

# NATIONAL Assessment Centre Services

980117162210

Date In: 09/12/2017 16:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/023410/1	SAS e-filing		
Veh No: SKB 7558X	E-mail (Within 3hrs. After 2hrs)		
D.O.A: 09/12/2017 13:30	i-Motor Claim Form	09/12/2017 17:21	
OD: TP Reporting Only	i-Motor W/O (Within 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: SKA 4933X	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 : 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 :** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) RT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt 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: Idac 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 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	09/12/2017 16:19
Date Of Accident	09/12/2017 13:30
Exact Location Of Accident	SERANGOON ROAD TOWARDS BOON KENG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7558X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LYFFE PTE LTD
Co Reg No	201428195H
Email Address	LYFFE.JWJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81639886
Alternative Phone No	OFFICE-81639886

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079396021-01
Cover Note Number	

### Driver

Name of Driver	MUSTAFA HJ M KAMALUDEEN
NRIC No	S7672595J
Date Of Birth	10/07/1976
Occupation	INDOOR
Date Of Driving Pass	24/05/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81639886
Fax Number	
Contact Number	OTHERS-81639886
Email Address	LYFFE.JWJ@GMAIL.COM

Address	BLK 21 JALAN MEMBENA #04-44
Postcode	163021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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

#### 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	SKA4933X
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Name of Driver	PAULINE NG POH LIAN
NRIC/Passport Number	S1492559G
Contact Number	91133838
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN2960X
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Vehicle Make/Model/Colour	HINO LORRY
Details Of Properties	
Name of Driver	ALAM MD KHORSHAD
NRIC/Passport Number	F8142700W
Contact Number	91922052
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### 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.

LYFFE PTE LTD

Policyholder's Signature  
Date & Time:

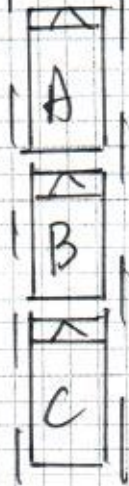
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

- A) SKB 7558X
- B) SKA 4933X
- C) YN 2960X



Serangoon Road  
Boon Keng

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along the Serangoon Road to ward Boon Keng Road, after the junction, suddenly Car SKA 4933X banged into my rear end of the my rental car-SKB 7558X. causing me to stop the car. The weather was clear and the traffic was slow. I was traveling around 60+ km/hr. I felt a sudden jerk due to the impact. When got out of the car I saw the rear end <sup>of my car</sup> badly damaged - bumper section. The front bumper of the other car was also damaged. This is due to chain collision involving my rental car, SKA 4933X-VW and a lorry. Due to the lorry hitting the black VW SKA 4933, result in bumped into my rental car. No body was hurt.

## DECLARATION

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

LYFFE PTE LTD

Policyholder's Signature  
Date & Time:

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

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

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0973011

Policy No.	5079396021-01	Vehicle No.	SKB7558X	GST Registration No.	
Policyholder Name	LYFFE PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	81639886	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		

▼ Accident Details

Report Date	09/12/2017 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/12/2017	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON ROAD TOWARDS BOON KENG				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 28SC #08-82	Address 2	TOH GUAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	08-82	Related Policy Number	5083035791-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MUSTAFA HJ M KAMALUDEEN	Driver NRIC	S76725951	Driving Experience	
Register Date of Driver License	24/05/2003	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	81639886	Contact No.(Office)		Address 3	
Address 1	BLK 21 #04-44	Address 2	JALAN MEMBINA	Post Code	
Address 4	SINGAPORE 163021	Address Type	Foreign address		
Unit No.	04-44				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKB7558X	Driver Insurer Company	

## 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	LYFFE PTE LTD	Insured NRIC	
Contact No.(Mobile)	90053522	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKB7558X	TP Vehicle Number	
Claim Description	SKB7558X / SKA4933X ON 9 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	09/12/2017 17:17	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0973011	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/12/2017 17:21
Path *		Category *	Confidential Urgency



<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Dec 2017 17:21	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Dec 2017 17:21	SAS	Normal	SAS
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Photo:

▼ Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/12/2017 (DD/MM/YYYY), TIME: 1:30 (HH:MM)

LOCATION: Serangoon Road Towards Boon Kiang Rd

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKB 755 8X

b) INSURANCE COMPANY: NTUC

c) POLICY NUMBER: 507939 6021-01

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Subaru Impreza

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: rental

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: LYFFE PTE LTD (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

c) ADDRESS: \_\_\_\_\_

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

## 3. DRIVER

a) NAME: MUSTAFA HJ M LAMALUDEEN (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 57672595 J CONTACT: 87639886

c) ADDRESS: BLK 14 BURNS CRESCENT #15-2813

\*d) DATE OF BIRTH: 10/07/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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

a) VEHICLE NUMBER: 5 KA 4933 X MODEL: VW Sirocco

b) DRIVER'S NAME: Pauline Ng Poh Lian

c) NRIC/FIN/PASSPORT: 5 14925599 CONTACT: 91133888

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: YN 2960 X MODEL: HRV

e) DRIVER'S NAME: LAM MD KUDRIS MD

f) NRIC/FIN/PASSPORT: 062569174 CONTACT: 91922052

98142700W

\* No of  
passenger  
(including d)  
(L)

\* No of pass  
(including d)  
(L)


\* No of pass  
(including d)  
(L)

Email = lyffe.jwj@gmail.com

fax =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7672595J




Name  
**MUSTAFA HJ M KAMALUDEEN**

Place  
**INDIAN**

Date of birth  
**10-07-1976**

Country of birth  
**INDIA**

Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7672595J**

Name  
**MUSTAFA HJ M KAMALUDEEN**

Birth Date: **10 Jul 1976**

Issue Date: **12 Apr 2003**




3684049



NRIC No. **S7672595J**



Date of issue  
**07-03-2005**

Address  
**APT BLK 21 JALAN MEMBINA  
#04-44  
SINGAPORE 163021**

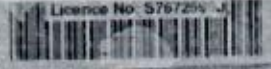
YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 2B	Motorcycles not exceeding 200 cc	09 Sep 1998
Class 2A	Motorcycles between 201 cc and 400 cc	30 Nov 1999
Class 2	Motorcycles exceeding 400 cc	04 Nov 2003
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	24 May 2003

S / No. 900009771

S7672595J

Licence No. S7672595J



FBR

eBaoTech

GeneralClaim

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"/>	5079396021-01	LYFFE PTE LTD	201428195H	GFT	drivo CLASSIC	SKB7558X	SKB7558X	16/06/2017	