

# NATIONAL Assessment Centre Services

Part 1 of 2

MMA 11806967F.

Date In: 2615118 16:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA11806967F	E-mail (within Mins, A/C 2hrs)		
Veh No: SKJ 9730J	i-Motor Claim Form	MAT 0996107-001	2815118 11:07.
D.O.A: 2515118 18:00	i-Motor W/O (Within 60 2hrs, TP 4hrs)		
OD <input checked="" type="radio"/> Reporting Only	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:

SKN 2797S.

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

MMA 1803348

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$40)

3) TF: Towing Fee \$40/\$45

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) NI: Idas DA + SMRT Survey \$160

8) NTUC Additional Services -

QD\*

\*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-n INC) against INC \$20

9) N12: Mac Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1.

at 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	26/05/2018 16:57
Date Of Accident	25/05/2018 18:00
Exact Location Of Accident	PIE TWDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ9730J
Insured/Policyholder	
Name Of Registered Owner	PIXELS CONNECT PTE. LTD.
Co Reg No	201417613D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64400023
Vehicle Particulars	
Manufacturer	BMW
Model	X3 XDRIVE20I ABS 4WD SR HID DSC NAV
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092149502
Cover Note Number	-
Driver	
Name of Driver	AMIR MD
NRIC No	G7364842X
Date Of Birth	03/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92398725
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	1013 GEYLANG EAST AVE 3 #01-172
Postcode	389728
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MANAGER
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	
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG PIE TWDS CHANGI BEFORE LORNIE EXIT ON THE FIRST LANE. WHEN DRIVING WITH NORMAL SPEED. SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKN2797S) FROM BEHIND COLLIDED ONTO MY VEH 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	SKN2797S
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.
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.



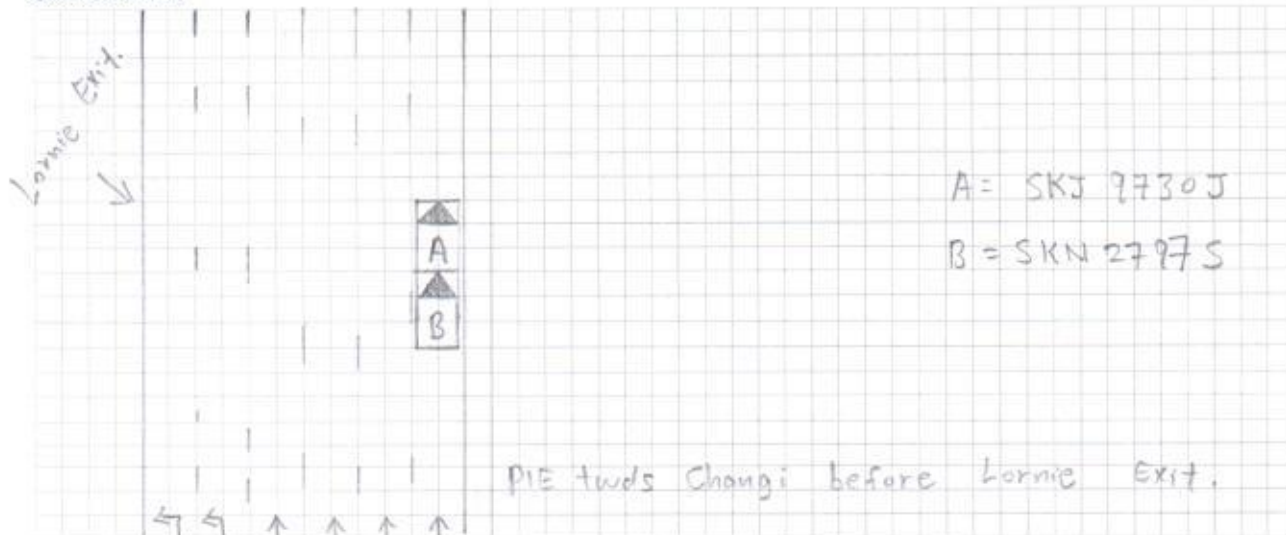
Policyholder's Signature  
Date & Time:

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

Please Refer to statement

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

REPUBLIC OF SINGAPORE

FIN G7364842X



Name  
AMIR MD

Date of Birth  
03-05-1978  
Nationality  
BANGLADESHI

Sex  
M

G7364842X

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number  
G7364842X

AMIR MD

Birth Date: 03 May 1978  
Issue Date: 01 Jul 2016  
Valid Till 30/06/2021



FA2024586

**VISIT PASS**

Immigration Regulations



FIN G7364842X

MULTIPLE JOURNEY VISA ISSUED

Date of Issue 25-10-2017  
Date of Expiry 25-10-2019



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  01 Jul 2016

NP 428A



Licence No: G7364842X

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

25/05/2018 16:41

Vehicle No.(For Motor)

SKJ9730J

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092149502	PIXELS CONNECT PTE. LTD.	201417613D	GPC	drivo CLASSIC	SKJ9730J	SKJ9730J	29/06/2017	28/06/2018

Continue



Claim Handling

Accident MT/0996107

Policy No.	5092149502	Vehicle No.	SKJ9730J	GST Registration No.	
Policyholder Name	PIXELS CONNECT PTE. LTD.			Policyholder NRIC	201417613D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	64400023	Contact No.(Office)		Contact No.(Home)	
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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	28/05/2018 11:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/05/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGE BEFORE LORNE EXIT				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	10-16	Related Policy Number	5098728418		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/05/1978
Unnamed driver Name	AMIR MD	Driver NRIC	G7364842X	Driving Experience	1
Register Date of Driver License	01/07/2016	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	92398725	Contact No.(Office)		Address 3	GEYLANG EAST INDUSTRIAL
Address 1	BLK 1013 #01-172	Address 2	GEYLANG EAST AVENUE 3	Post Code	389728
Address 4	SINGAPORE 389728	Address Type	Singapore address		
Unit No.	01-172	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	PIXELS CONNECT PTE. LTD.	Insured NRIC	201417613D
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SKJ9730J	TP Vehicle Number	SKN27975
Claim Description	SKJ9730J / SKN27975 ON 25 May 2018			Name of Preferred Workshop	D
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	28/05/2018 00:00
Date Registered	28/05/2018 11:05	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/0996107	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2018 11:07		
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

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

## Attachment

Uploaded By/Date

Category



Urgency

Description

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:07	SAS	Normal	SAS 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:07	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:07	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:06	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:06	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:06	Photos	Normal	Photos 2018-5-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:06	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 11:06	Photos	Normal	Photos 2018-5-28

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	Source
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### Scan and uploading