	

	Uploaded By/Date	Folder Name	File Name	Status	Source
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	Photos	Normal		Photos 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	NRIC/ Driving Licenses	y	normal	NRIC/ Driving License 2020-9-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2020 16:53	SAS	Normal		SAS 2020-9-3

[Video List](#)

[Display in New Window](#) [Scan and uploading](#)

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114589833

Cover : Comprehensive

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE4678T |
| Chassis Number | : JN1MC2E26Z0005756 |
| 2. Name of Policyholder | : HOME SPRAY COATING & PAINTING SRV |
| 3. Effective Date of Insurance | : 16 Dec 2019 |
| 4. Expiry Date of Insurance | : 15 Dec 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TAN CHONG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JG MOTOR AGENCY (00000613374)

Date of Issue : 05 Dec 2019 16:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive