

NATIONAL Assessment Centre Services. (ver 1.2-100)

Date In: 15/03/2018 15:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004946/K4	SAS e-tiling		
Veh No: SGQ 8523H	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 15/03/2018 09:45	1-Motor Claim Form	MT/0986183	15/3/18 16:20
OD / TP / Reporting Only	1-Motor W/O (within 30 hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insureh:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SLN 3699Z, INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) (Note: BSL 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: Customer's Information strictly Confidential & Strictly NO refer of repalter.

() Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: UNP hotline 6789 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

NA1801676	Invoice Preparation Checklist
Human's Particulars:	1) AR: Accident Reporting (30)
Driver/Owner:	2) DA: Damage Assessment (100) INC (20)
Contact No:	3) TP: Towing Fee \$10/545
Damaged Portion:	4) FT: Follow-Through Survey \$150
	5) FT: Follow-Through Survey (Resurvey) \$10
	For claimant against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services
	Q11:
C Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$1
	TP (NI) / TP (Non-INC) against INC \$20
	*N12: Idm 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 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	15/03/2018 15:27
Date Of Accident	15/03/2018 09:45
Exact Location Of Accident	STILL ROAD AFTER SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ8523H
Insured/Policyholder	
Name Of Registered Owner	UMAR BIN ABBAS
NRIC No	S0156811F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92354485
Alternative Phone No	OTHERS-92354485

Vehicle Particulars

Manufacturer	KIA
Model	RIO 1.4A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087167472-01
Cover Note Number	

Driver

Name of Driver	UMAR BIN ABBAS
NRIC No	S0156811F
Date Of Birth	21/01/1943
Occupation	INDOOR
Date Of Driving Pass	02/05/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92354485
Fax Number	
Contact Number	OTHERS-92354485
EMail Address	NOEMAIL

Address	BLK 769 PASIR RIS STREET 71 #03-334
Postcode	510769
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	CHAIN COLLISION
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?	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)	3
Passenger 1	NAME: : ASMAH BINTE ASBAIK GENDER: : FEMALE
Passenger 2	NAME: : MUHAMMAD ROSMUSTAQIM 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	SLN3699Z
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGD9381L

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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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:

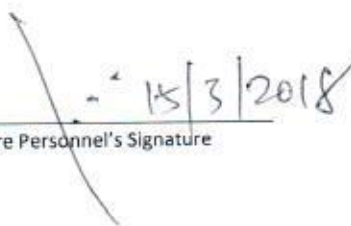
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



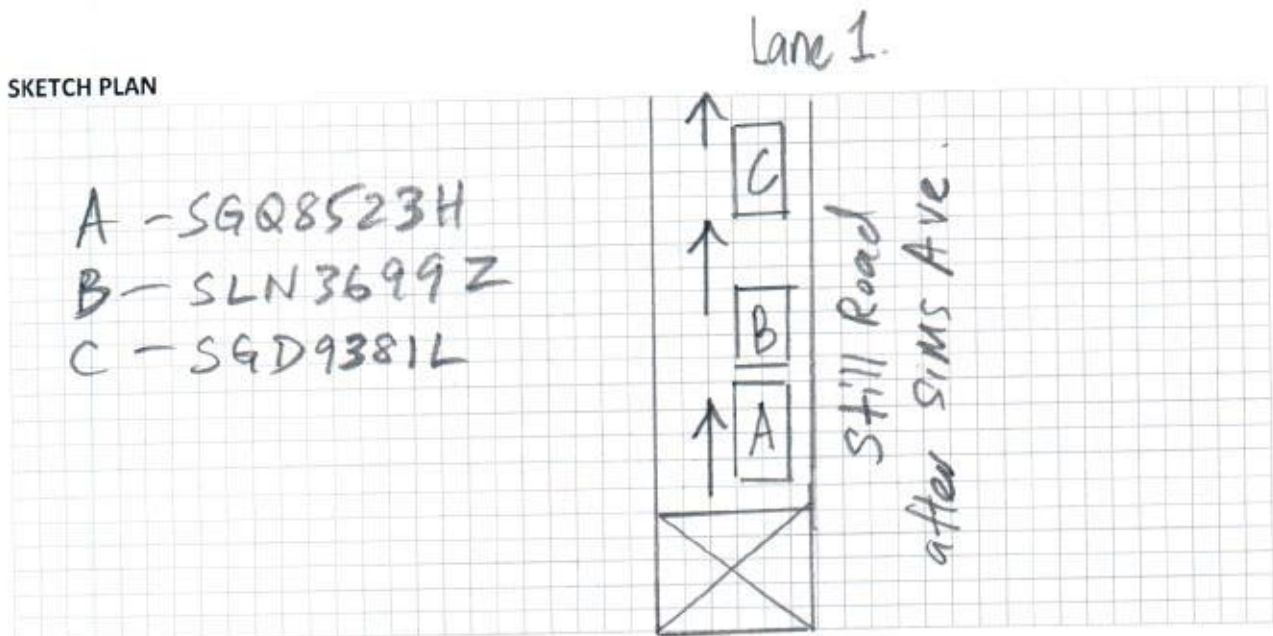
Policyholder's Signature
Date & Time:



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


Vehicle A was driving along Still Road after Sims Avenue. After the yellow junction, vehicle A hit the bumper of vehicle B. Vehicle A's damage was on the license plate while vehicle B had minor damage on the bumper. Meanwhile vehicle driver C bumper was slightly dislodged on the right side.

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:

 15/3/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0156811F



Name
UMAR BIN ABBAS

عمر بن عباس
Race
MALAY
Date of Birth
21-01-1943
Country of Birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0156811F
Name
UMAR BIN ABBAS


Birth Date: 21 Jan 1943
Issue Date: 15 Jul 2003




2665442



NRIC No: S0156811F



Blood Group: A+
Date of Issue: 18-07-1995

APT BLK 769 PASIR RIS STREET 71 #03-334
SINGAPORE 510769
NRIC No: S0156811F Date: 07-07-2005 No: 5178668

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	VEHICLE TYPE	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Aug 1976
Class 2A	Motorcycles between 201 cc and 430 cc	23 Aug 1976
Class 2	Motorcycles exceeding 400 cc	23 Aug 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 May 1980

NC 428A

License No: S0156811F



Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

15/03/2018 09:45

Vehicle No.(For Motor)

SGQ8523H

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087167472-01	UMAR BIN ABBAS	S0156811F	GPC	Third Party, Fire & Theft	SGQ8523H	SGQ8523H	25/01/2018	24/01/2019

▼ Policy Information

Policy No.	5087167472-01	Policyholder Name	UMAR BIN ABBAS	Policyholder NRIC	S0156811F
Address	BLK 769 #03-334 PASIR RIS STREET 71 SINGAPORE 510769				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/12/2017	Effective Date	25/01/2018 00:00	Expiry Date	24/01/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	VICOM LTD	Agent Tel.	67414803	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 769 #03-334	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510769
Address 4		Address Type	Singapore address	Post Code	510769
Unit No.	03-334	Related Policy Number	5087167472-01		

▶ Insured Object: SGQ8523H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0986183

Policy No.	5087167472-01	Vehicle No.	SGQ8523H	GST Registration No.	
Policyholder Name	UMAR BIN ABBAS			Policyholder NRIC	501
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92354485	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	15/03/2018 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	15/03/2018	Time of Accident hh:mm	09:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	STILL ROAD AFTER SIMS AVE				

▼ Benefits

▼ 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	BLK 769 #03-334	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510
Unit No.	03-334	Related Policy Number	5087167472-01		

▼ OI Driver Info

Driver Name	UMAR BIN ABBAS	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0156811F	Driver DOB	21/0
Register Date of Driver License	05/05/1995	Driver Age	75	Driving Experience	22
Contact No.(Mobile)	92354485	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 769	Address 2	PASIR RIS STREET 71	Address 3	
Address 4		Address Type	Singapore address	Post Code	510
Unit No.	#03-334				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	UMAR BIN ABBAS	Insured NRIC	S01
Contact No.(Mobile)	92354485	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGQ8523H	TP Vehicle Number	SLN
Claim Description	SGQ8523H / SLN3699Z ON 15 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault ▼	GIA report	Rec
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	15/0
Date Registered	15/03/2018 16:20	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

3/15/2018

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

Accident No.

MT/D986183

Claim No.

001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

15/03/2018 16:20

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:20	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:19	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:18	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:18	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:18	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:18	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:18	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:18	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:18	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:17	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:17	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:17	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:17	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:17	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 16:17	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading