

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA118012044

Date In: 20/1/18-14:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001238/24	SAS e-filing		
Veh No: SCC 64527	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 20/1/18-05:00	i-Motor Claim Form	M/0978695	20/1/18 14:41
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: (

Tel:

Fax:

TP Particulars:

Veh No: SC574174

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

NA1800460	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 3/05)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:-		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile \$0		
Est 1:	Invoice dated	Fee Charged	
Est 2/3:	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 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	20/01/2018 14:16
Date Of Accident	20/01/2018 05:00
Exact Location Of Accident	TAMPINES LINK BEFORE GOLDEN PAGODA BUDDHIST TEMPLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6452T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ
NRIC No	S9028516E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91548518
Alternative Phone No	OFFICE-91548518

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	5093090740
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ
NRIC No	S9028516E
Date Of Birth	28/07/1990
Occupation	INDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91548518
Fax Number	
Contact Number	OFFICE-91548518
Email Address	NOEMAIL

Address	BLK 443 TAMPINES STREET 43 #03-55
Postcode	520443
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SLS7417Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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:

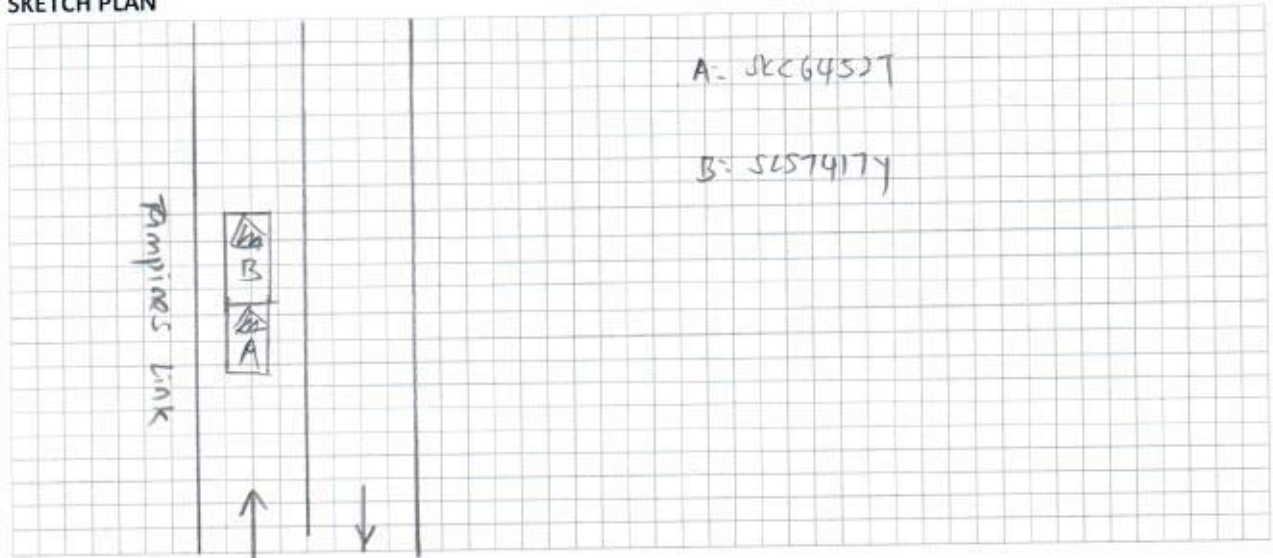
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/1/18 05:00 I was travelling along Tampines Link.

Suddenly vehicle B stop the break of his vehicle. I couldn't stop my vehicle in time and hit onto vehicle B rear portion.

## DECLARATION

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

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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9028516E**



Name

**MUHAMMAD AZRI FAIQ BIN  
ABDUL AZIZ**

Race

**MALAY**

Date of birth

**28-07-1990**

Country/Place of birth

**SINGAPORE**

Sex

**M**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9028516E**

Name

**MUHAMMAD AZRI FAIQ BIN  
ABDUL AZIZ**

Birth Date **28 Jul 1990**

Issue Date **07 Nov 2013**



002242618C

5495487



NRIC No. S9028516E



Date of issue  
23-06-2015

Address  
APT BLK 443 TAMPINES STREET 43  
#03-55  
SINGAPORE 520443


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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 30 Oct 2009

NP 428A

Licence No: S9028516E



eBaoTech

GeneralClaim

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"/>	5093090740	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ	S9028516E	GPC	drive CLASSIC	SKC6452T	SKC6452T	02/08/2017	15/09/2018

 **Policy Information**

Policy No.	5093090740	Policyholder Name	MUHAMMAD AZRI FAIQ BIN ABI	Policyholder NRIC	S9028516E
Address	BLK 443 #03-55 TAMPINES STREET 43 SINGAPORE 520443				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/08/2017	Effective Date	02/08/2017 00:00	Expiry Date	15/09/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 443 #03-55	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 520443
Address 4		Address Type	Singapore address	Post Code	520443
Unit No.		Related Policy Number	5093090740		

 **Insured Object: SKC6452T**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

## Claim Handling

Exit

Accident MT/0978695

Policy No.	S092090740	Vehicle No.	SKC6452T	GST Registration No.	
Policyholder Name	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ			Policyholder NRIC	S9028516E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91548518	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	No

## Accident Details

Report Date	20/01/2018 14:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/01/2018	Time of Accident hh:mm	05:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES LINK BEFORE GOLDEN PAGODA BUDDHIST TEMPLE				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
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 443 #03-55	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 520443
Address 4		Address Type	Singapore address	Post Code	520443
Unit No.		Related Policy Number	S093090740		

## 01 Driver Info

Driver Name	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ	Driver Type	Main Driver	Driver DOB	28/07/1990
Unnamed driver Name		Driver NRIC	S9028516E	Driving Experience	8
Register Date of Driver License	30/10/2009	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	91548518	Contact No.(Office)	0	Address 3	SINGAPORE 520443
Address 1	BLK 443	Address 2	TAMPINES STREET 43	Post Code	520443
Address 4		Address Type	Singapore address		
Unit No.	03-55				
Does he/she a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer or blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD AZRI FAIQ BIN ABD	Insured NRIC	S9028516E
Contact No.(Mobile)	91548518	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	azri18faig@gmail.com	01 Vehicle Number	SKC6452T	TP Vehicle Number	SLS7417Y
Claim Description	SKC6452T / SLS7417Y ON 20 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully At Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/01/2018 14:41	Claim Close Date		Date Received	20/01/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0978695	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/01/2018 14:42

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:42	SAS	Normal	SAS 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:42	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:42	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:42	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:41	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:41	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:41	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:41	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:41	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:41	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14:41	Photos	Normal	Photos 2018-1-20		<a href="#">Edit</a>
<b>Video List</b>						
Uploaded By/Date	Folder Date	File Name		Source		Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>						