

NATIONAL Assessment Centre Services

Date In: 21/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20011435/r3	SAS e-filing		
Veh No: CB8326L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 20/10/20 245	I-Motor Claim Form	mf/1107315	-001
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: SJM8766I	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

NA2005590	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tp 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: Idao 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	21/10/2020 12:59
Date Of Accident	20/10/2020 12:45
Exact Location Of Accident	AIRPORT RD TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8326L
Insured/Policyholder	
Name Of Registered Owner	RZ TRANSPORT
Co Reg No	5XXXX213W
Email Address	ACITKHAN08@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91907907

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076553999-04
Cover Note Number	

Driver

Name of Driver	SUDIRMAN BIN AMAN
NRIC No	SXXXX375A
Date Of Birth	25/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2001
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81806544
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 420 TAMPINES STREET 41 #08-116
Postcode	520420
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	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?	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)	8
Passenger 1	NAME: : BUS ATTENDANT GENDER: : FEMALE
Passenger 2	NAME: : CHILDREN GENDER: : MALE
Passenger 3	NAME: : CHILDREN GENDER: : MALE
Passenger 4	NAME: : CHILDREN GENDER: : MALE
Passenger 5	NAME: : CHILDREN GENDER: : MALE
Passenger 6	NAME: : CHILDREN GENDER: : MALE
Passenger 7	NAME: : CHILDREN 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

I WAS TRAVELLING FROM AIRPORT RD SLIP RD TWDS EUNOS LINK.I LOOK TO MY RIGHT AND WHEN NO ONCOMING VEH I PROCEED TO MOVE OUT BUT THE VEH INFRT OF ME NOT MOVING AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

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 SJM8766J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver BAO GANG
NRIC/Passport Number GXXXX180X
Contact Number 97387757
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? CB8326L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? CB8326L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

*

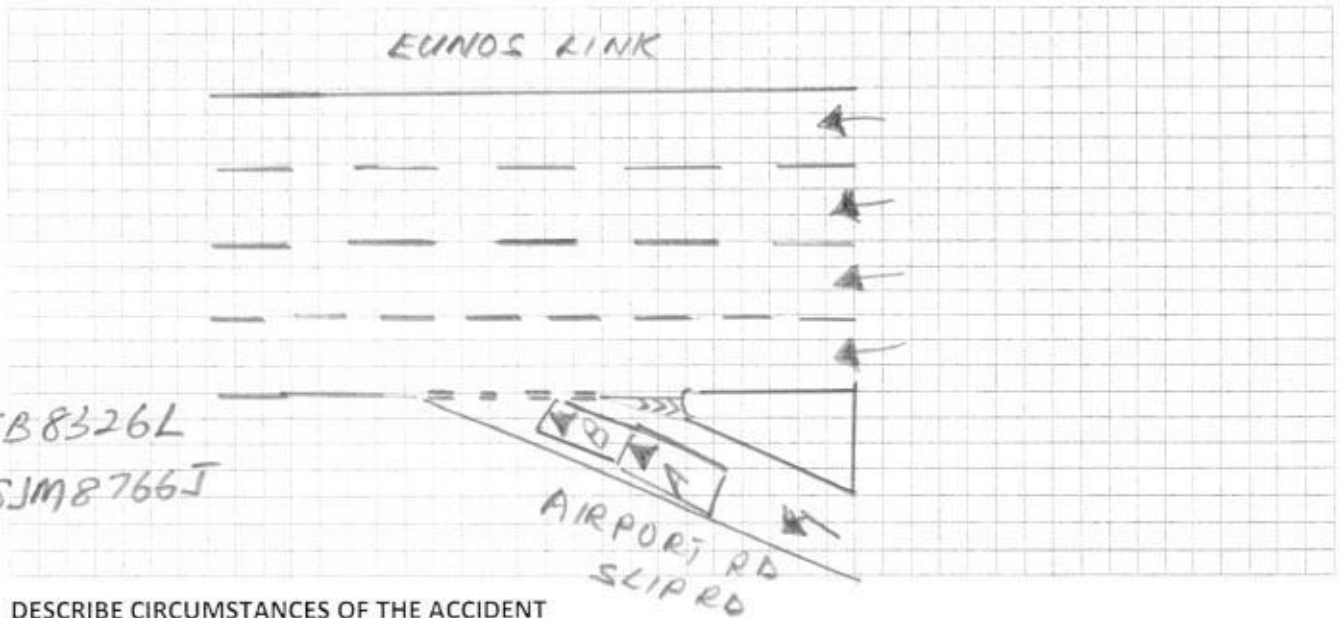


Policyholder's Signature
Date & Time:

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


P/s refer to the statement.

DECLARATION


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

* 

Policyholder's Signature
Date & Time:

 20/10/20

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

 21/10/20

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

ACCIDENT STATEMENT

ACCIDENT DATE: (20/10/20) (DD/MM/YYYY), TIME: (12:45) (HH:MM)

LOCATION: AIRPORT RD TWAS EUNOS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB8326L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 91907907
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SUDIRMAN BIN AMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1449375A CONTACT: 81806544
c) ADDRESS: BKE 420 TAMPINES ST 41
#08-116 (520420)

- *d) DATE OF BIRTH: (25/02/1960) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR) 2 children
f) YEARS OF DRIVING EXPERIENCE: 14/08/2000

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) 2 children
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJM8766J MODEL:
b) DRIVER'S NAME: BAO GANG
c) NRIC/FIN/PASSPORT: 95441180X CONTACT: 97387757

9. THIRD PARTY VEHICLE

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

20/10/20

waiting for
company stamp
1 CI

Email = acitkhan08@gmail.com

fax =

video =

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 : 5076553999-04

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **CB8326L**
Chassis Number : KDH2200005460
2. Name of Policyholder : RZ TRANSPORT
3. Effective Date of Insurance : 29 Dec 2019
4. Expiry Date of Insurance : 28 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 the carriage of passengers in connection with the Policyholder's business.
(b) Limited to carry 14 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,000
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE 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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue : 20 Dec 2019 18:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

MT/AE/OLE/163

20 Oct 2020

RZ TRANSPORT
BLK 8 #14-4088
NORTH BRIDGE ROAD
SINGAPORE 190008

Dear Policyholder

ENDORSEMENT FOR POLICY NUMBER: 5076553999-04
VEHICLE NUMBER: CB8326L

Thank you for giving us the opportunity to serve you.

We confirm that from 20 Oct 2020, the following policy details are amended as follows:

HIRE PURCHASE COMPANY: THINK ONE CREDIT PTE LTD
CHASSIS NUMBER: KDH2200005460
ENGINE NUMBER: 2KD1532576
VEHICLE REGISTRATION NUMBER: CB8326L
ORIGINAL REGISTRATION DATE: 17 Jan 2007

The terms and conditions of this policy remain unchanged.

Please attach this letter to your motor policy document as it serves as an Endorsement to your policy.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at csquery@income.com.sg. Alternatively, you may contact your agent IVAN INSURANCE AGENCY PTE. LTD. at 64400220 or email ivanneo@ivaninsurance.com. We would be most happy to assist you.

Yours sincerely



Eddie Loke
Senior Underwriting Manager
Motor Insurance

cc IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Claim Handling

Accident MT/1107315

Policy No.	5076553999-04	Vehicle No.	CB8326L	GST Registration No.	
Certificate No.					
Policyholder Name	RZ TRANSPORT			Policyholder NRIC	53325213W
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91907907	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	21/10/2020 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	20/10/2020	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT RD TWDS EUNOS LINK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	3,000.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	21/10/2020 14:53:27 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address					
Address 1	BLK B #14-4088	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 19001
Address 4		Address Type	Singapore address	Post Code	190008
Unit No.	14-4088	Related Policy Number	S113696508-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/02/1960
Unnamed driver Name	SUDIRMAN BIN AMAN	Driver NRIC	S1449375A	Driving Experience	19
Register Date of Driver License	08/10/2001	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	81806544	Contact No.(Office)	0	Address 3	SUN PLAZA GARD
Address 1	BLK 420	Address 2	TAMPINES STREET 41	Post Code	520420
Address 4	SINGAPORE 520420	Address Type	Singapore address		
Unit No.	#08-116				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	RZ TRANSPORT	Insured NRIC	
Contact No.(Mobile)	91907907	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Vehicle Number	CB8326L	TP Vehicle Number	
Claim Description	CB8326L / SJM8766J ON 20 Oct 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	21/10/2020 14:55	Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Lost but Repaired	
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1107315	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

21/10/2020 00:00

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

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NO

Normal

Clear

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NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:55	SAS		Normal	SAS 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:54	Photos		Normal	Photos 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:54	Photos		Normal	Photos 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:54	Photos		Normal	Photos 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:54	Photos		Normal	Photos 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:54	Photos		Normal	Photos 2020-10-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2020 14:54	Photos		Normal	Photos 2020-10-21

Video List

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