

# NATIONAL Assessment Centre Services

Date In: <b>07/04/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18006429/13</b>	SAS e-filing		
Veh No: <b>5JJ2325D</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>06/04/18 1440</b>	i-Motor Claim Form	<b>MT/0989412</b>	
OD TP: <b>Reporting Only</b>	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: <b>SKJ5891D</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

<b>NA1802138</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TP : 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 2005)		
	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		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:			

## 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	07/04/2018 11:44
Date Of Accident	06/04/2018 14:40
Exact Location Of Accident	INFRT OF 85 JOO CHIAT TERRACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2325D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VFM PTE. LTD.
Co Reg No	201523773K
Email Address	ANNIE@DRIVETHRU.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62913113

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	UBER
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5076480311-02
Cover Note Number	

### Driver

Name of Driver	ILHAM HIDAYAT BIN MOHAMED SHARIFF
NRIC No	S7642776C
Date Of Birth	29/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94377107
Fax Number	
Contact Number	
Email Address	HIDAYAT1340@YAHOO.COM.SG



Address	BLK 780C WOODLANDS CRESCENT #08-53
Postcode	733780
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	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?	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

PLS

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER HAVEN'T RETRIEVED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ5891D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUNAH BINTE BUJANG
NRIC/Passport Number	S0088837J
Contact Number	81826993(HUSBAND)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ILHAM HIDAYAT BIN MOHAMED SHARIFF
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJJ2325D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.



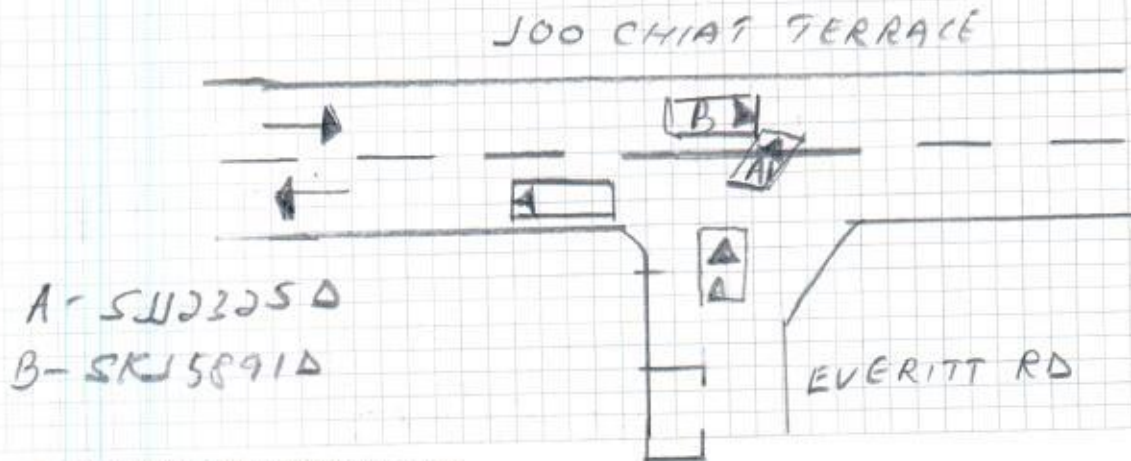
Policyholder's Signature  
Date & Time:

 7.4.18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 07/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON EVERITT ROAD ~~TRAVELLING~~ ~~FOR~~ ABOUT TO MAKE A RIGHT TURN MY LINE OF VISION WAS BLOCKED BY A LORRY ALONG JOO CHIAT TER UPON LOOKING AT THE BUNDSIDE MIRROR ALONG JOO CHIAT TERRACE I SAW NO CARS AND I INCHES OUT TO GET A CLEARER VIEW FROM THE OBSTRUCTION. I FOUND NO VEHICLES COMING MY WAY AND I PROCEED OUT. HOWEVER AS I'VE CROSSED THE CENTRE WHITE LINE, A NISSAN SYLPHY APPROACHES AT A FAST SPEED AND HIT MY SIDE-LEFT FRONT FENDER.

## 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 DRIVING LICENCE

ILHAM HIDAYAT BIN MOHAMED SHARIFF


Birth Date: 29 Dec 1976  
Issue Date: 07 May 2010

001654138E



PUBLIC OF SINGAPORE

IDENTITY CARD NO. S7642776C




Name  
ILHAM HIDAYAT BIN MOHAMED SHARIFF  
إلهام هداية بن محمد شريف

Race  
JAVANESE

Date of birth  
29-12-1976

Sex  
M

Country of birth  
SINGAPORE




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

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


07 May 2010

NP 428A

Licence No: S7642776C



NRIC No: S7642776C



Date of issue  
29-12-2006

APT 3LK 780C WOODLANDS CRESCENT #08-53  
SINGAPORE 733780

NRIC No: S7642776C Date: 24/08/2014



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5076480311-02

**Cover :** Third Party

- |                                                                                                                  |                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                 | : <b>SJJ2325D</b>                                                                                                                                                                                                                                                                                             |
| Chassis Number                                                                                                   | : NZE1416095945                                                                                                                                                                                                                                                                                               |
| 2. Name of Policyholder                                                                                          | : VFM PTE. LTD.                                                                                                                                                                                                                                                                                               |
| 3. Effective Date of Insurance                                                                                   | : 16 Dec 2017                                                                                                                                                                                                                                                                                                 |
| 4. Expiry Date of Insurance                                                                                      | : 15 Dec 2018                                                                                                                                                                                                                                                                                                 |
| 5. Persons or Classes of Persons entitled to drive#                                                              |                                                                                                                                                                                                                                                                                                               |
| (a) The Policyholder.                                                                                            |                                                                                                                                                                                                                                                                                                               |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                      |                                                                                                                                                                                                                                                                                                               |
|                                                                                                                  | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use#                                                                                        |                                                                                                                                                                                                                                                                                                               |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. |                                                                                                                                                                                                                                                                                                               |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,000
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : IVAN INSURANCE AGENCY (00000614519)  
Date of Issue : 17 Nov 2017 15:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0989412

Policy No.	5076480311-02	Vehicle No.	SJJ2325D	GST Registration No.	201523773K	
Policyholder Name	VFM PTE. LTD.			Policyholder NRIC	201523773K	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0	
Contact No.(Mobile)	0	Contact No.(Office)	62913113	Contact No.(Home)	0	
Email Address		Special Remark		eCode	No	
KFK	No Yes	TCA	No Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
<b>Accident Details</b>		Accident Report Within 24 hrs		Yes	Accident Type	Side Swipe
Report Date	07/04/2018 15:29	Time of Accident hh:mm		14:40	Country of Accident	Singapore
Date of Accident	06/04/2018	Orange Force			ICM No.	
Reporting Centre						
Accident Location	INFRT OF 85 JOO CHIAT TERRACE					
<b>Benefits</b>						
<b>Excess</b>						
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess		
Unnamed Driver Excess		Outside Singapore OD Excess	0.00			
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00			
<b>GST Registered Information</b>						
GST Registered	Yes	GST Registration Date	01/06/2017			
GST Registration No.	201523773K	GST Status Verified	Yes			
Modification History						
<b>Policyholder Mailing Address</b>						
Address 1	210 TURF CLUB ROAD	Address 2	#A47 THE GRANDSTAND	Address 3	SINGAPORE 287995	
Address 4		Address Type	Singapore address	Post Code	287995	
Unit No.	02-05	Related Policy Number	5078306354-02			
<b>01 Driver Info</b>						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/12/1976	
Unnamed driver Name	ILHAM HIDAYAT BIN MOHAMED	Driver NRIC	S7642776C	Driving Experience	7	
Register Date of Driver License	07/05/2010	Driver Age	41	Contact No.(Home)	0	
Contact No.(Mobile)	94377107	Contact No.(Office)	0	Address 3	WOODLANDS DEW	
Address 1	BLK 780C	Address 2	WOODLANDS CRESCENT	Post Code	733780	
Address 4	SINGAPORE 733780	Address Type	Singapore address			
Unit No.	#08-53			Driver Insurer Company		
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.				
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	VFM PTE. LTD.	Insured NRIC	201523773K
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address		01 Vehicle Number	SJJ2325D	TP Vehicle Number	SKJ5891D
Claim Description	SJJ2325D / SKJ5891D ON 6 Apr 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	07/04/2018 15:33	Claim Close Date		Date Received	07/04/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/0989412	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	07/04/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

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

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:33	SAS	Normal	SAS 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:33	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:33	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:33	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:33	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:32	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:32	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:32	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:32	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:32	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:32	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:32	Photos	Normal	Photos 2018-4-7

## Video List

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

Scan and uploading