

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MNA118073713

Date In: 6/6/18-18:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010339/24	SAS e-filing		
Veh No: GR949K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/5/18-15/0	i-Motor Claim Form	M/0997312-002	6/6/18 19:10
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: SKL6128M	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: YBS () / 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

NA1803550	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) TP: 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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idao 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	06/06/2018 18:23
Date Of Accident	26/05/2018 10:10
Exact Location Of Accident	ALONG FRANKEL AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR9169K
Insured/Policyholder	
Name Of Registered Owner	MARIA + DESIGN
Co Reg No	53223854X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90607789
Alternative Phone No	OFFICE-90607789

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098671003
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZMI BIN MOHAMED ARIS
NRIC No	S8937065E
Date Of Birth	20/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90085369
Fax Number	
Contact Number	OFFICE-90085369
EMail Address	NOEMAIL

Address BLK 313 UBI AVENUE 1
#01-469
Postcode 400313
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
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

REFER TO STATEMENT.

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 SKL6178M
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) 0

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:

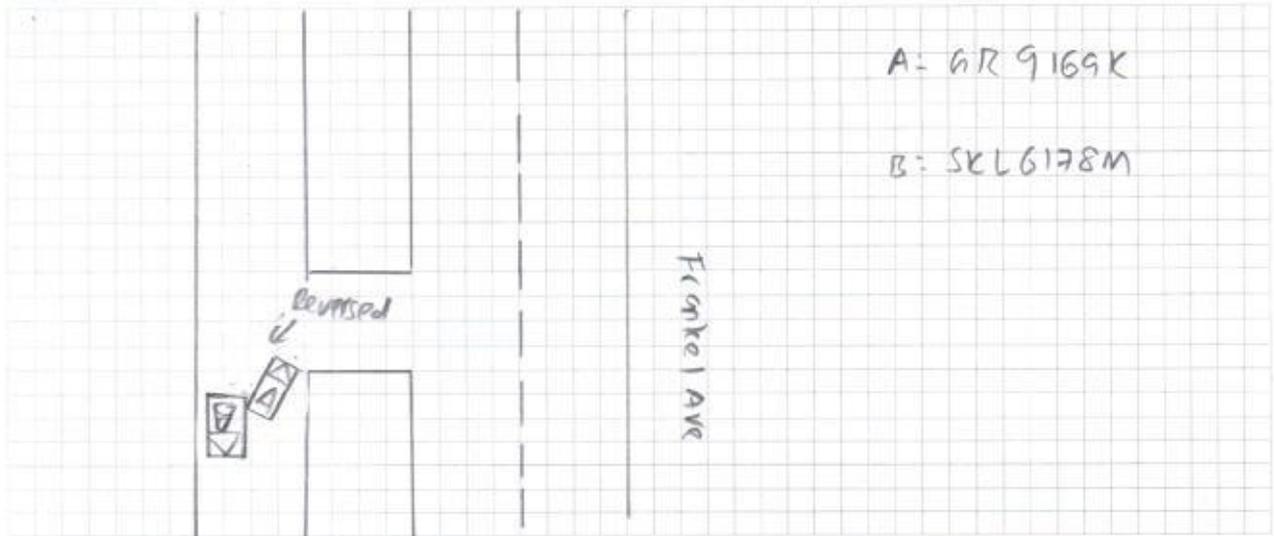


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

ON STATED DATE AND TIME, I WAS EXITING FROM FRANKEL AVE. THE ROAD WAS NARROW, MY VEHICLE DON'T HAVE ENOUGH SPACE GO TO MAIN ROAD. IN ORDER FOR ME TO GO OUT, I NEED TO REVERSED MY VEHICLE UPRIGHT POSITION IN ORDER FOR ME TO GO OUT. WHEN I REVERSED MY VEHICLE I ACCIDENTALLY HIT ONTO VEHICLE B REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 5 / 18) (DD/MM/YYYY), TIME: (10 : 20) (HH:MM)

LOCATION: Abng Frankei Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: NR 91691C
b) INSURANCE COMPANY: NTOC
c) POLICY NUMBER: 5098671003
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: wof lian
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Maria + Design (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53223854X CONTACT: 90607789
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Azmi Bin Mohamed ^{Arif} (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58937065E CONTACT: 90085364
c) ADDRESS: Blk 313 Ubi Ave 1 #01-469 (400313)

*d) DATE OF BIRTH: (20 / 10 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8 / 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Sk LG178M MODEL: _____

b) DRIVER'S NAME: _____

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

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of MAIA + DESIGN (53223854X)

Date: 22/11/2017

The Following Are The Brief Particulars of :

Name of Business	MAIA + DESIGN
Former Name(s) if any	
Date of Change of Name	
Registration No.	53223854X
Registration Date	03/10/2012
Commencement Date	03/10/2012
Status of Business	Live
Status Date	02/10/2017
Renewal Date	02/10/2017
Expiry Date	03/10/2018
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	65 UBI ROAD 1 #02-64 OXLEY BIZHUB SINGAPORE (408729)
Date of Change of Address	26/11/2015

Principal Activities

Activities (I)	INTERIOR DESIGN SERVICES (74191)
Description	DESIGN AND BUILD
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment

Authentication No. : G17078079D

INFORMATION RESOURCES

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Business Profile (Business) of MAIA + DESIGN (53223854X)

Date: 22/11/2017

Existing Sole-Proprietor(s) / Partner(s)					
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
					Position
MUHAMMAD AZRI BIN MOHAMED ARIS	S8008908B	SINGAPORE CITIZEN	7 TAMPINES STREET 86 #08-22 Q BAY RESIDENCES SINGAPORE (528586)	OSCARS	03/10/2012 Owner

Withdrawn Partner(s)						
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA171122172321

DATE : 22/11/2017

This is computer generated. Hence no signature required.



Authentication No. : G17078079D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8937065E



Name

MUHAMMAD AZMI BIN
MOHAMED ARIS

محمد ازمی بن محمد اریش

Race

JAVANESE

Date of birth Sex

20-10-1989 M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8937065E

Ngah

MUHAMMAD AZMI BIN
MOHAMED ARIS

Birth Date 20 Oct 1989

Issue Date 24 Apr 2008



001595774A

3626502



NRIC No. S8937065E



Date of Issue
20-10-2004

Address

APT BLK 313 UBI AVENUE 1
#01-469
SINGAPORE 400313

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS

Class 2B	Motorcycles <= 200 CC	24 Apr 2008
Class 2A	Motorcycles between 201 CC and 400 CC	11 Aug 2009
Class 2	Motorcycles > 400 CC	14 Oct 2010
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	08 Jul 2007

S8937065E

S / No. 9000134462



License No: S8937065E

Hello, NAC_PAYA_UBI_800601

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"/>	5098671003	MAJA + DESIGN	53223854X	GCV	Third Party	GR9169K	GR9169K	07/03/2018	06/03/2019

Continue

Uploaded By/Date	Folder Date	File Name	Source	Action
 n 2018 19:10		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-6 Edit
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:10		SAS	Normal	SAS 2018-6-6 Edit
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:10		Photos	Normal	Photos 2018-6-6 Edit
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:10		Photos	Normal	Photos 2018-6-6 Edit
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:10		Photos	Normal	Photos 2018-6-6 Edit
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:10		Photos	Normal	Photos 2018-6-6 Edit
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:10		Photos	Normal	Photos 2018-6-6 Edit
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2018 19:10		Photos	Normal	Photos 2018-6-6 Edit

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