

NATIONAL Assessment Centre Services			
Date In: 29/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20014679/13	SAS e-filing		
Veh No: GBC9900L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/12/20 0820	I-Motor Claim Form	30/12	MT/1115599-001
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: FBA0775G	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:
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Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idno Mobile \$0		
	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	29/12/2020 18:26 (SGT)
Date of Accident	28/12/2020 08:30 (SGT)
Exact Location of Accident	Tannery Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4900L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MWZ CATERING PTE. LTD.
Company Reg No	2XXXXX127E
Email Address	mwz.catering@gmail.com
Mobile Phone No	(Phone) +65-97297964
Alternative Phone No	+65-97297964

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	5083229211-04
Cover Note Number	-

#### DRIVER

Name of Driver	MARHAMAH BT SAFII
NRIC No	SXXXX188I
Date Of Birth	21/02/1980
Occupation	Outdoor

Date Of Driving Pass .....	23/07/2009
Driving experience .....	11 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97297964
Alt. Phone Number .....	-
Email Address .....	mwz.catering@gmail.com
Address .....	BLK 864 JURONG WEST ST 81
Address complement .....	#04-531
Postcode .....	640864
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 .....	CLOUDY
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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? .....	Yes
Police Station Name .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201228/2098

#### 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 .....	FBA2775E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	YAP BOON FONG
Passport No/FIN .....	GXXXX378T
Contact Number .....	-
Address .....	-

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

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	YAP BOON FONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBA2775E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

## 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 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.

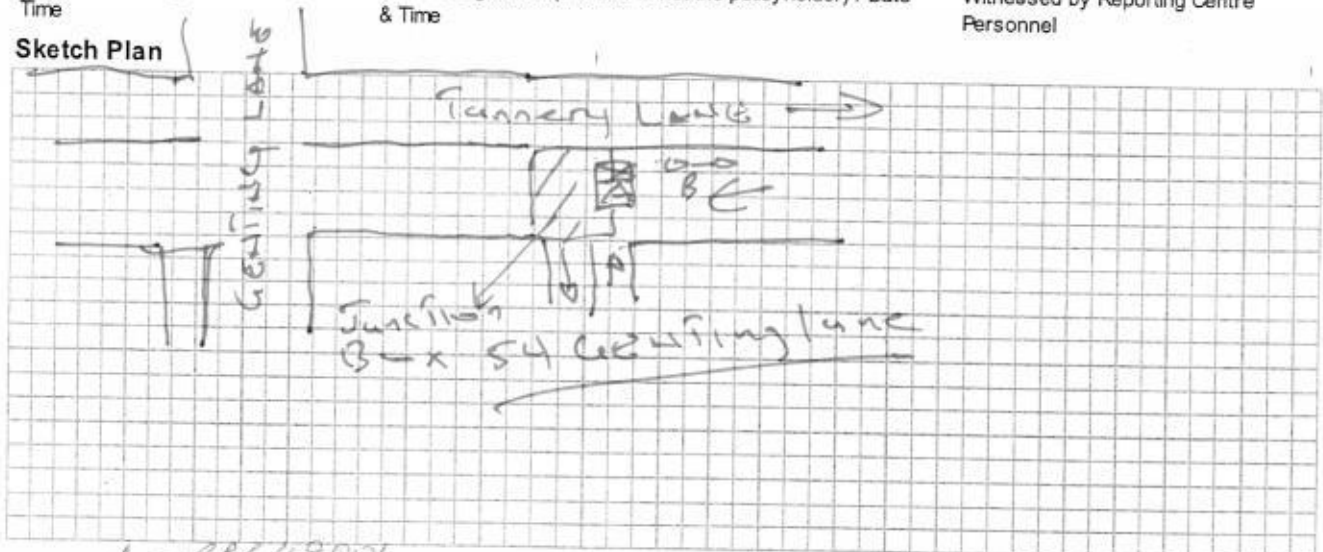


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A - GBC4900L

B - FBA2775E



Pls refer to the police report: T/2020/1228/2098

We declare the foregoing particulars are true in every respect.



End

2/29/20

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20201228/2098

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20201228/2098

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2020 17:19	Vide Report No.:	Station Diary No.: 72
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**Informant's Particulars**

Name of Informant: MARHAMAH BT SAFII			Address: APT BLK 864 JURONG WEST STREET 81 #04-531 SINGAPORE 640864		
ID Type / ID No.: NRIC NO / S80061881			Contact No.: Home/Office:		Mobile: 97297964
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 21/02/1980	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/12/2020 08:30	Type of Location:
Location:  TANNERY ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA2775E	Motorcycle					0
GBC4900L	Van				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		



# SINGAPORE POLICE FORCE



T/20201228/2098

2 of 3

Report No. T/20201228/2098

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	Yap Boon Fong	ID No.	G8331378T
Related Vehicle	FBA2775E (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	MARHAMAH BT SAFII	ID No.	S8006188I
Related Vehicle	GBC4900L (Van)	Contact No.	97297964
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 28/12/2020 at 0830hrs, I inside Ruby Land complex and in my vehicle, GBC 4900L and everything was normal. Soon after, I reached the entry/exit of the said complex and waited for traffic to clear before I proceed to turn out into Tannery Road.

There was a lorry that was near to the exit signaled for me to proceed and turn out of the said complex as the traffic was slightly congested and the said lorry driver had no way to proceed along the said road. It was when I almost turn out of the said road when suddenly, there was another motorcycle that came from the right side and collided onto my vehicle. I wish to state that the motorcycle registration plate number is FBA 2775E. I also wish to state that I turned out from the said exit slowly.

Soon after the said motorcyclist was conveyed to the hospital, my vehicle suffered some dents on the driver's side. I am not injured from the traffic accident and I am lodging this report for record and insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20201228/2098

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

3 of 3

Report No. T/20201228/2098

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 1 ONG YU HAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Authentication Stamp  
NP188

Signature Of Informant:

Date/Time:  
28/12/2020 17:19

Classification Of Case:

28 12 ACCID  
2020

ACCIDENT DATE: (20/12/2025) (DD/MM/YYYY), TIME: (08:30) (HH:MM)

LOCATION: TANNERY ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GC4900L  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5083229211-04  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN NV200  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: MWZ CATERING PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201210127E CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

**DRIVER**

- a) NAME: MARHAMAH BT SAFII (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 580061881 CONTACT: 97297964  
c) ADDRESS: BLK 864 JURONG WEST STREET 81  
#04-531 (640864)

\*d) DATE OF BIRTH: (21/02/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23/07/2009

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) cloudy  
b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO) convey

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

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 1BA27756 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: YAP BOON FONG  
c) NRIC/FIN/PASSPORT: G83313781 CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

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

Email = mwz.catering@gmail.com

$$f(x) =$$

VIDEO =

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/12/2020 15:31"/>
Vehicle No.(For Motor)	<input type="text" value="GBC4900L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083229211-04		MWZ CATERING PTE. LTD.	201210127E	GCV	Comprehensive	GBC4900L	GBC4900L	12/10/2020	11/10/2021

## Claim Handling

## Accident MT/1115599

Policy No.	5083229211-04	Vehicle No.	GBC4900L
Certificate No.			
Policyholder Name	MWZ CATERING PTE. LTD.		
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive
Contact No.(Mobile)	97297964	Contact No.(Office)	0
Email Address		Special Remark	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	20

## ▼ Accident Details

Report Date	30/12/2020 14:42	Accident Report Within 24 hrs	Yes
Date of Accident	28/12/2020	Time of Accident hh:mm	08:30
Reporting Centre		Orange Force	
Accident Location	TANNERY 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
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	
Modification History			

## ▼ Policyholder Mailing Address

Address 1	54 GENTING LANE	Address 2	#07-01 RUBY LAND COMPLEX E
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5119739619

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	MARHAMAH BT SAFII	Driver NRIC	S8006188I
Register Date of Driver License	23/07/2009	Driver Age	40
Contact No.(Mobile)	97297964	Contact No.(Office)	0
Address 1	BLK 864	Address 2	JURONG WEST STREET 81
Address 4		Address Type	Singapore address
Unit No.	#04-531		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	

## Declaration

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

Claim 001 OD-MX

New

Claim Type \*

OD-MX

Contact No.(Mobile)

Email Address

MCREZ2012@

## Claim Description

GBC4900L / f

Preferred Workshop  Insured Liability  Fully at Fault

Contract No. Finalisation Yes  Preferred Repair Option  Preferred Workshop, Name unknown  GIA report  Received

Date Registered  30/12/2020

Report Taken By

ROSLINDA

☐ Print AK letter 

## Attachment

Accident No. MT/1115599 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 30/12/2020 00

Path \*

Ca

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	NRIC/ Driving License	Y	Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	SAS		Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	Photos		Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	Photos		Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	Photos		Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	Photos		Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	Photos		Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	Photos		Normal
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	30 Dec 2020 14:46	Photos		Normal

## Video List

Uploaded By/Date

Folder Date

File Name



