

NATIONAL Assessment Centre Services: (wef 1 Jan 2003) MNA118049188

Date In: 13/4/18-14:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC1806849/24	SAS e-filing		
Veh No: SDY36995	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/4/18-08:30	i-Motor Claim Form	MT10988626	13/4/18 14:51
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: SD38794	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% 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 repairer.

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

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

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1802316	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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 (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref 1:			
Ref 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	13/04/2018 14:25
Date Of Accident	02/04/2018 08:30
Exact Location Of Accident	ALONG GAMBAS AVE BEFORE JUNC WOODLANDS AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY2699S
Insured/Policyholder	
Name Of Registered Owner	KHADIJAH BINTE YAAKUB
NRIC No	S1668884C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92286250
Alternative Phone No	OFFICE-92286250

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X 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	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	5098667698
Cover Note Number	

Driver

Name of Driver	AZRUN BIN ABBAS
NRIC No	S7001998A
Date Of Birth	22/01/1970
Occupation	INDOOR
Date Of Driving Pass	02/10/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84027911
Fax Number	
Contact Number	OFFICE-84027911
Email Address	NOEMAIL

Address	BLK 34 TANGLIN HALT ROAD #04-47
Postcode	142034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 GAMBAS AVE BEFORE JUNC WOODLANDS AVE 7. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO MY VEHICLE B REAR PORTION.

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	SJD3879Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN


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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**.
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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:

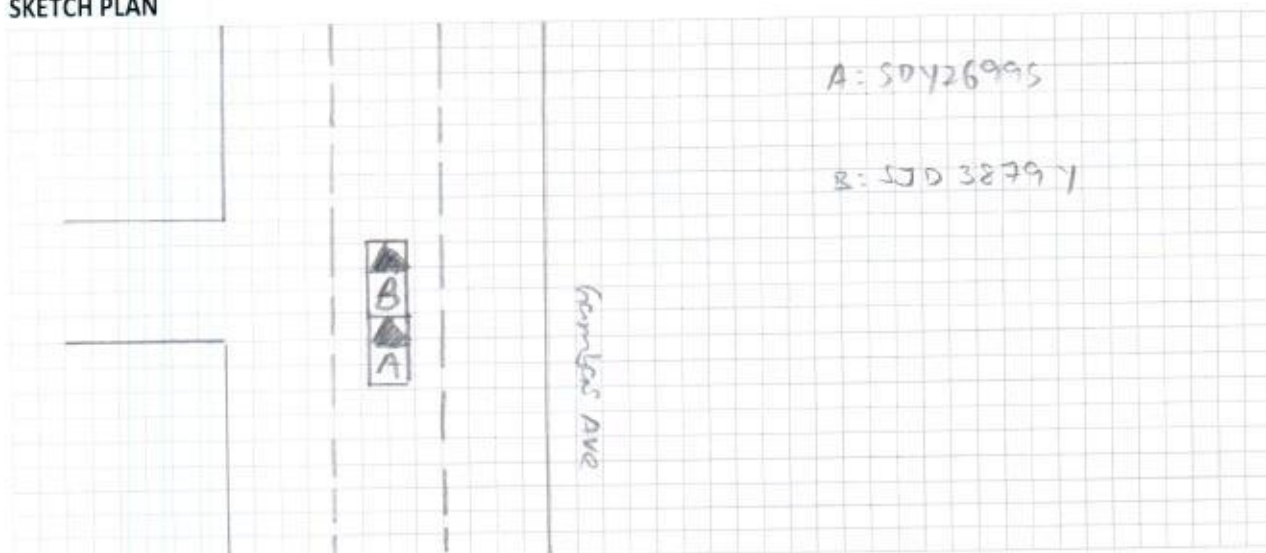


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 DRIVING LICENCE


Licence Number: **S7001998A**

Name: **AZRUN BIN ABBAS**

Birth Date: **22 Jan 1970**

Issue Date: **07 Nov 2003**

000985479E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7001998A**

Name: **AZRUN BIN ABBAS**

Race: **MALAY**

Date of Birth: **22-01-1970**

Sex: **M**

Country of Birth: **SINGAPORE**




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


CLASS 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **02 Oct 1990**

4697

Licence No: **S7001998A**

NP 428A



4697

NRIC No: **S7001998A**

Blood Group: **AB+**

Date of issue: **03-08-1994**


APT BLK 34 TANGLIN HALL ROAD #04-47
SINGAPORE 142034

NRIC No: **S7001998A**

Date: **06/01/2008**

No: **3882369**





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"/>	5098667698	KHADJIAH BINTE YAAKUB	S1668884C	GPC	drive CLASSIC	SDY2699S	SDY2699S	16/03/2018	15/03/2019

Claim Handling

EXIT

Accident MT/0988676

Policy No.	5098667698	Vehicle No.	SDY26995	GST Registration No.	
Policyholder Name	KHADIAH BINTE YAAKUB	Cover Type	drive CLASSIC	Policyholder NRIC	S160804C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	03/04/2018 10:36	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collision - Head to Rear
Date of Accident	02/04/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre	Administrator	Grange Force	No	ICM No.	
Accident Location	GAMBAS AVENUE				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Uninsured 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 103A #10-101	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 821103
Address 4		Address Type	Singapore address	Post Code	821103
Unit No.		Related Policy Number	5098667698		

DI Driver Info

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

Claim 002 New

Claim Type *	OD-Mix	Insured Name	KHADIAH BINTE YAAKUB	Insured NRIC	S160804C
Contact No.(Mobile)	92286250	Contact No.(Home)	63125826	Contact No.(Office)	
Email Address	sinjace@singnet.com.sg	DI Vehicle Number	SDY26995	TP Vehicle Number	SJD3879Y
Claim Description	SDY26995 / SJD3879Y ON 2 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Party at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/04/2018 14:51	Claim Close Date		Date Received	13/04/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0988676	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/04/2018 14:54

Path *

	Browse...	Clear	Category *	Confidential	Urgency *	Description *
			Please Select	NO	Normal	
			Please Select	NO	Normal	
			Please Select	NO	Normal	
			Please Select	NO	Normal	
			Please Select	NO	Normal	
			Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
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NAC_PAYA_UBI_000601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Ap

	c 2018 14:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-13	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 14:52	SAS	Normal	SAS 2018-4-13	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 14:51	Photos	Normal	Photos 2018-4-13	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 14:51	Photos	Normal	Photos 2018-4-13	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 14:51	Photos	Normal	Photos 2018-4-13	Edit
Video List					
Uploaded By/Date		Folder Date	File Name	Source	Action
		Display in New Window		Scan and uploading	