

Date In: 6/2/18 15:03	Job description	Date & Time Completed	Done by
Ref No: NA/ INC 18002353/hy	SAS e-filing		
Veh No: SJH 7353A	E-mail (within 3hrs. A/C 2hrs)		
D.O.A: 3/2/18 1910	i-Motor Claim Form	MT10981211	6/2/18 16:10
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (within OD 3hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WAsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 52B 3704E	DNC () / 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

MNA1800830	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) A.R.: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) D.A.: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) T.F.: Towing Fee \$40/\$40		
Damaged Portion:	4) F.T.: Follow-Through Survey \$120		
	5) F.T.: Follow-Through Survey (Resurvey) \$30		
	6) T.R.: Re-inspection \$75		
	7) N1: Idea DA - SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engi-In-Charge):	Q1:		
	*N6: Courtesy Car / Tpl Allowance \$1		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$20		
	*N8: DV / Collect Excess Coordination \$1		
	TR (N1) / TP (N1) INC against DNC \$20		
	9) N11: Idea Mobile \$1		
Auditors' Comments:-	Invoice done	Fee Charged	
	Invoice done	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	06/02/2018 15:03
Date Of Accident	03/02/2018 19:10
Exact Location Of Accident	1 ORCHID CLUB RD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH7353A
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD SHAFILIE BIN SEDEK
NRIC No	S8900981B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93372134
Alternative Phone No	OFFICE-93372134

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 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	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	5074325531-02
Cover Note Number	-

Driver

Name of Driver	MUHAMAD SHAFILIE BIN SEDEK
NRIC No	S8900981B
Date Of Birth	01/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93372134
Fax Number	-
Contact Number	OFFICE-93372134
Email Address	NOEMAIL

Address	BLK 803 TAMPINES AVE 4 #03-71
Postcode	520803
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
Number of vehicles involved in the accident	
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)	3
Passenger 1	NAME: : DIYANA BINTE MOHD SALLEH GENDER: : FEMALE
Passenger 2	NAME: : FARINA GENDER: : FEMALE

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

WAS AT THE RIGHT SIDE OF THE CARPARK WAITING FOR THE PARKED CAR TO MOVE OFF, WITH HAZEL LIGHT ON. AFTER THE PARKED CAR LEFT THE LOT COMPLETELY AND PASSED BY INFRONT OF US, I STARTED TO REVERSE IN SLOWLY AFTER CHECKING MY BLIND SPOT, AS THERE WAS NO CAR APPROACHING. UPON REVERSING SLOWLY 1/3 OF MY CAR INTO THE LOT, CAR B COME OUT FROM NO WHERE TRIED TO SQUEEZE IN ON THE LEFT SIDE OF THE ROAD WITH APPROX SPEED OF 20-30KM/H. THEREFORE CAR B RIGHT REAR BUMPER HIT MY LEFT FRONT BUMPER, AS THE IMPACT COULD BE FELT UPON THE HIT. MY CONCLUSION IS THAT CAR B WAS AWARE THAT I WAS REVERSING INTO THE LOT FROM A FAR AND HE ASSUME HE CAN MAKE IT PASS ME BUT WHEN HE REALIZE THAT I HAVE ALREADY REVERSE MY CAR 1/3 INTO THE PARKING LOT, HE COULDN'T BRAKE IN TIME AS THERE WAS PEOPLE WALKING AT THE OPPOSITE SIDE OF THE LOT, THUS MAKING IT IMPOSSIBLE FOR CAR B TO SWERVE TO THE LEFT AND AVOID COLLISION

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	SLB3704E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE

Name of Driver	LIM WEE KOK
NRIC/Passport Number	S1274672E
Contact Number	86127835
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

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.



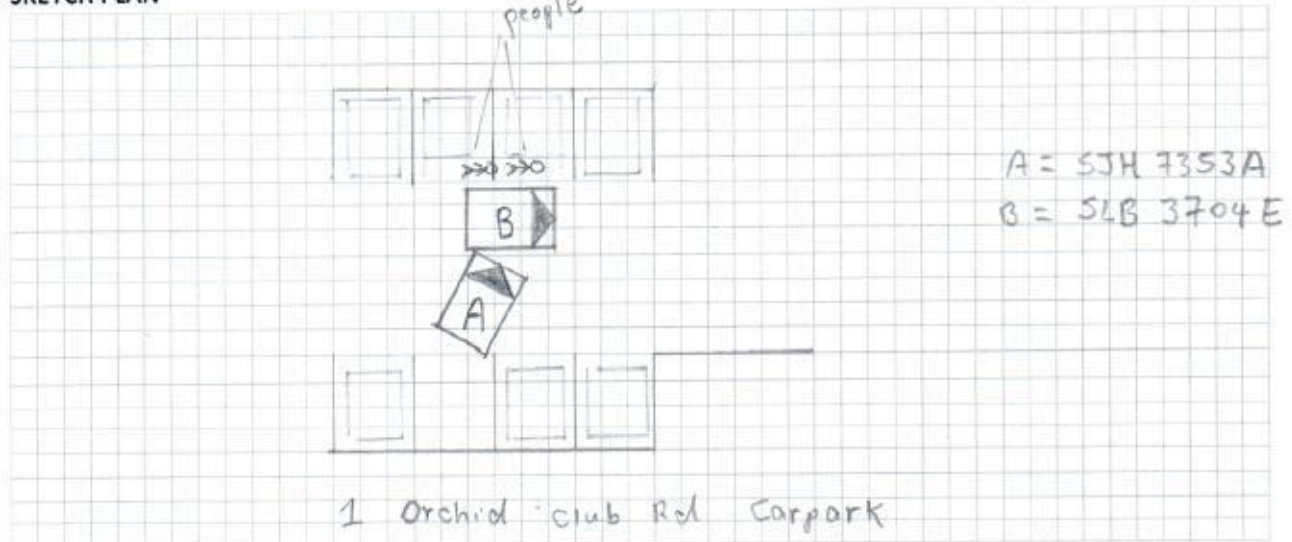
Policyholder's Signature
Date & Time:

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

Please Refer to Statement

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. S8900981B




Name
MUHAMAD SHAFIE BIN SEDEK

Race
MALAY

Date of birth
01-01-1989

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8900981B
Name:
MUHAMAD SHAFIE BIN SEDEK

Birth Date: 01 Jan 1989
Issue Date: 12 Jun 2009



001752483F

3452750




NRIC No. S8900981B

Date of issue
05-01-2004

1 BLK 803 TAMPINES AVENUE 4 #03-71
SINGAPORE 520803

NRIC No: S8900981B Date: 15/01/2009 No: 61146


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

	PASS DATE
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Jun 2009
Class 4 Heavy motor cars and motor tractors > 2500 kg	05 Aug 2011

S8900981B S / No. 9000148703

NP 428A

Licence No: S8900981B



Hello, NAC_PAYA_UBI_800601

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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"/>	5074325531-02	MUHAMAD SHAFLE BIN SEDEK	S8900981B	GPC	drivo CLASSIC	SJH7353A	SJH7353A	21/08/2017	20/08/2018

Claim Handling

Accident MT/0981211

Policy No.	5074325531-02	Vehicle No.	SJH7353A	GST Registration No.	
Policyholder Name	MUHAMAD SHAFILIE BIN SEDEK			Policyholder NRIC	S891
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	No	NCD Entitlement(%)	20	Private Hire	Not

▼ Accident Details

Report Date	06/02/2018 14:44	Accident Report Within 24 hrs	Yes	Accident Type	Unki
Date of Accident	03/02/2018	Time of Accident hh:mm	19:01	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCHID COUNTRY CLUB (OPEN CARPARK)				

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		999999999.99	

▼ 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		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999
Unit No.	04-258	Related Policy Number	5074325531-02		

▼ OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	MUHAMAD SHAFILIE BIN SEDEK	Insured NRIC	S891
Contact No.(Mobile)	NIL	Contact No.(Home)	67595243	Contact No.(Office)	
Email Address		OI Vehicle Number	SJH7353A	TP Vehicle Number	SLB
Claim Description	SJH7353A / SLB3704E ON 3 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Rec
Date Registered	06/02/2018 16:09	Claim Close Date		Date Received	06/02
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Attachment

Accident No.	MT/0981211	Claim No.	002
Last Doc. Received		Upload Date	

☒ Yes ☐ No

06/02/2018 16:10

Path *

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:10	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:10	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:10	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:09	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2018 16:09	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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