

NATIONAL Assessment Centre Services

(wef: 1 Jan'05) MNA118071777

Date In: 4/6/18-09:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010127/24	SAS e-filing		
Veh No: 5JS1699J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/6/18-09:10	i-Motor Claim Form	MT0997203-001	4/6/18 20:54
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: 56F28724	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:- (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

NA1803469	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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 09:54
Date Of Accident	04/06/2018 09:10
Exact Location Of Accident	PIE (TUAS) BEFORE BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1699J
Insured/Policyholder	
Name Of Registered Owner	AKMAL BIN ARIFFIN
NRIC No	S9046074I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97286667
Alternative Phone No	OFFICE-97286667

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 DOHC AUTO
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	5095264873
Cover Note Number	

Driver

Name of Driver	AKMAL BIN ARIFFIN
NRIC No	S9046074I
Date Of Birth	17/11/1990
Occupation	INDOOR
Date Of Driving Pass	02/11/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97286667
Fax Number	
Contact Number	OFFICE-97286667
EMail Address	NOEMAIL

Address	BLK 840 SIMS AVENUE #02-860
Postcode	400840
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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 1 PIE (TUAS). SUDDENLY VEHICLE C BRAKE HIS VEHICLE. I MANAGED BRAKE MY VEHICLE IN TIME. VEHICLE B WAS TRAVELLING VERY FAST AND HIT ONTO MY VEHICLE REAR PORTION. AFTER THE IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C 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	SGF2872Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEH XIAN BIN, EUGENE (BAI XIANBIN)
NRIC/Passport Number	S9126416A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Vehicle Details

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ3981D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BALA MURUGAN S/O KANNIAH
NRIC/Passport Number	S7427627Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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

Sketch plan area with grid lines and handwritten notes:

- Left side: PICTURES
- Center: A vertical stack of boxes containing C, A, and B.
- Right side: A: SJS1699J, B: SGF2872Y, C: SLJ3981D

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: **S90460741**

Name: **AKMAL BIN ARIFFIN**

Birth Date: **17 Nov 1990**

Issue Date: **02 Nov 2010**

001907396K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S90460741**

Name: **AKMAL BIN ARIFFIN**


اڪمل بن عارفين

Race: **MALAY**

Date of birth: **17-11-1990**

Country of birth: **SINGAPORE**

Sex: **M**


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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 02 Nov 2010

NP 428A

Licence No: S90460741



3800609

NRIC No. **S90460741**

Date of issue: **23-11-2005**

APT BLK 840 SIMS AVENUE #02-860
SINGAPORE 400840

NRIC No: S90460741 Date: 16/02/2008 No: 5885930

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/06/2018 09:10"/>						
Vehicle No.(For Motor)	<input type="text" value="SJS1699"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S095264873	AKMAL BIN ARJFFIN	S90460741	GPC	drive CLASSIC	SJS1699	SJS1699	26/10/2017	30/01/2019
<input type="button" value="Continue"/>									

 Policy Information

Policy No.	5095264873	Policyholder Name	AKMAL BIN ARIFFIN	Policyholder NRIC	S9046074I
Address	840 SIMS AVENUE #02-860 EUNOSVILLE SINGAPORE 400840				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/10/2017	Effective Date	26/10/2017 00:00	Expiry Date	30/01/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ST INSURANCE AGENCY PTE. LT	Agent Tel.	64649098	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	840 SIMS AVENUE	Address 2	#02-860 EUNOSVILLE	Address 3	SINGAPORE 400840
Address 4		Address Type	Singapore address	Post Code	400840
Unit No.		Related Policy Number	5095264873		

 Insured Object: SJS1699J

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/0997203

Policy No.	SD95254873	Vehicle No.	S2516993	GST Registration No.	
Policyholder Name	AKMAL BIN ARIFFIN			Policyholder NRIC	S90460741
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97286667	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Report Date	04/06/2018 20:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	04/06/2018	Time of Accident hh:mm	09:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE (TUAS) BEFORE BEDOK NORTH AVE 3 EXIT				

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Address 1	840 SIMS AVENUE	Address 2	#02-860 EUNOSVILLE	Address 3	SINGAPORE 400840
Address 4		Address Type	Singapore address	Post Code	400840
Unit No.		Related Policy Number	5095264873		

Driver Name	AKMAL BIN ARIFFIN	Driver Type	Main Driver	Driver DOB	17/11/1990
Unnamed driver Name		Driver NRIC	S90460741	Driving Experience	7
Register Date of Driver License	02/11/2010	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 400840
Address 1	840 SIMS AVENUE	Address 2	EUNOSVILLE	Post Code	400840
Address 4		Address Type	Singapore address		
Unit No.	02-860				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Claim 001

New

Claim Type *	OD-MX	Insured Name	AKMAL BIN ARIFFIN	Insured NRIC	S90460741
Contact No.(Mobile)	97286667	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	akmal17ariffin@gmail.com	OL Vehicle Number	S2516993	TP Vehicle Number	SGF2872Y
Claim Description	S2516993 / SGF2872Y ON 4 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/06/2018 20:54	Claim Close Date		Date Received	04/06/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0997203	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/06/2018 20:56

Path *

	Browse...	Clear	Category *	Confidential	Urgency *	Description *
			Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
			Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
			Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
			Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
			Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
			Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:55	SAS	Normal	SAS 2018-6-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:55	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:55	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:55	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:55	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:55	Photos	Normal	Photos 2018-6-4		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:54	Photos	Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 20:54	Photos	Normal	Photos 2018-6-4		Edit
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
Display in New Window		Scan and uploading				