

NATIONAL Assessment Centre Services. [ver 1 Jan 08]

SN# 21210004

Date In: 17/02/2021 17:46	Job description	Date & Time Completed	Done by
Ref No: N/A/ME210022844	SAS e-Milling		
Veh No: YU 6960 U	E-mail (by job site, A/C plus)		
D.O.A: 16/02/2021 19:00	I-Motor Claim Form	MT/112194-09	17/02/2021 17:56
OD: TP / Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksn		

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

TP Insurer: () Vch No: UNKNOWN CAR, INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 > \$9000] ()

Injury: ()

NA 210179

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40345
Damaged Portion:	3) Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) PF: Follow-Through Survey (Resurvey) for claimant against INC only (over 10 Jan 2008)	\$75
	7) TR: TR Inspection	\$160
	8) NI: Idea DA + SMRT Survey	
	9) NIUC 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 (N/A INC) at least 1NG	\$20
	• NI: Idea 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	17/02/2021 17:46 (SGT)
Date of Accident	16/02/2021 19:00 (SGT)
Exact Location of Accident	Boon Keng Rd, Singapore
Additional Location Information	TURN RIGHT TO GEYLANG LORONG 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6960U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CIVILLAND CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No	1XXXXX253C
Email Address	hosainahmedbhuiyan@gmail.com
Mobile Phone No	(Phone) +65-96232191
Alternative Phone No	+65-90163190

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	5118701540
Cover Note Number	-

DRIVER

Name of Driver	AHMAD HOSAIN
Passport No/FIN	GXXXX377P

Date Of Driving Pass	16/10/2019
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90163190
Alt. Phone Number	-
Email Address	hosainahmedbhuiyan@gmail.com
Address	NO. 1 YISHUN AVENUE 6 #07-32
Address complement	-
Postcode	768441
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	No Collision
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SALAM MOHAMMAD
Gender	Male

PASSENGER 2

Name	ARAFAT
Gender	Male

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	UNKNOWN
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON 16/02/2021 AT ABOUT 19:00 HRS I WAS ON BOON KENG ROAD
TURN RIGHT TO LOT 1 GRAY ROAD, SUDDENLY A CAR HORN & ME
AND ASK ME TO COME DOWN IF NOT HE WILL CALL POLICE.
SO I CAME & HE TOOK MY LORRY FROM HIS CAR, BY RIGHTS
I HAD 2 WORKERS COLLECTIVE BETWEEN MY LORRY & TRUCK
NEITHER FEEL ANY IMPACT, I DID TAKE SOME PICTURES BUT NO
LICENSE PLATE NUMBER I DID GIVE HIM MY BOSS NUMBER, MY
BOSS DID MSG & ASK FOR THE VIDEO BUT UNTIL NOW
WHICH ALREADY 20 HRS NO REPLY FROM HIM. I AM MAKING
A TOPIC REPORT AT BUKIT MERAH.

Declaration

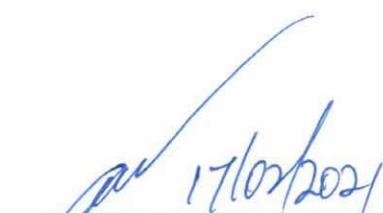
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ahmad Hosain. 17.2.2021

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


17/02/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 02 / 2021) (DD/MM/YYYY), TIME: (7:00 PM) (HH:MM)

LOCATION: BOON KENG TO GEYLANG Lor 1 JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN6960U
b) INSURANCE COMPANY: _____
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: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Civilland construction and (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199900253C CONTACT: 96232191
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AHMAD HOSAIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 98571377P CONTACT: 90163190
c) ADDRESS: 1 YISHUN AVE 6, 07-32, 768443

*d) DATE OF BIRTH: (11 / 02 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16 Oct 2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES
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) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN CAR MODEL: BEH HONDA
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = hosainahmedbhuiyan@gmail.com

VIDEO

Salam Mohammed
Azeab
AROFF

Fun

No of passenger
(Including driver)
(3)

No of passenger
(Including driver)
()

No of passenger
(Including driver)
()

Claim Handling

Accident MT/1121394

Policy No.	5118701540	Vehicle No.	YN6960U	GST Registration No.
Certificate No.				
Policyholder Name	CIVILLAND CONSTRUCTION & ENGINEERING PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96232191	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(%)	0	Private Hire

Accident Details

Report Date	17/02/2021 17:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/02/2021	Time of Accident hh:mm	19:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BOON KENG ROAD TURN RIGHT INTO LORONG 1 GEYLANG			

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	01/05/199
GST Registration No.	199900253C	GST Status Verified	Yes
Modification History	17/02/2021 17:55:07 System changed GST Registered from No to Yes 17/02/2021 17:55:07 System changed GST Registration No. from null to 199900253C 17/02/2021 17:55:07 System changed GST Registration Date from null to 01/05/1999		

Policyholder Mailing Address

Address 1	1 YISHUN STREET 23	Address 2	#07-32 YS-ONE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	511553319-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	AHMAD HOSAIN	Driver NRIC	G8571377P	Driver DOB
Register Date of Driver License	16/10/2019	Driver Age	28	Driving Experience
Contact No.(Mobile)	90163190	Contact No.(Office)		Contact No.(Home)
Address 1	1 YISHUN STREET 23	Address 2	#07-32 YS-ONE	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	07-32			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	YN6960U	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	CIVILLAN
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	YN6960U
Claim Description	YN6960U / UNKNOWN CAR ON 16 Feb 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	17/02/2021 17:56

Hello, NAC_BUKIT_MERAH_800676

[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"/>	5118701540		CIVILLAND CONSTRUCTION & ENGINEERING PTE LTD	199900253C	GCV	Comprehensive	YN6960U	YN6960U	25/08/2020	09/11/2021