

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 03/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000093/13	SAS e-filing		
Veh No: 5JG8832H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/01/18 1140	i-Motor Claim Form	MT/0976207	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 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: (**HUP SOON**) Tel: Fax:)

TP Particulars: Veh No: **5JH1899G** 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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice dated Fee Charged

Invoice dated Fee Charged

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	03/01/2018 10:54
Date Of Accident	01/01/2018 11:40
Exact Location Of Accident	RIVERVALE TWDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8832H
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Insured/Policyholder

Name Of Registered Owner	JAMILAH BTE OSMAN
NRIC No	S1806010H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97916704
Alternative Phone No	OTHERS-97916704

Vehicle Particulars

Manufacturer	DAIHATSU
Model	MATERIA
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079514878-01
Cover Note Number	

Driver

Name of Driver	JAMILAH BTE OSMAN
NRIC No	S1806010H
Date Of Birth	28/07/1967
Occupation	INDOOR
Date Of Driving Pass	02/12/2005
Driving Experience	12 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97916704
Fax Number	
Contact Number	OTHERS-97916704
EMail Address	NOEMAIL

Address	BLK 187A RIVERVALE DRIVE #03-850
Postcode	541187
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJH1899G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG GUO XIONG
NRIC/Passport Number	S8122379C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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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.

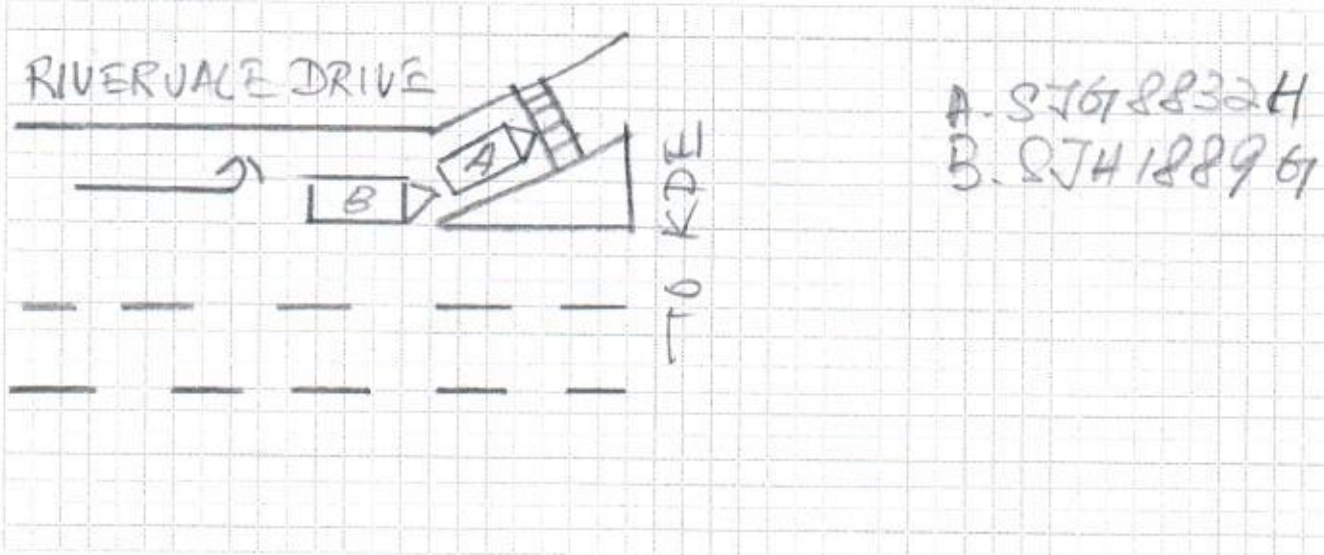
Policyholder's Signature
Date & Time:

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

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

03/01/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY, OUT OF SUDDEN I FELT AN IMPACT FROM MY VEH REAR PORTION.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature] 03/01/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



HS AUTOMOTIVE SERVICES

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: STG8832H MAKE/MODEL: DAIHATSU MATIZ R1A

DATE OF ACCIDENT: 01/01/2018 TIME: 11 HR 40 MIN AM PM

LOCATION OF ACCIDENT: RIVERVALE TOWARDS KAE

EXACT PURPOSE USE DURING ACCIDENT: GOING HOME

CAR OWNER

NAME OF CAR OWNER: JAMILAH BTE OSMAN

CONTACT NO: 97916704

NRIC: S1806010H

CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY: NTUE

TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO: _____

ACCIDENT DRIVER: ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER: _____

NRIC: S1806010H NO OF PASSENGER/S: 1

DATE OF BIRTH: 28-07-1967

OCCUPATION: _____ ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS: 02 DEC 2005

GENDER: ☐ MALE ☒ FEMALE

CONTACT NO: 97916704

ADDRESS: BLK 187A RIVERVALE DRIVE #03-850 (S) 541187

DRIVER OWN ANY VEHIC: NO/ IF YES- REGISTRATION NO: _____

RELATIONSHIP: EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION: ☐ CLEAR ☒ RAINING OTHER: _____

ROAD SURFACE: ☐ DRY ☒ WET OTHER: _____

ANY INJURIES: NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: NO/ YES

3RD PARTY INFO

VEHICLE B NO: STH1899H NO OF PASSENGER/S: 1

NAME: ONG SMO XIONG 88122379C

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S: _____

VEHICLE D NO: _____ NO OF PASSENGER/S: _____

VEHICLE E NO: _____ NO OF PASSENGER/S: _____

VEHICLE F NO: _____ NO OF PASSENGER/S: _____

ANY WITNESS: _____

WITNESS CONTACT NO: _____

PASSENGER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1806010H



JAMILAH BTE OSMAN

جاميله بنت عثمان

Race

MALAY

Date of Birth

28-07-1967

Country of Birth

SINGAPORE

Sex

F

07/21/10

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1806010H



JAMILAH BTE OSMAN

Birth Date: 28 Jul 1967

Issue Date: 02 Dec 2005



2260751

NRIC No. S1806010H



Blood Group

Date of issue

B+

10-08-1994

APT BLK 187A RIVERVALE DRIVE #03-850
SINGAPORE 541187

NRIC No: S1806010H

Date: 22/04/2011

No: 6755284

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 02 Dec 2005



NP 428A

Hello, NAC_PAYA_UBI_800601

[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"/>	5079514878-01	JAMILAH BTE OSMAN	S1806010H	GPC	drive CLASSIC	SJG8832H	SJG8832H	19/07/2017	18/07/2018

Claim Handling

Accident MT/0976207

Policy No.	5079514878-01	Vehicle No.	SJG8832H	GST Registration No.	
Policyholder Name	JAMILAH BTE OSMAN			Policyholder NRIC	S18
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97916704	Contact No.(Office)	0	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	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	03/01/2018 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	01/01/2018	Time of Accident hh:mm	11:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIVERVALE TWDS KPE				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	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 187A #03-850	Address 2	RIVERVALE DRIVE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	541
Unit No.		Related Policy Number	5079514878-01		

▼ O1 Driver Info

Driver Name	JAMILAH BTE OSMAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1806010H	Driver DOB	28/1
Register Date of Driver License	02/12/2005	Driver Age	50	Driving Experience	12
Contact No.(Mobile)	97916704	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 187A	Address 2	RIVERVALE DRIVE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	541
Unit No.	#03-850				
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	JAMILAH BTE OSMAN	Insured NRIC	S18
Contact No.(Mobile)	97916704	Contact No.(Home)		Contact No.(Office)	
Email Address	67JAMILA@GMAIL.COM	O1 Vehicle Number	SJG8832H	TP Vehicle Number	SJH
Claim Description	SJG8832H / SJH1899G ON 1 Jan 2018			Name of Preferred Workshop	HUP
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Rec
Date Registered	03/01/2018 15:28	Claim Close Date		Date Received	03/1
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

1/3/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.	MT/0976207	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2018 00:00	
Path *		Category *	Confidential	Urgency *
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 15:28	Photos	Normal	Photos 20

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"/>