

# NATIONAL Assessment Centre Services.

Date In: 15/02/01	Job description	Date & Time Completed	Done by
Ref No NA/INC21002092/13	SAS e-filing		
Veh No GBF2219T	E-mail (within 3hrs, AIC 2hrs)		
DDA 14/02/01 1230	I-Motor Claim Form 16/02/01 MT/1121131-001		
QD: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: GBK1779Z	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 rep/ler.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( /

Controls:	INC ( ) / Non-INC ( )	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:
Location:
Witness:
Police:
Notes:

NA 2101657	Invoice ( ) / Non-Invoice ( )	Done by
Driver/Owner:	1) AR: Accident Reporting (\$30);	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	QD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NJ: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TE (NI1): TP (NI-n INC) against INC \$20	
	9) NI2: Idao 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	15/02/2021 12:47 (SGT)
Date of Accident	14/02/2021 12:30 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	SLIP RD INTO WOODLANDS AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2219T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DN HYBRID PTE LTD
Company Reg No	2XXXXX723G
Email Address	enquiry@dnhybrid.com
Mobile Phone No	(Phone) +65-63374247
Alternative Phone No	(Office) +65-63374247

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	5108191578-01
Cover Note Number	-

#### DRIVER

Name of Driver	ISLAM MOHAMMAD KOHINOOR
Passport No/FIN	GXXXX741N
Date Of Birth	15/11/1988
Occupation	Outdoor

Date Of Driving Pass .....	08/08/2016
Driving experience .....	4 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84537213
Alt. Phone Number .....	-
Email Address .....	kohinoor@dnhybrid.com
Address .....	143 WOODLANDS INDUSTRIAL PARK E5
Address complement .....	-
Postcode .....	757508
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

I WAS TRAVELLING FROM WOODLANDS AVE 2 SLIP RD TWDS WOODLANDS AVE 5.I STOP MY VEH AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH.SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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 .....	GBK1779Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ROSDI BINSUBDI
NRIC No .....	SXXXX771F
Contact Number .....	(Phone) +65-97407067
Address .....	-
Address complement .....	-

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



## 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.



KOHINOOR/K

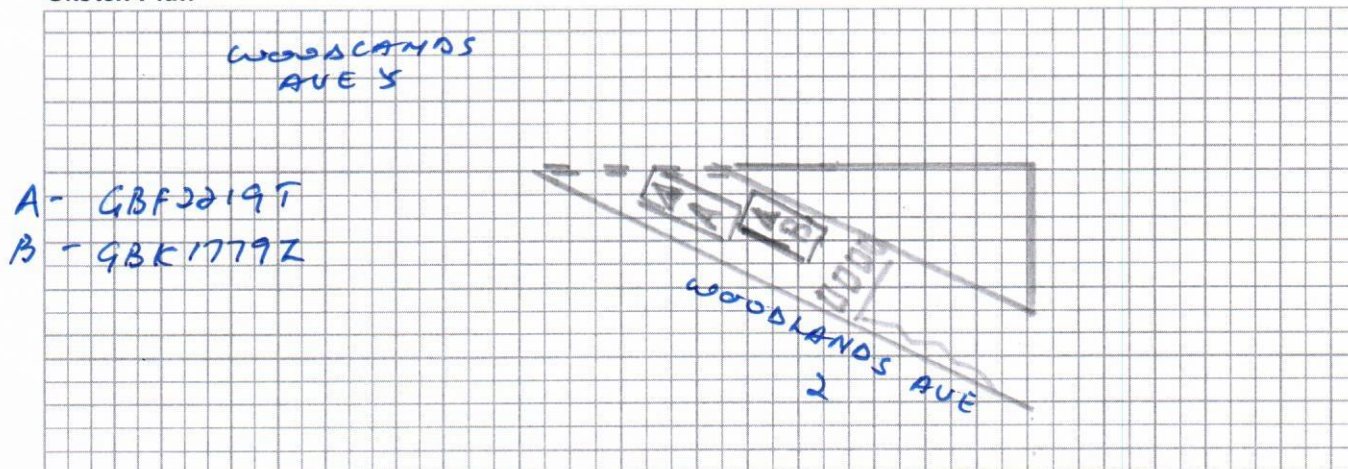
shym 15/02/24

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



Pls refer to the statement.

We declare the foregoing particulars are true in every respect.



KOHIMOOK / K

dyun 15/02/21

Witnessed by Reporting Centre  
Personnel



Hello, NAC\_PAVA\_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"/>	5108191578-01	5108191578-01-000004	DN HYBRID PTE LTD	200205723G	GFM	Comprehensive	GBF2219T	GBF2219T	23/03/2020	22/03/2021

Claim Handling

Accident MT/1121131

Policy No.	5108191578-01	Vehicle No.	GBF2219T	GST Registration No.	200205723G
Certificate No.	5108191578-01-000004				
Policyholder Name	DN HYBRID PTE LTD			Policyholder NRIC	200205723G
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63374247	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	16/02/2021 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	14/02/2021	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 2 SLIP RD INTO WOODLANDS AVE 5				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
Coverage		Sum Insured			
Airside		999999999.99			
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	21/12/2002		
GST Registration No.	200205723G	GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	22 TUAS AVENUE 13	Address 2	SINGAPORE 638989	Address 3	
Address 4		Address Type	Singapore address	Post Code	638989
Unit No.		Related Policy Number	5116356510-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ISLAM MOHAMMAD KOHINOOR	Driver NRIC	G2248741N	Driver DOB	15/11/1988
Register Date of Driver License	08/08/2016	Driver Age	32	Driving Experience	4
Contact No.(Mobile)	84537213	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	143 WOODLANDS INDUSTRIAL	Address 2	SINGAPORE 757508	Address 3	
Address 4		Address Type	Singapore address	Post Code	757508
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	DN HYBRID PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	GBF2219T	TP Vehicle Number	
Claim Description	GBF2219T / GBK1779Z ON 14 Feb 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	16/02/2021 10:34
Report Taken By			ROSLINDA	Workshop Repairer	
					Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment



Accident No.  
Last Doc. Received

MT/1121131  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
16/02/2021 00:00

Path \*

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

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Please Select

Confidential

Urgency \*

NO

Normal

NO

Normal

NO

Normal

NO

Normal









NO

Normal

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:34	SAS		Normal	SAS 2021-2-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:33	Photos		Normal	Photos 2021-2-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:33	Photos		Normal	Photos 2021-2-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:33	Photos		Normal	Photos 2021-2-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:33	Photos		Normal	Photos 2021-2-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:33	Photos		Normal	Photos 2021-2-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Feb 2021 10:33	Photos		Normal	Photos 2021-2-16

Video List

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