

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118072838

Date In: 5/6/18-13:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010245/24	SAS e-filing		
Veh No: 5R3579B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/6/18-16:20	i-Motor Claim Form	M7/0997215-002	5/6/18 21:08
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: 5D650057	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

NA1803524	Invoice Preparation Checklist:		Am't (\$) Est Bill	Am't (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Est 1:	6) TR: Re-inspection \$75			
Est 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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: Idac Mobile \$0			
	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	05/06/2018 13:31
Date Of Accident	02/06/2018 16:20
Exact Location Of Accident	ALONG BEDOK SOUTH RD BESIDE HDB BLK 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5579B
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90274664
Alternative Phone No	OFFICE-90274664

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094921806
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FAZLI BIN JAFFAR
NRIC No	S7019394I
Date Of Birth	10/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97678065
Fax Number	
Contact Number	OFFICE-97678065
EMail Address	NOEMAIL

Address	BLK 101 BEDOK NORTH AVENUE 4 #03-1946
Postcode	460101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 BEDOK SOUTH RD. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY TOUCH VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBG5005T
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)	1

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.:

SKETCH PLAN

A: SJR5579B

B: SBN5005T

Bedok South Rd

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 **S7019394I**

Name
MOHAMMAD FAZLI BIN JAFFAR

Birth Date **10 Jun 1970**
Issue Date **01 Aug 2013**

002208479G

REPUBLIC OF SINGAPORE




IDENTITY CARD NO. S7019394I

Name
MOHAMMAD FAZLI BIN JAFFAR

Race
JAVANESE

Date of birth **10-06-1970** Sex **M**


Country of birth
SINGAPORE

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


Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE **01 Aug 2013**




Licence No: S7019394I


NP 42EA



4219546



NRIC No: **S7019394I**



Date of issue
28-04-2008

APT BLK 101 BEDOK NORTH AVENUE 4 #03-1946 SINGAPORE 460101

NRIC No: **S7019394I** Date: **02/02/2016**

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

02/06/2018 16:40

Vehicle No. (For Motor)

SJR5579B

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094921806	ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	SJR5579B	SJR5579B	09/10/2017	

Continue

Claim Handling

Exit

Accident MT/0997215

Policy No.	5094921806	Vehicle No.	SIR55798	GST Registration No.	
Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC	201727451M
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

☐ **Accident Details**
 Report Date: 05/06/2018 09:16 Accident Report Within 24 hrs: Yes Accident Type: unknown
 Date of Accident: 02/06/2018 Time of Accident from: 17:30 Country of Accident: Singapore
 Reporting Centre: Orange Force: ICM No.:
 Accident Location: ALONG BEDOK SOUTH RD

☐ **Benefits**
☐ **Excess**
 Own damage Excess: 0.00 Additional Excess: 0 Windscreen Excess: 0.00
 Unnamed Driver Excess: Outside Singapore OD Excess: 0.00
 Third Party Excess: 1,500.00 Outside Singapore TP Excess: 1,500.00

☐ **GST Registered Information**
 GST Registered: No GST Registration Date: GST Status Verified: Yes
 GST Registration No.: Modification History:

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5095104229		

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-MX	Insured Name	ACCURATE LEASING PTE LTD	Insured NRIC	201727451M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	SIR55798	TP Vehicle Number	SBG5005T
Claim Description	SIR55798 / SBG5005T ON 2 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GSA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	05/06/2018 00:00
Date Registered	05/06/2018 21:08	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0997215	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/06/2018 21:09

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (OO)
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NAC_PAYA_UB1_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun

	n 2018 21:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-5	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 21:09	SAS	Normal	SAS 2018-6-5	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 21:08	Photos	Normal	Photos 2018-6-5	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 21:08	Photos	Normal	Photos 2018-6-5	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jun 2018 21:08	Photos	Normal	Photos 2018-6-5	Edit
	Video List				
Uploaded By/Date	Folder Date	File Name		Source	Action
Display in New Window		Scan and uploading			