

NATIONAL Assessment Centre Services.

09/12/2020 09:0820C90004

Date In: 09/12/2020 11:19	Job description	Date & Time Completed	Done by
Ref No: XBA/MIC200/4598/Y	SAS e-illing		
Veh No: GSK 3324 P	E-mail (by date time, A/C time)		
D.O.A: 08/12/2020 09:15	I-Motor Claims Form	MT/112920-001	09/12/2020 11:46
OID: TP / Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: () Toll () Fax ()

TP Particulars: Vch No: GSK 3324 P 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: ()

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA / Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP / Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT / Follow-Through Survey	\$30
	5) PT / Follow-Through Survey (Resurvey)	\$30
	6) TP / Re-inspection	\$75
	7) NI / Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	\$3
	* NS: Courtesy Car / Tpl Allowance	\$10
	* NG: Repair Coordination	\$25
	* NI: Post Repair Inspection	\$5
	* ND: DV / Collect Excess Coordination	\$20
	TE (NI) / TP (Non-INC) against DRG	\$0
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged
Fee Charged

NATIONAL

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	09/12/2020 11:10 (SGT)
Date of Accident	08/12/2020 09:15 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3324P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SPARKIE
Company Reg No	5XXXX113E
Email Address	sparkie_135@htomail.com
Mobile Phone No	(Phone) +65-81215421
Alternative Phone No	+65-81215421

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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117566663
Cover Note Number	-

DRIVER

Name of Driver	IBRAHIM BIN AB WAHAB
NRIC No	SXXXX713C

Date Of Driving Pass	30/09/2008
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81215421
Alt. Phone Number	-
Email Address	sparkie_135@htomail.com
Address	BLK 141 #03-270
Address complement	PETIR ROAD
Postcode	670141
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ5875H
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMED YUNUS BIN SHAHABUDDIN
NRIC No	SXXXX132H
Contact Number	(Phone) +65-97719620
Address	-
Address complement	-

Insurance Company Name _____ ↓

Nature Of Damage _____ ↓

Details of property damaged in accident _____ ↓

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.

Policyholder's Signature / Date & Time



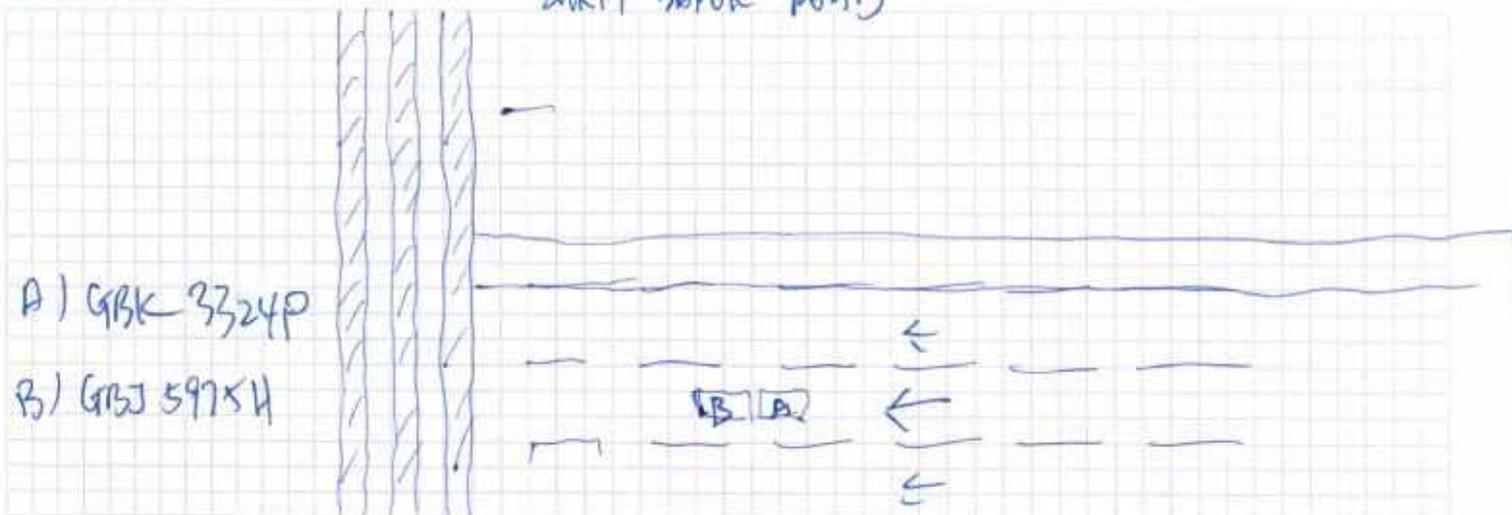
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

05/12/2020

Sketch Plan

BUKIT BATOK ROAD



ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 12 / 2020) (DD/MM/YYYY), TIME: (09:15) (HH:MM)

LOCATION: Ruit Batok Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 3324 P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
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: 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: Mahmud Bin Ab. Wahab (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S816713C CONTACT: 81215421
c) ADDRESS: Blk 271 Tampines St 21 #02-97
Spore 520271

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (14 / 06 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 30/09/2008

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 Clear)

b) ROAD SURFACE: (DRY / WET / OTHERS Dry)

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: GBJ 5875 H MODEL: Nissan

b) DRIVER'S NAME: Mohamed Yunus Bin Shahabuddin

c) NRIC/FIN/PASSPORT: S7630132 H CONTACT: 97719620

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
()

email = sparkie_135@hotmail.com
VIDEO

Claim Handling

Accident MT/1112920

Policy No.	511756663	Vehicle No.	GBK3324P	GST Registration No.
Certificate No.				
Policyholder Name	SPARKIE			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	81215421	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	09/12/2020 11:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/12/2020	Time of Accident hh:mm	09:15	Country of Accident
Reporting Centre		Driv age Force		ICM No.
Accident Location	ALONG BUKIT BATAK ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is 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	
GST Registration No.		GST Status Verified	Yes
Modification History	09/12/2020 11:44:30 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 141 #03-270	Address 2	PETIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-270	Ref -ted Policy Number	511756663	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	IBRAHIM BIN AB WAHAB	Driver NRIC	S8116713C	Driving Experience
Register Date of Driver License	30/09/2008	Driver Age	39	Contact No.(Home)
Contact No.(Mobile)	81215421	Contact No.(Office)		Address 3
Address 1	BLK 271 #02-97	Address 2	TAMPINES STREET 21	Post Code
Address 4		Address Type	Foreign address	
Unit No.	02-97			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBK3324P	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	SPARKIE
Contact No.(Mobile)	83386049	Contact No. (Home)	
Email Address	SPARKIE_135@HOTMAIL.COM	Vehicle Number	GBK3324
Claim Description	GBK3324P / GB35875H DN 8 Dec 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Service No. Finalisation	Yes	Preferred Workshop, Name unknown	
Date Registered	09/12/2020 11:45	GIA report	Received
		Repair Option	
			Claim Close Date

Hallo, 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"/>	5117566663		SPARKIE	53292113E	GCV	Comprehensive	GBK3324P	GBK3324P	19/05/2020	18/05/2021

Continue