

NATIONAL Assessment Centre Services.

part 1 Jan 2001 SY 0820CH003

Date In: 17/12/20 15:48	Job description	Date & Time Completed	Done by
Ref No: N/A 2100135/404874	SAS e-filing		
Veh No: GBJ 6110A	E-mail (Vehicle 3hrs, AIC 3hrs)		
D.O.A: 16/12/20 17:25	I-Motor Claim Form	MTH 4033-001	17/12/20
(D) (T) : Reporting Only	I-Motor W/O (With: OD 3hrs, TP 4hrs)		16:07
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wkran		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: GBC 948AC 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 refer 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 > \$3000] ()

Injury: _____

N/A 2100135 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's comments: Date: 12/3	1) All: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/43
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming assist INC Only (w/c 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
• NI: Courtesy Car / Tpl Allowance	\$3	
• NI: Repair Coordination	\$10	
• NI: Post Repair Inspection	\$25	
• NI: DV / Collect Excess Coordination	\$3	
• NI: (NI) / TP (Non-INC) against INC	\$20	
9) NI: Idas Mobile		
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 Submission	17/12/2020 15:48 (SGT)
Date of Accident	16/12/2020 17:25 (SGT)
Exact Location of Accident	Jln Kilang Barat, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6110A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LPW PTE. LTD
Company Reg No	2XXXXX996R
Email Address	pattenpang@lpw.com.sg
Mobile Phone No	(Phone) +65-92228166
Alternative Phone No	+65-87425344

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110527284-01
Cover Note Number	-

DRIVER

Name of Driver	SYED NUR MA'ARIFATTULLAH BIN SYED IZUAD
NRIC No	SXXXX464C

Date Of Driving Pass	14/02/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87425344
Alt. Phone Number	-
Email Address	pattenpang@lpw.com.sg
Address	BLK 373 JURONG EAST STREET 32
Address complement	#03-428
Postcode	600373
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9488C
Vehicle Manufacturer	Fiat
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMAD FAWZI BIN MOHAMMAD ZAIN
NRIC No	SXXXX467A
Contact Number	(Phone) +65-94516330
Address	-
Address complement	-

Insurance Company Name _____ -
Nature Of Damage _____ -
Details of property damaged in accident _____ -
No. Of Passenger (Including Driver) _____ 2

SKETCH PLAN

IMPORTANT NOTICE

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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 willful 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 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.
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.



Kmf 17/12/2020 15:88

[Signature] 17/12/2020
Witnessed by Reporting Centre Personnel

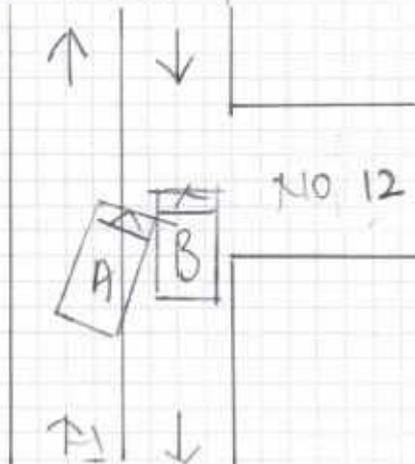
Policyholder's Signature / Date & Time

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

Sketch Plan

JALAN KILANG BARAJ

A) GBJ 6110 A
B) GBC 9488 C



Describe Circumstances of the Accident

When I was turning right into the building, that vehicle suddenly overtake me from on coming lane.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

17/12/2020

15:08

[Signature] 17/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 16/12/2020 (DD/MM/YYYY), TIME: 17:25 (HH:MM)

LOCATION: Jayan Kuala Bharu

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ6110A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 51180527284-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
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: LPW PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201432996R CONTACT: 9222 8166
c) ADDRESS: 207 Bukit Batok East

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SYED PUR MI'AKHATTULAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9509464C CONTACT: 87425344
c) ADDRESS: _____

* d) DATE OF BIRTH: 12/03/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/02/2019

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: GBC9488C MODEL: FIAT
b) DRIVER'S NAME: MOHAMMAD FAWZI BIN MOHAMMAD ZAIN
c) NRIC/FIN/PASSPORT: S8204467A CONTACT: 94516330

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(2)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

email = Pattenpang@lpw.com.sg

VIDEO

Claim Handling

Accident MT/1114033

Policy No.	5110527284-01	Vehicle No.	GBJ6110A	GST Registration No.
Certificate No.				
Policyholder Name	LPW PTE, LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	92228166	Contact No.(Office)		Contact No.(Home)
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(%)	10	Private Hire

▼ Accident Details

Report Date	17/12/2020 15:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/12/2020	Time of Accident hh:mm	17:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JALAN KILANG BARAT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/201
GST Registration No.	201432996R	GST Status Verified	Yes
Modification History	17/12/2020 16:02:30 System changed GST Registration No. from 201432996R to 201432996R 17/12/2020 16:02:30 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 207 #01-110	Address 2	BUKIT BATOK STREET 21	Address 3
Address 4	SINGAPORE 650207	Address Type	Singapore address	Post Code
Unit No.	01-110	Related Policy Number	5066890025-04	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SYED NUR MA'ARIFATTULLAH B	Driver NRIC	S9509464C	Driver DOB
Register Date of Driver License	14/02/2019	Driver Age	25	Driving Experience
Contact No.(Mobile)	87425344	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 373 #03-428	Address 2	JURONG EAST STREET 32	Address 3
Address 4	SINGAPORE 600373	Address Type	Foreign address	Post Code
Unit No.	03-428			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBJ6110A	Driver Insurer Comp

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LPW PTE.
Contact No.(Mobile)	92228166	Contact No. (Home)	
Email Address	PATTENPANG@LPW.COM.SG	OI Vehicle Number	GBJ6110.
Claim Description	GBJ6110A / GBC9488C ON 16 Dec 2020		
Preferred Workshop Contact No. Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	17/12/2020 16:03	Preferred Repair Option	Preferred Workshop, Name unknown
		GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1114033 Claim No. 001
 Last Doc. Received Yes No Upload Date 17/12/2020 16:07

Choose File	No file chosen	Path *	Category *	Confidential
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 Board			Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:07	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:07	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:07	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:07	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:07	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:06	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:06	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:06	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:06	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:06	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:05	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:05	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:05	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:05	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:05	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:05	Photos	Normal	Photos 2f

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:04	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:04	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:04	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:04	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 17 Dec 2020 16:04	SAS		Normal	SAS 200

Video List

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



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"/>	5110527284-01		LPW PTE. LTD	201432996R	GCV	Preferred Workshop Plan	GBJ6110A	GBJ6110A	21/06/2020	20/06/2021

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113954130	5113954130-000222	NATIONAL CAR RENTALS (PRIVATE) LIMITED	196100157E	GFM	Third Party	SLA7607G	SLA7607G	01/01/2020	31/12/2020

Continue