

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 10089409

Date In: 13/12-10:52	Job description	Date & Time Completed	Done by
Ref No: 101 INC 2011008/24	SAS e-filing		
Veh No: SK82982	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/12-15:35	i-Motor Claim Form	M7/110649-201	13/12/20 11:03
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: 1274171T	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

1A205545	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	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	13/10/2020 10:52
Date Of Accident	10/10/2020 15:35
Exact Location Of Accident	GEYLANG RD NEAR SIMS WAY JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8298Z
Insured/Policyholder	
Name Of Registered Owner	COMFORT AMBULANCE & SERVICES PTE LTD
Co Reg No	2XXXXX841W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96859305
Alternative Phone No	OFFICE-96859305

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
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	THIRD PARTY
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	5113721542
Cover Note Number	

Driver

Name of Driver	ZAINUDIN BIN HASSAN MOHAMED
NRIC No	SXXXX896D
Date Of Birth	07/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2003
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84054904
Fax Number	
Contact Number	OFFICE-84054904
EEmail Address	NOEMAIL

Address	BLK 41 SIMS DRIVE #14-269
Postcode	380041
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	SLJ4171T
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HE CHUNTIE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

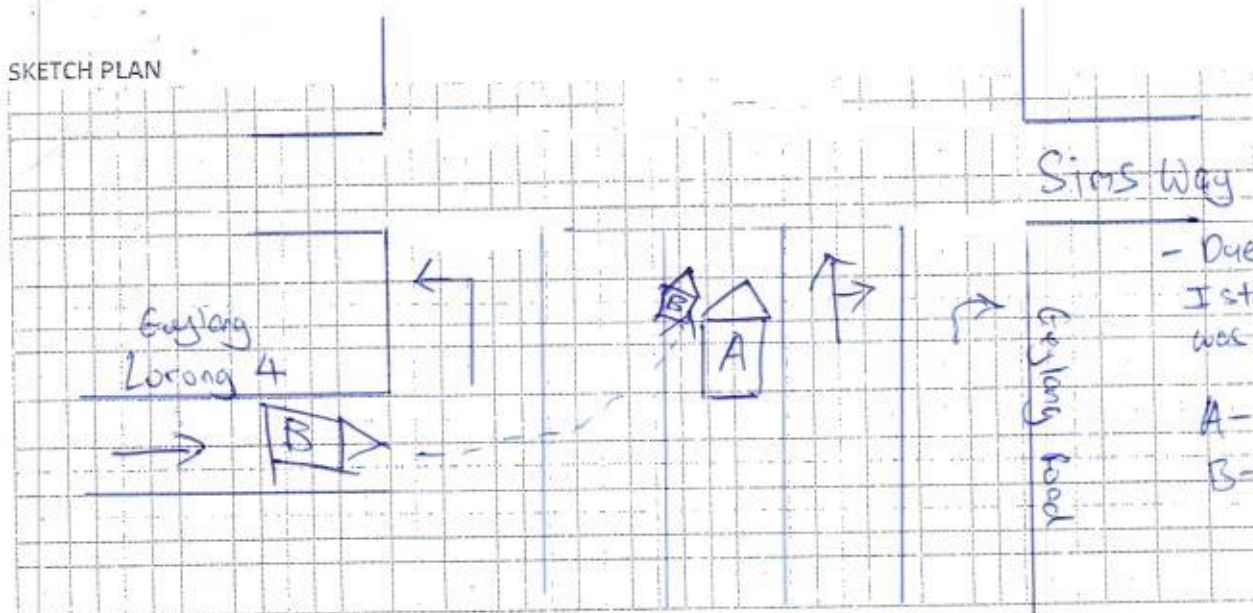


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



- Due To Traffic light,
I stop my vehicle and
was stationary.

A- SKX8298Z

B- SLJ4171T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Geylang Road and I stopped my vehicle when the traffic light turned red. Vehicle B exited from Geylang Lorong 4 and cut to my lane and damaged my front left bumper of my vehicle. The vehicle B driver said he wanted to cut to the right lane to turn right.

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.:

VEHICLE NO: SKX8298Z

MAKE & MODEL: Nissan NV350

DATE OF ACCIDENT	10 / 10 / 20	
TIME OF ACCIDENT	3.35 AM / <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	Along Geylang Road near Sims Way Junction	
Exact Purpose use during accident	Standby for emergency calls	
NAME OF OWNER	Comfort Ambulance & Services	
TELP NO	9685 9305 (Mr Paul)	
NRIC		
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / Reporting Only	
PRIVATE HIRE	YES / <input checked="" type="radio"/> NO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
EMAIL		
NAME OF DRIVER	As above / If No: Zainudin Bin Hassan Mohamed	
NRIC	56936896D	Any passengers: 1 female.
DATE OF BIRTH	07 / 10 / 1969	
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 03 / 2003	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTAC NO.	84054904	Office: Home:
EMAIL		
ADDRESS	Blk 41 Sims Drive #14-269 S(380041)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No:	
RELATIONSHIP	<input checked="" type="radio"/> Employee / If No:	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> No / If yes: Who?	
CONTAC NO.		
POLICE REPORT	<input checked="" type="radio"/> No / If yes: Where?	
VEHICLE B NO.	SLJ4171T Toyota Axi Any Passenger: 0	
NAME	He Chuntie	
CONTAC 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.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY PHOTO CAPTURE?	<input checked="" type="radio"/> YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
	Hock motors Hock motors@ hot mail . com	
	Fax 67535346	