

NATIONAL Assessment Centre Services. (ver 1.2.2000)			
Date Iss: 08/12/2017 15:45	Job description	Date & Time Completed	Done by
Ref No: N/A/INC.7023382/Y	SAS e-billing		
Veh No: SKR 4692B	E-mail (withle 3hrs, AIC 3hrs)		
D.O.A: 08/12/2017 21:00	I-Motor Claim Form	Nil/0972888	08/12/2017
OD / TP / Reporting Only	I-Motor W/O (withle: 00 hrs, TP 3hrs)		16:27
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: SHA 77864	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: 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:

Human's Particulars:	Invoice Preparation Checklist:	AM ()	Adm. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$43	
	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Resurvey)	\$10	
	6) TR: Re-inspection	\$15	
	7) NI: 1st DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) NI: 1st DA + SMRT Survey	\$160	
	10) NI: 2nd DA + SMRT Survey	\$160	
	11) NI: 3rd DA + SMRT Survey	\$160	
	12) NI: 4th DA + SMRT Survey	\$160	
	13) NI: 5th DA + SMRT Survey	\$160	
	14) NI: 6th DA + SMRT Survey	\$160	
	15) NI: 7th DA + SMRT Survey	\$160	
	16) NI: 8th DA + SMRT Survey	\$160	
	17) NI: 9th DA + SMRT Survey	\$160	
	18) NI: 10th DA + SMRT Survey	\$160	
	19) NI: 11th DA + SMRT Survey	\$160	
	20) NI: 12th DA + SMRT Survey	\$160	
	21) NI: 13th DA + SMRT Survey	\$160	
	22) NI: 14th DA + SMRT Survey	\$160	
	23) NI: 15th DA + SMRT Survey	\$160	
	24) NI: 16th DA + SMRT Survey	\$160	
	25) NI: 17th DA + SMRT Survey	\$160	
	26) NI: 18th DA + SMRT Survey	\$160	
	27) NI: 19th DA + SMRT Survey	\$160	
	28) NI: 20th DA + SMRT Survey	\$160	
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	30) NI: 22nd DA + SMRT Survey	\$160	
	31) NI: 23rd DA + SMRT Survey	\$160	
	32) NI: 24th DA + SMRT Survey	\$160	
	33) NI: 25th DA + SMRT Survey	\$160	
	34) NI: 26th DA + SMRT Survey	\$160	
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	230) NI: 222nd DA + SMRT Survey	\$160	
	231) NI: 223rd DA + SMRT Survey	\$160	
	232) NI: 224th DA + SMRT Survey	\$160	
	233) NI: 225th DA + SMRT Survey		

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	08/12/2017 15:45
Date Of Accident	07/12/2017 21:00
Exact Location Of Accident	BLK 221 SERANGOON AVENUE 4 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4692B
Insured/Policyholder	
Name Of Registered Owner	MOHD HAZRAN B MD HAZLI
NRIC No	S8933050E
Email Address	HAZRANHAZIL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98599838
Alternative Phone No	OTHERS-98599838

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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	5087310553
Cover Note Number	

Driver

Name of Driver	MOHD HAZRAN B MD HAZLI
NRIC No	S8933050E
Date Of Birth	21/09/1989
Occupation	INDOOR
Date Of Driving Pass	20/05/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98599838
Fax Number	
Contact Number	OTHERS-98599838
Email Address	HAZRANHAZIL@GMAIL.COM

Address	BLK 60 COMMONWEALTH DRIVE #08-151
Postcode	140060
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	SIDE SWIPE
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)	1

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 (COLLISION TYPE IN HEAD TO SIDE)

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	SHA7786U
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	ONG BENG KIAT
NRIC/Passport Number	S1349328F
Contact Number	98469391
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

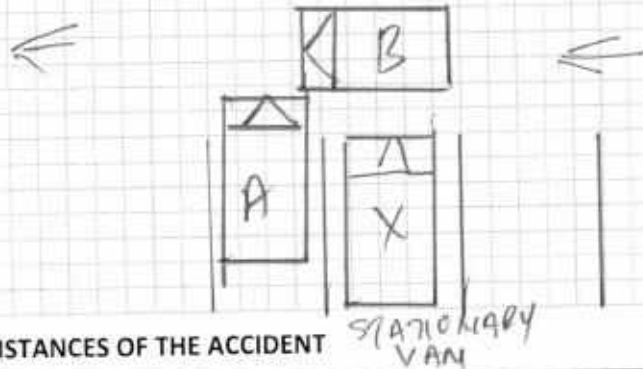

Policyholder's Signature
Date & Time: 8/12/17 11:30am

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


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

SKETCH PLAN

BLK 221 BRANDBOON AVE 4 CAR PARK



A) SCR 4692B
B) SHA 77864

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- CAR A WAS BLOCKED BY VAN TO CHECK ~~THE~~ RIGHT SIDE
- CAR A WANT TO TURN ^{LEFT} ~~RIGHT~~ SO CAR A MOVE ^{INLET} ~~OUT~~ OUT SO CAR A CAN CHECK THE RIGHT
- THEN CAR B ~~CAME~~ CAME AND HIT THE FRONT BUMPER OF CAR A
- PASSENGER IN CAR B TOLD THE ~~THE~~ DRIVER THAT ~~THE~~ A CAR COMING OUT AND THE DRIVER CLAIM THAT HE ^{DON'T} ~~CAN~~ SEE A CAR COMING OUT.

DECLARATION

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

6/12/12 11:20am
Policyholder's Signature
Date & Time:

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

08/12/2012
Reporting Centre Personnel's Signature
Name: ROSLI NAWAZ
NRIC/FIN No.:

Claim Handling

Accident MT/0972888

Policy No.	5087310553	Vehicle No.	SKR4692B	GST Registration No.	
Policyholder Name	MOHD HAZRAN B MD HAZLI	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	98599838	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No				

Accident Details

Report Date	08/12/2017 16:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	07/12/2017	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 221 SERANGOON AVENUE 4 CARPARK				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	500.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 60 #08-151	Address 2	COMMONWEALTH DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5087310553		

01 Driver Info

Driver Name	MOHAMMAD HAZRAN BIN MOHD HAZLI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8933050E	Driving Experience	
Register Date of Driver License	30/05/2015	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	98599838	Contact No.(Office)		Address 3	
Address 1	BLK 60 #08-151	Address 2	COMMONWEALTH DRIVE	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SKR4692B	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MOHD HAZRAN B MD HAZLI	Insured NRIC	
Contact No.(Mobile)	98599838	Contact No.(Home)	N/L	Contact No.(Office)	
Email Address	HAZRANHAZLI@GMAIL.COM	OJ Vehicle Number	SKR4692B	TP Vehicle Number	
Claim Description	SKR4692B ON 7 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	08/12/2017 16:25	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

☐ Print AK letter




Save **Submit**

Attachment

Accident No.	MT/0972888	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/12/2017 16:27
Path *		Category *	Confidential
			Urgency
		Browse Clear Please Select	NO Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
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<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:27	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:26	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Dec 2017 16:25	Photos		Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 12 / 2017) (DD/MM/YYYY), TIME: (21 : 00) (HH:MM)

LOCATION: 221 SERANGOON AVENUE 4 (CARPARK)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 4L92B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: S087310553
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CIVIC 1.8
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: MOHAMMAD HAZRAN BIN MOHD HAZLI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8933650E CONTACT: 98599828
 c) ADDRESS: 60 COMMONWEALTH DRIVE 05-17 05-15
140060

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
(Including driver)
(1)

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

* d) DATE OF BIRTH: (21 / 09 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 20/5/2015

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)
(0)

- a) VEHICLE NUMBER: SHA 7786 U MODEL: _____
 b) DRIVER'S NAME: ONG BENG KIAT
 c) NRIC/FIN/PASSPORT: S1349328 F CONTACT: 98469391

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
(0)

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

Email: Haze hazranhazli@gmail.com

Fax: _____

✓ 1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8933050E



Name

MOHAMMAD HAZRAN BIN MOHD
HAZLI

Race

MALAY

Date of birth

21-09-1989

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8933050E

Name

MOHAMMAD HAZRAN BIN MOHD
HAZLI

Birth Date: 21 Sep 1989

Issue Date: 04 Feb 2013



4821288

NRIC No. S8933050E



Date of issue
17-01-2012

Address
APT BLK 60 COMMONWEALTH DRIVE
#08-151
SINGAPORE 140060

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

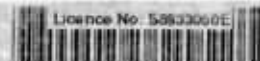
EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	02 Apr 2018
Class 2A	Motorcycles between 201 CC and 400 CC	12 Mar 2015
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	10 Mar 2015

S8933050E

S / No. 9000218822

NP 428A



eBaoTech

General Claim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087310553	MOHD HAZRAN B MD HAZLI	S8933050E	GPC	drive CLASSIC	SKR4692B	SKR4692B	05/01/2017	10/04/2018

S13496328 F