

NATIONAL Assessment Centre Services Page 1 of 1 MNA 118046212

Date In: 6/4/18 18:31	Job description	Date & Time Completed	Done by
Ref No: NALINC 18006425164	SAS e-filing		
Veh No: SJE 3054 E	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 4/4/18 09:25.	i-Motor Claim Form	MT10989193	9/4/18 17:53.
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHC 5660 B	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 Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 20/05)			
	6) TR: Re-inspection \$75			
	7) N1: Idas 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 \$3 TP (N11): TP (N11) against INC \$20 9) N12: Idas Mobile \$0				
Invoice dated Invoice dated		Fee Charged 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	06/04/2018 18:31
Date Of Accident	04/04/2018 09:25
Exact Location Of Accident	BOON LAY WAY TWDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE3054E
Insured/Policyholder	
Name Of Registered Owner	AUTO RENTZ LLP
Co Reg No	T16LL1519K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97507498

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091128401
Cover Note Number	-

Driver

Name of Driver	MOHD AZMAN BIN IBRAHIM
NRIC No	S1754643J
Date Of Birth	15/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97507498
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 490B TAMPINES ST 45 #10-189
Postcode	521490
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5660B
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 INJURED PERSON 1

Name	MOHD AZMAN BIN IBRAHIM
------	------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

SJE3054E

YES

NO

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.

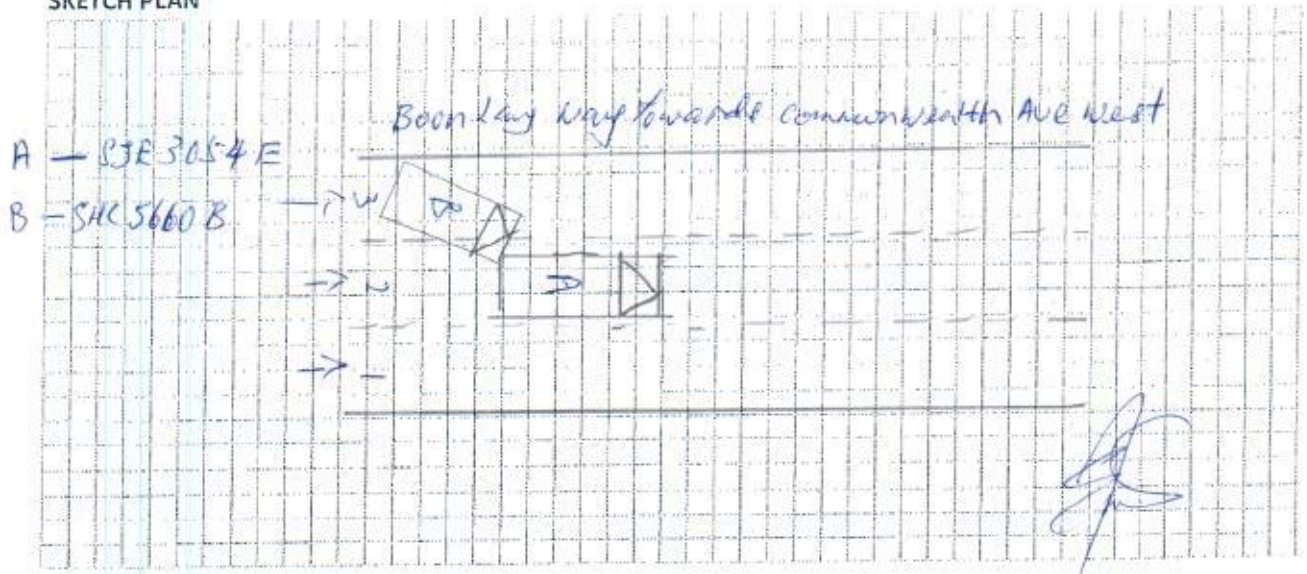


Policyholder's Signature
Date & Time:

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

in lane 2

I was travelling along Boon Lay way towards Commonwealth Ave West. Suddenly, vehicle ^B hit onto the rear side portion of my vehicle. Remark: vehicle has a in car camera.

[Signature]

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 04/04/2018 (DD/MM/YY) Time: 09:25 (HH:MM)
Exact location of accident	Boon Lay Way towards Commonwealth Ave West

Details of vehicle

Vehicle registration number	SJE 3054 E		
Vehicle make and model	Nissan Latio		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	working		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

Insurance information

Insurance company	XTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	

Driver

Same as insured above ☐ (skip to D.O.B)

Name	MOHD AZMAN BIN IBRAHIM	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S175XG43J	
Contact	9750 7498	
Address	BK 490B Tampines Street 45 #10-189, SG 1852	
Email address		
Date of birth	15/11/1966	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	19/11/2009	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	01 (Inclusive of driver)

Passenger 1

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHL 5660 B
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	MOHD AZMAN BIN ISRAHIM	
Injuries sustained	RICK	
Which vehicle person in?	S/E 3054 E	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

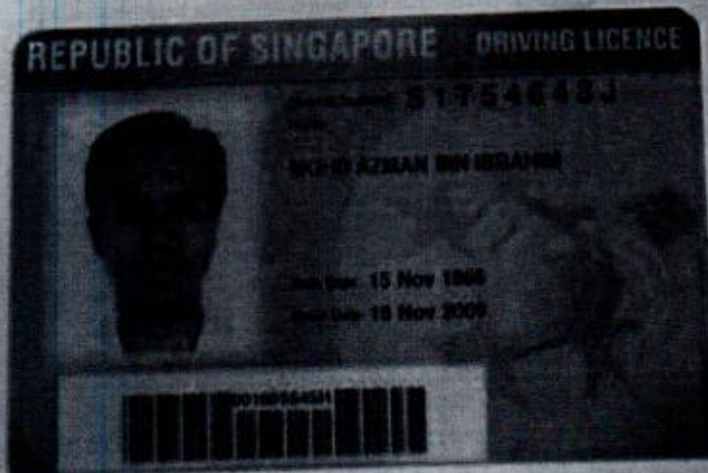
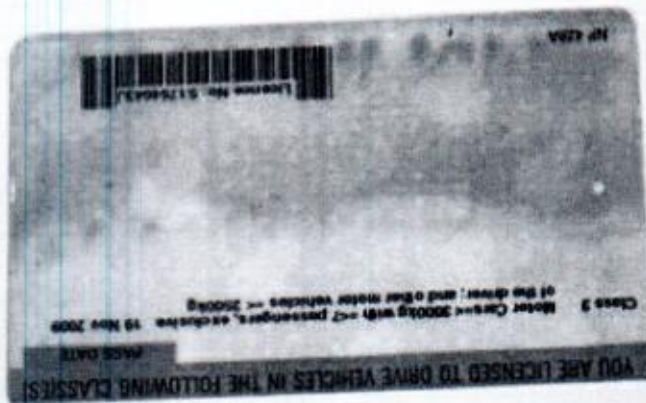
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/04/2018 18:29"/>						
Vehicle No.(For Motor)	<input type="text" value="SJE3054E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091128401	AUTO RENTZ LLP	T16LL1519K	GPC	drivo CLASSIC	SJE3054E	SJE3054E	17/05/2017	16/05/2018
<input type="button" value="Continue"/>									

Claim Handling

Accident MT/0989193

Policy No.	5091128401	Vehicle No.	SJE3054E	GST Registration No.	
Policyholder Name	AUTO RENTZ LLP	Cover Type	drive CLASSIC	Policyholder NRIC	T16LL1519K
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Report Date

05/04/2018 16:26

Date of Accident

04/04/2018

Reporting Centre

administrator

Accident Location

BOON LAY WAY TWDS COMMONWEALTH AVE WEST

Accident Report Within 24 hrs

No

Time of Accident hh:mm

09:25

Orange Force

No

Accident Type

Unknown

Country of Accident

Singapore

ICM No.

Excess

Own damage Excess

2,000.00

Unnamed Driver Excess

Third Party Excess

1,500.00

Additional Excess

0.00

Outside Singapore OD Excess

2,000.00

Outside Singapore TP Excess

1,500.00

Windscreen Excess

1

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

06/04/2018 14:00:41 Carol Wan changed GST Status Verified from No to Yes

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 413B #03-41

Address 4

Unit No.

Address 2

FERNVALE LINK

Address Type

Singapore address

Related Policy Number

5098166034

Address 3

SINGAPORE 792413

Post Code

792413

OI Driver Info

Driver Name

Unnamed Driver

Unnamed driver Name

MOHD AZMAN BIN IBRAHIM

Register Date of Driver License

19/11/2009

Contact No. (Mobile)

Address 1

BLK 490B #10-189

Address 4

Unit No.

10-189

Does he own a Singapore Registered car?

Yes ☐ No ☐

Driver Type

Unnamed Driver

Driver NRIC

S1754643J

Driver Age

51

Contact No. (Office)

Address 2

TAMPINES STREET 45

Address Type

Singapore address

Driver DOB

15/11/1966

Driving Experience

8

Contact No. (Home)

Address 3

SINGAPORE S21490

Post Code

S21490

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes ☐ No ☐

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	AUTO RENTZ LLP	Insured NRIC	T16LL1519K
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SJE3054E	TP Vehicle Number	SHC5660B
Claim Description	SJE3054E / SHC5660B ON 4 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/04/2018 17:51	Claim Close Date		Date Received	09/04/2018 00:00
Report Taken By	LIFW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0989193	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/04/2018 17:53
Path *		Category *	
Choose File No file chosen		Confidential	NO
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2451622&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&readAllBox=1&clmtA>

4/9/2018

Claim Handling(Claim Task)

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	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:53	SAS	Normal	SAS 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:52	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:52	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:52	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:52	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:52	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:52	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:51	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:51	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:51	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:51	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:51	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 17:51	Photos	Normal	Photos 2018-4-9

Video List

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

Scan and uploading