

NATIONAL Assessment Centre Services

(wef 1 Jan 09)

MMA 118071789

Date In: 416118 10:03	Job description	Date & Time Completed	Done by
Ref No: MA/INC180110017164	SAS e-filing		
Veh No: SL0 2238E	E-mail (within 5hrs, AIG 2hrs)		
D.O.A: 216118 23:05	i-Motor Claim Form	MA/0997020001	416118 11:06
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:

SKL 9386J

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

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Est Bill

Add Bill

Claimant's Particulars:-

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

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

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

Contact No:

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

Damaged Portion:

For claiming against INC Only (wef 10 Jan 2009)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*N5: Courtesy Car / Tpl 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 30

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice dated

Fee Charged

Invoice dated

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	04/06/2018 10:03
Date Of Accident	02/06/2018 23:05
Exact Location Of Accident	TRISTAR HOTEL 1 ONAN ROAD BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2238E
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED NAFIS BIN MOHAMMED AMIN
NRIC No	S7707748J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90693254
Alternative Phone No	OFFICE-90693254

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 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	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	5100421346
Cover Note Number	-

Driver

Name of Driver	MOHAMMED NAFIS BIN MOHAMMED AMIN
NRIC No	S7707748J
Date Of Birth	20/03/1977
Occupation	INDOOR
Date Of Driving Pass	24/03/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90693254
Fax Number	
Contact Number	OFFICE-90693254
EMail Address	NOEMAIL

Address	BLK 892A TAMPINES AVE 8 #01-24
Postcode	521892
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

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	SKL9386J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALPIAH BINTE SAUD
NRIC/Passport Number	S1373546H

Contact Number	92309459
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.:

Personal Particulars

Date of Accident: 02 JUNE 2018 Time of Accident: 2306 HRS.
Exact Location of Accident: TRISTAR HOTEL 1 ONAN ROAD S(424780) BASEMENT CARPARK
Owner's Name: MOHAMMED NAFIS BIN MOHD. AMIN NRIC No: S7707748J HP No: 90693254
Driver's Name: MOHAMMED NAFIS BIN MOHD. AMIN NRIC No: S7707748J HP No: 90693254
Date of Birth: 20 MARCH 1977 Driving Licence Passing Date: 24/3/2000 Occupation: Indoor / Outdoor
Address: 892A Tampines Ave 8 401-24 (S21892)
Relationship of Driver with Insured: As Above Email Address: _____
Vehicle No: SLD 2238E Make & Model: Honda
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5100421346

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 3 B: 1 + 1 C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (☒ Yes / ☐ No)



Third Party Driver's Particulars

Vehicle B No: SKL 9386J Make & Model: Honda
Driver's Name: Alpiah Binte Said NRIC No: S1373546H HP No: 92309459
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

Licence Number: **S7707748J**
 Name: **MOHAMMED NAFIS BIN MOHAMMED AMIN**
 Birth Date: **20 Mar 1977**
 Issue Date: **07 Mar 2003**

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7707748J**



Name: **MOHAMMED NAFIS BIN MOHAMMED AMIN**
 Race: **Malay**
 Date of birth: **20-03-1977**
 Country of birth: **SINGAPORE**
 Sex: **M**



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: **24 Mar 2000**
 Licence No: **S7707748J**



NP 428A

402857
 NRIC No. **S7707748J**
 Date of Issue: **12-04-2007**
 APT BLK 892A TAMPINES AVENUE 8 #01 - 24
 SINGAPORE 521892
 NRIC No: **S7707748J** Date: **24/07/2010** No: **6600232**




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 : 5100421346

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **SLD2238E**
Chassis Number : JHMRB18507C202439
 2. Name of Policyholder : MOHAMMED NAFIS BIN MOHAMMED AMIN
 3. Effective Date of Insurance : 02 May 2018
 4. Expiry Date of Insurance : 01 May 2019
 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.
 - (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : GRABCAR PTE. LTD. (00000601726)
Date of Issue : 02 May 2018 15:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0997020

Policy No.	S100421346	Vehicle No.	SLD2238E	GST Registration No.	
Policyholder Name	MOHAMMED NAFIS BIN MOHAMMED AMIN			Policyholder NRIC	S7707748J
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90693254	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KfK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
▼ Accident Details					
Report Date	04/06/2018 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	02/06/2018	Time of Accident hh:mm	23:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TRISTAR HOTEL 1 ONAN ROAD BASEMENT CARPARK				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 892A #01-24	Address 2	TAMPINES AVENUE 8	Address 3	SINGAPORE 521892
Address 4		Address Type	Singapore address	Post Code	521892
Unit No.	01-24	Related Policy Number	S100421346		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/03/1977
Unnamed driver Name	MOHAMMED NAFIS BIN MOHAMMED	Driver NRIC	S7707748J	Driving Experience	18
Register Date of Driver License	24/03/2000	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	90693254	Contact No.(Office)		Address 3	SINGAPORE 521892
Address 1	BLK 892A #01-24	Address 2	TAMPINES AVENUE 8	Post Code	521892
Address 4		Address Type	Singapore address		
Unit No.	01-24				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
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	MOHAMMED NAFIS BIN MOHAMMED	Insured NRIC	S7707748J
Contact No.(Mobile)	90693254	Contact No.(Home)	63530098	Contact No.(Office)	63775537
Email Address	effin77@gmail.com	O1 Vehicle Number	SLD2238E	TP Vehicle Number	SKL9386J
Claim Description	SLD2238E / SKL9386J ON 2 Jun 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	04/06/2018 00:00
Date Registered	04/06/2018 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/0997020	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/06/2018 11:06		
Path *					
Choose File	No file chosen	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	

Sen

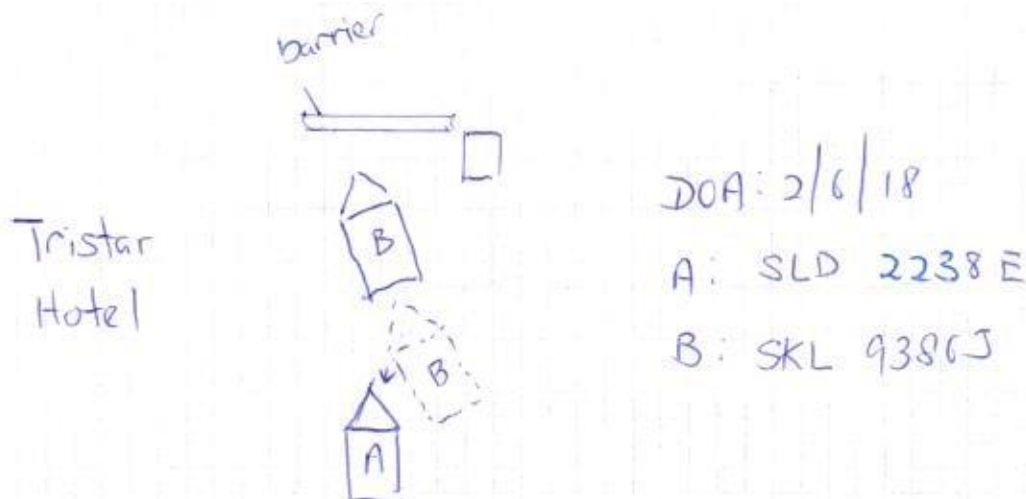
Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:06	SAS	Normal	SAS 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:06	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:06	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:06	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:06	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:05	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:05	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:05	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:05	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:05	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 11:05	Photos	Normal	Photos 2018-6-4

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary behind Veh B waiting for her to exit. Suddenly she rolled back, I honned her to give a warning she continued to roll I hit my car frt RH portion.

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.: