

# NATIONAL Assessment Centre Services

(Unit 1 J4100)

MA/17/5854

Date In: 01/12/2017 14:49  
Ref No: NBS/MA/17022865/4  
Veh No: 8K6 7081 U  
D.O.A: 30/11/2017 19:40  
OD / TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 3hrs)		
1-Motor Claim Form	17/10/2017 19:40	01/12/2017
1-Motor W/O (within 3hrs, TP 3hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )  
TP Particulars: Yeh No: SLL 470X 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%; F: 80-100%)  
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( ) Walk-In Customer: Customers 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 0016 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: ( )

Date/Time	Actions

MA/1707517

Human's Particulars	Invoice Preparation Grids	Unit (\$)	Amount (\$)
Driver/Owner:	1) AJ: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$20		
	For estimate against INC Only (not 10 Jan 2003)		
	6) TR: Re-inspection \$25		
	7) NI: New DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N1: Courtesy Car / Tpl Allowance \$5		
	*N2: Repair Co-ordination \$10		
	*N3: Post Repair Inspection \$25		
	*N4: DV / Collect Excess Coordination \$5		
	TE (N1) / TP (Non INC) equal INC \$20		
	*N5: Lane Mobile \$20		
	Invoice dated	Fee Charged	
	Invoice paid	Fee Received	

## 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 ability.
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 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 Report	01/12/2017 14:49
Date Of Accident	30/11/2017 19:40
Exact Location Of Accident	ALONG RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7031U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAMALIAH PRINCE NEE JAMALUDIN
NRIC No	S1415550C
Email Address	JAMALIAHPRINCE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98558790
Alternative Phone No	OTHERS-98558790

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093210368
Cover Note Number	

### Driver

Name of Driver	JAMALIAH PRINCE NEE JAMALUDIN
NRIC No	S1415550C
Date Of Birth	05/09/1960
Occupation	INDOOR
Date Of Driving Pass	20/11/2004
Driving Experience	13 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98558790
Fax Number	
Contact Number	OTHERS-98558790
EMail Address	JAMALIAHPRINCE@GMAIL.COM

Address	BLK 235 PASIR RIS STREET 21 #05-63
Postcode	510235
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SLL470X
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Name of Driver	LIM CHANG
NRIC/Passport Number	S6921217D
Contact Number	97998292
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.




Policyholder's Signature

Date & Time: 1<sup>st</sup> Dec. 2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

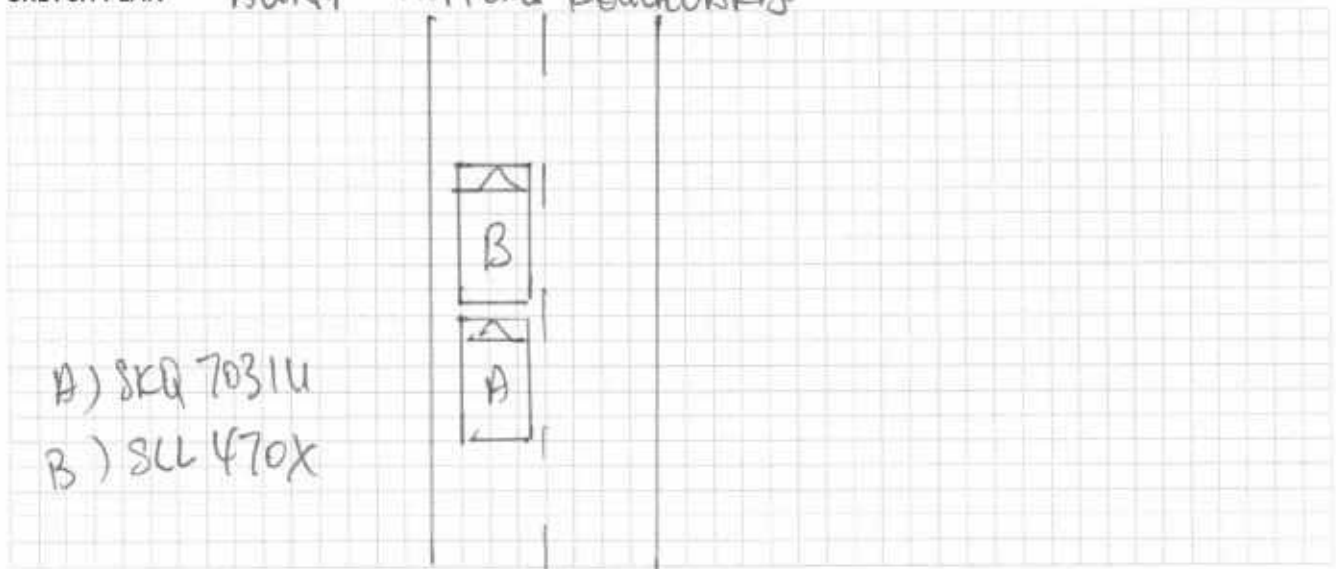


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.


BLONG RAFFLES BOMBOARDS



at a zebra crossing  
I was stalling & did not put pressure on my brake  
thus hit the car in front of me.

I/We declare the foregoing particulars are true in every respect.

I/We declare the foregoing particular



Policyholder's Signature

Date & Time: 17 Dec. 2017 - 2:05 pm

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

Reporting Centre Personnel's Signature  
Name: *Redi W. W. W.*  
NRIC/FIN No.: *Redi W. W. W.*

## Claim Handling

Accident MT/0971940

Policy No.	5093210368	Vehicle No.	SKQ7031U	GST Registration No.	
Policyholder Name	JAMALIAH PRINCE NEE JAMALUDIN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	98558790	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	Yes	NCD Entitlement(%)	50		

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**Accident Details**

Report Date	01/12/2017 15:15	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	30/11/2017	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG RAFFLES BOULEVARD				

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**Benefits**

Coverage		Sum Insured	999999999.99
Excess Waiver			999999999.99
Transport Allowance			999999999.99

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**Excess**

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

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**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

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**Policyholder Mailing Address**

Address 1	BLK 235 #05-63	Address 2	PASIR RIS STREET 21	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093210368		

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**O1 Driver Info**

Driver Name	JAMALIAH PRINCE NEE JAMALUDIN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1415550C	Driving Experience	
Register Date of Driver License	01/01/2000	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	98558790	Contact No.(Office)		Address 3	
Address 1	BLK 235 #05-63	Address 2	PASIR RIS STREET 21	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKQ7031U	Driver Insurer Company	

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**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	JAMALIAH PRINCE NEE JAMALUDIN	Insured NRIC		
Contact No.(Mobile)	90936287	Contact No.(Home)		Contact No.(Office)		
Email Address		O1 Vehicle Number	SKQ7031U	TP Vehicle Number		
Claim Description	SKQ7031U / SLL478X ON 30 Nov 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	01/12/2017 15:19	Claim Close Date				
Report Taken By	ROSLI WAHAB					

☐ Print AK letter

Save Submit

Attachment

Accident No. MT/0971940

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

01/12/2017 15:21

Path \*

Category \*

Confidential

Urgency

Browse...

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Please Select

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N/A

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Normal

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Attachments

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:20	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:19	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 15:19	NRIC/ Driving License	Normal	NRIC/ Driving

## Video List

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

# ACCIDENT STATEMENT 19-39 hrs.

ACCIDENT DATE: (30/11/2017) (DD/MM/YYYY), TIME: (7-39 pm) (HH:MM)  
 LOCATION: Along Raffles Boulevard.

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKQ 70314  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5093210368  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: VW Tiguan  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES) (NO) ☒ YES  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / (REPORTING ONLY))

## 2. INSURED / POLICY HOLDER

a) NAME: JAMALIAH PRINCE ULL JAMALUDIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 81415550/C CONTACT: 98558990  
 c) ADDRESS: Block 235, PATIR Hs, ST. 21  
#05-63 (510235)

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

# No. of passengers  
 (including driver)  
(2)

DRIVER  
 a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (85/09/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 20.11.2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

# No. of passenger  
 (including driver)  
(2)

a) VEHICLE NUMBER: Lim CHONG MODEL: HONDA VEZEL  
 b) DRIVER'S NAME: SLL 470X  
 c) NRIC/FIN/PASSPORT: 56921217D CONTACT: 97998292

## 9. THIRD PARTY VEHICLE

# No. of passenger  
 (including driver)  
( )

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: jamiliahprince@gmail.com

fax: \_\_\_\_\_

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1415550C



Name

JAMALIAH PRINCE NEE  
JAMALUDIN

Race

MALAY

Date of birth

05-09-1960

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1415550C

JAMALIAH PRINCE NEE  
JAMALUDIN

Birth Date: 05 Sep 1960

Issue Date: 20 Nov 2004



4908831

NRIC No. S1415550C



Date of issue:  
28-11-2012

Address

APT BLK 235 PASIR RIS STREET 21  
#05-63  
SINGAPORE 510235

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver, and motor tractors  
(vehicles  $\leq$  2500 kg)

20 Nov 2004

NP 428A



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S093210368

Cover : drive PREMIUM

- |   |                                 |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKQ7031U                      |
| Chassis Number  | : WVGZZZ5NZFW041842             |
| 2. Name of Policyholder   | : JAMALIAH PRINCE NEE JAMALUDIN |
| 3. Effective Date of Insurance  | : 08 Aug 2017                   |
| 4. Expiry Date of Insurance   | : 07 Aug 2018                   |
| 5. Persons or Classes of Persons entitled to drive#   |                                 |
| (a) The Policyholder.   |                                 |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                                 |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                 |
| 6. Limitations as to Use#   |                                 |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                 |

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: JAMALIAH PRINCE NEE JAMALUDIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

**CAR INNS INSURANCE AGENCY**  
Blk 114, Ang Mo Kio Ave 4,  
#01-381 Singapore 580114  
Tel: (65) 6458 7787 Fax: (65) 6458 6130  
E-mail: carinns@hotmail.com  
Co. Reg. No: S3031329D

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

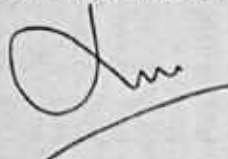
Agency : CAR INNS INSURANCE AGENCY (00000572091)  
Date of Issue : 08 Aug 2017 10:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive