

NATIONAL Assessment Centre Services (M11 11000) **MNA48057199**

Date In: 03/05/2018 14:45	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/80081074	QAS e-illing		
Veh No: SKD4434D	Drum roll (front axle, A/C drive)		
D.O.A: 03/05/2018 12:30	1-Motor Claim Form	MT1099240-00	03/05/2018
OD / TPT Relaying Only	1-Motor W/O (synthetic oil, 1st stage)		15:34
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assy Report by Rep/Hand to Owner/Wksp		

Preferred Wksp/INC Assign Wksp / OW: ()	Tell ()	Fax ()
TP Particulars	Yeh No: SHD3633M	INC () / Non-INC ()
Owner/Driver ()	Tell ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: B/L Status (WO) NI 0.20% PI 21.79% P: 30-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks: () Walk-In Customer | Customer's information strictly Confidential & Strictly NO rate of repair.
 () Total Loss Case | to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: ()

Remarks	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: _____
 Date/Time: _____
 Location: _____

NA1802850	Invoice Preparation Checklist	
Vehicle/Owner	1) AR: Accident Reporting (\$20)	
Policy No:	2) DA: Damage Assessment (\$100) INC (42)	
Assigned Position:	3) TP: Towing Fee 250/120	
	4) PT: Follow Through Survey 210	
	5) PT: Follow Through Survey (Recovery) 210	
	6) TR: Asst. Tow 110	
	7) NTUC Additional Fee (\$20)	
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	100) NTUC Additional Fee (\$20)	

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	03/05/2018 14:46
Date Of Accident	02/05/2018 12:30
Exact Location Of Accident	JALAN BUKIT HO SWEE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4434D
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAOOF S/O ABDUL MAJEED
NRIC No	S7235274B
Email Address	TRAINERSANDCONSULTANTS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96220459
Alternative Phone No	OTHERS-96220459
Vehicle Particulars	
Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5080992164-01
Cover Note Number	
Driver	
Name of Driver	ABDUL RAOOF S/O ABDUL MAJEED
NRIC No	S7235274B
Date Of Birth	21/05/1972
Occupation	INDOOR
Date Of Driving Pass	18/02/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96220459
Fax Number	
Contact Number	OTHERS-96220459
EMail Address	TRAINERSANDCONSULTANTS@GMAIL.COM

Address	BLK 442 PASIR RIS DRIVE 6 #02-36
Postcode	510442
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	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?	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 SKETCH PLAN

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	SHD3633M
Vehicle Make/Model/Colour	
Details Of Properties:	
Vehicle Category	TAXI
Name of Driver	LEE JIMMY
NRIC/Passport Number	S1325120G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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

3/5/18 Q1230 hr

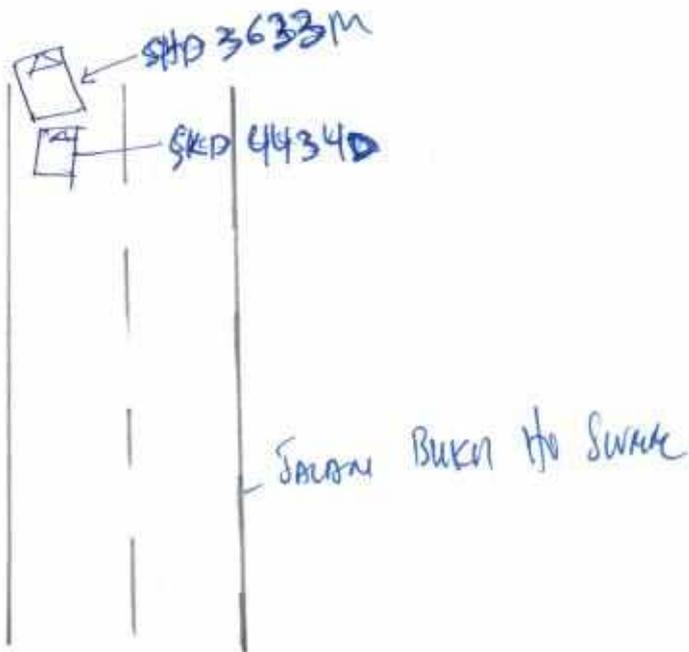
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

03/05/2018

Rodli W. P. B.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/5/18 at about 1230 hrs I was driving along Jalan Bukit Ho Swee towards the end of the road joining Lower Delta Road was a taxi (SHD3633M). The ~~taxi~~ I was driving behind the taxi, the taxi suddenly stopped to look out for vehicles and my car slightly touched its bumper. I examined both the taxi and my car has no damages. I lodge this report for record purposes.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 3/5/18
1230 hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.:

Claim Handling

Accident MT/0992840

Policy No.	5080992164-01	Vehicle No.	SKD4434D	GST Registration No.	
Policyholder Name	ABDUL RAQOF S/O ABDUL MAJEED	Cover Type	Drive CLASSIC	Policyholder NRIC	S72332748
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	96220459	Special Remark		Contact No. (Home)	
Email Address		TCA	No Yes	eCode	No
REF	No Yes	NCD Entitlement (%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	03/05/2018 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/05/2018	Time of Accident (month)	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BUKIT HO SWEE				

Benefits

Coverage	Sum Insured				
Transport Allowance	1000000999.00				
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore CD 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 442 #02-35	Address 2	PASIR RIS DRIVE 8	Address 3	SINGAPORE S10442
Address 4		Address Type	Singapore address	Post Code	S10442
Unit No.		Related Policy Number	5080992164-01		

01 Driver Info

Driver Name	ABDUL RAQOF S/O ABDUL MAJEED	Driver Type	Man Driver	Driver DOB	21/09/1972
Unnamed driver Name		Driver NRIC	S72332748	Driving Experience	24
Register date of Driver License	01/01/1994	Driver Age	45	Contact No. (Home)	
Contact No. (Mobile)	96220459	Contact No. (Office)		Address 3	SINGAPORE S10442
Address 1	BLK 442 #02-35	Address 2	PASIR RIS DRIVE 8	Post Code	S10442
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SKD4434D	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration

Breathalyser or Blood Test Result?	0 mg	Any Injury?	Yes - No
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Modification history

Claim 001 OD-MX **NEW**

Claim Type *	OD-MX	Insured Name	ABDUL RAQOF S/O ABDUL MAJEED	Insured NRIC	S72332748
Contact No. (Mobile)	96220459	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		DI Vehicle Number	SKD4434D	TP Vehicle Number	SHD3613M
Claim Description	SKD4434D / SHD3613M ON 2 May 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	02/05/2018 15:34	Claim Close Date		Date Received	03/05/2018 00:00
Report Taken By	BOSLI WAHAB	Workshop Repairer		Total Loss but Reported	

Attachment

Accident No.	MT/0992840	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	03/05/2018 15:34

Category *	Confidential	Urgency *	Description *
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	

Choose File No file chosen
 Message Board

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 03 May 2018 15:34	Photos	Normal	Photos 2018-5-3		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 03 May 2018 15:34	Photos	Normal	Photos 2018-5-3		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 15:34	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 15:34	Photos	Normal	Photos 2018-5-3	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 15:34	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 15:34	SAS	Normal	SAS 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 15:34	NAC/ Driving License	Normal	NAC/ Driving License 2018-5-3	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Details in new Window		Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (02/05/2018) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: Jalan Bukit Ho Swee.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 4434D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 520i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ABDUL RAUF (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7225274B CONTACT: 96220459
c) ADDRESS: 442 PASIR RIS DR. W 6 #02-26
S(510442)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABUOK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (21/09/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SH03633 M MODEL: _____

b) DRIVER'S NAME: LEE JIMMY

c) NRIC/FIN/PASSPORT: S1325120G CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

trainersandconsultants@gmail.com

email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7235274B



Name
ABDUL RAOOF S/O ABDUL MAJEED
அப்துல் ரஹ்மான் அப்துல் மஜீது

Race
INDIAN
Date of Birth 21-09-1972 Sex M
Country of Birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7235274B
Name
ABDUL RAOOF S/O ABDUL MAJEED

Birth Date: 21 Sep 1972
Issue Date: 17 Oct 2015



002620304B

331949



NRIC No. S7235274B



Board Group: Date of Issue: 25-02-2009

APT BLK 442 PASIR RIS DRIVE B #02-36
SINGAPORE 610442

NRIC No: S7235274B Date: 23/08/2012 No: 7183102

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

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	18 Feb 1994



NP 428A

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080992164-01	ABDUL RAOOF S/O ABDUL MAJEED	S7235274B	GPC	drive CLASSIC	SKD4434D	SKD4434D	29/06/2017	28/06/2018

Continue