

# NATIONAL Assessment Centre Services

Ver: Jan'05

MAA8078507

Date In: 18/06/2008 17:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N8A12669E/10886/4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SIV 2869 E	i-Motor Claim Form	MT/089028-001	18/06/2008 18:00
D.O.A: 16/06/2008 15:55	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: TP 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: SBE 828 D

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

MAA803849

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

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

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

3) TP: 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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*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 (N-in INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

MAA803849

## 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	18/06/2018 17:30
Date Of Accident	16/06/2018 15:55
Exact Location Of Accident	AYE TOWARDS TUAS NEAR LAMP POST 73F
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2069E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ISKANDAR ZULNURAIN BIN BURHANUDIN
NRIC No	S8418925A
Email Address	DEEDRZUL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91851767
Alternative Phone No	OTHERS-91851767

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5095919444
Cover Note Number	

### Driver

Name of Driver	ISKANDAR ZULNURAIN BIN BURHANUDIN
NRIC No	S8418925A
Date Of Birth	26/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91851767
Fax Number	
Contact Number	OTHERS-91851767
Email Address	DEEDRZUL@GMAIL.COM



Address	BLK 409 WOODLANDS STREET 41 #05-103
Postcode	730409
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	SIDE SWIPE
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?	NO
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)	2
Passenger 1	NAME: : BROTHER 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

PLEASE REFER TO SKETCH PLAN

#### 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	SBE828D
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH CHEONG KWAI
NRIC/Passport Number	S0312314F
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.
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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:

18 JUNE 2018  
1455

Driver's Signature

(If driver is not the policyholder)

Date & Time:

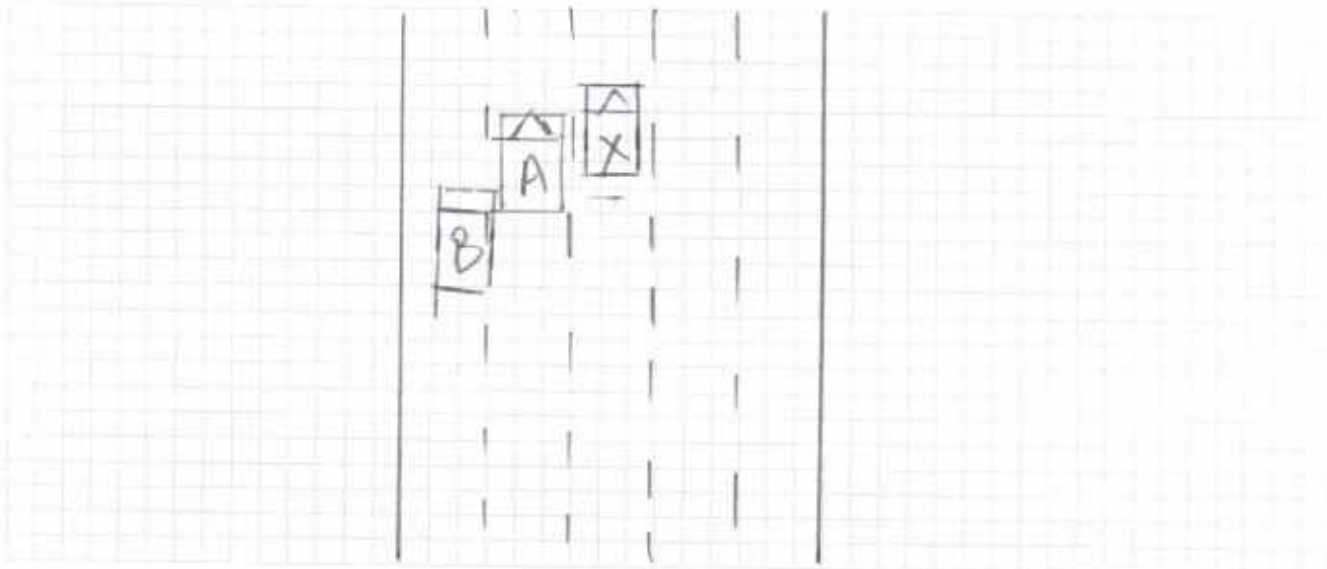
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/06/2018  
Roshni Nath

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/06/2018 AT ABOUT 15:55 HRS I WAS TRAVELLING ALONG AYE TOWARD TUAS NEAR LANPOST T3F. I WAS AT THE 2ND LANE OF 5 LANE ROAD. ON MY LEFT I DID SAW A CAR WHO WAS TO NEAR TO MY LANE BUT I DID HORN & TRY TO KEEP TO THE RIGHT BUT THERE WAS A CAR (UNKNOWN) SO I TRY TO DRIVE A BIT FAST AVOID COLLISION. BUT THE CAR B STILL HIT ON TO THE REAR LEFT OF MY CAR SJV 2069E. WE STOP AT THE SIDE ROAD. I ASK THE DRIVER WHAT WRONG WITH HIM. HE SAYS THE HE FELT GIDDY & NOT FEELING WELL.

## DECLARATION

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

Policyholder's Signature  
Date & Time:  
18 June 18  
1505

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
18/06/2018  
Aishwarya A. A. A. A.



## Claim Handling

Accident MT/0999028

Policy No.	505919444	Vehicle No.	SJV2069E	GST Registration No.	
Policyholder Name	ISKANDAR ZULNURAIN BIN BURHANUDIN			Policyholder NRIC	S8418925A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91851767	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPIC	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date:	18/06/2018 17:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/06/2018	Time of Accident hh:mm	15:55	Country of Accident	Singapore
Reporting Centre		Grange Police		ICM No.	
Accident Location	AYE TOWARDS TUAS NEAR LAMP POST 73F				

## ▼ Benefits

## ▼ Excess

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 Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 409 #09-103	Address 2	WOODLANDS STREET 41	Address 3	SINGAPORE 730409
Address 4		Address Type	Singapore address	Post Code	730409
Unit No.	09-103	Related Policy Number	5071386425-03		

## ▼ OI Driver Info

Driver Name	ISKANDAR ZULNURAIN BIN BURHANUDIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8418925A	Driver DOB	26/06/1984
Register Date of Driver License	30/04/2007	Driver Age	33	Driving Experience	11
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 409 #09-103	Address 2	WOODLANDS STREET 41	Address 3	SINGAPORE 730409
Address 4		Address Type	Singapore address	Post Code	730409
Unit No.	09-103				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJV2069E	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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## Modification History

Claim 001 View

Claim Type *	OD-MK	Insured Name	ISKANDAR ZULNURAIN BIN BUR	Insured NRIC	S8418925A
Contact No.(Mobile)	91851767	Contact No.(Home)	92192162	Contact No.(Office)	
Email Address		OI Vehicle Number	SJV2069E	TP Vehicle Number	S88828D
Claim Description	SJV2069E / S88828D ON 18 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	18/06/2018 17:59	Claim Close Date		Date Received	18/06/2018 00:00
Report Taken By	BOSLI WAHAB				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0999028	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/06/2018 18:00

Path \*

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Message Read	

Send Message Upload

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:00	Photos	Normal	Photos 2018-6-18		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:00	Photos	Normal	Photos 2018-6-18		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:00	Photos	Normal	Photos 2018-6-18		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:00	Photos	Normal	Photos 2018-6-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 17:59	Photos	Normal	Photos 2018-6-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 17:59	Photos	Normal	Photos 2018-6-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 17:59	Photos	Normal	Photos 2018-6-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 17:59	Photos	Normal	Photos 2018-6-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 17:59	SAS	Normal	SAS 2018-6-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 17:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-18	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

## ACCIDENT STATEMENT

ACCIDENT DATE: 16/06/2018 (DD/MM/YYYY), TIME: 15:55 (HH:MM)

LOCATION: AYE TOWARDS TNAS (LAND POST 73F)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STV2069E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: VOLKSWAGEN SCIROCCO  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
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: ISKANDAR ZULNURAIN BIN BUKHANUDIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8418925A CONTACT: 91851767  
c) ADDRESS: 409, WOODLANDS ST 41, #05-103  
S(730409)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 26/06/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SBE 828 D MODEL: BMW  
b) DRIVER'S NAME: LOH CHEONG KWA  
c) NRIC/FIN/PASSPORT: S0312314F CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = deedrzu1@gmail.com

fax = \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8418925A



Name

ISKANDAR ZULNURAIN BIN  
BURHANUDIN

Race

JAVANESE

Date of birth

26-06-1984

Country/Place of birth

SINGAPORE

Sex

M



5355943



NRIC No. S8418925A



Date of issue

24-09-2014

Address

APT BLK 409 WOODLANDS STREET 41  
#05-103  
SINGAPORE 730409

REPUBLIC OF SINGAPORE DRIVING LICENCE

LICENCE NUMBER S8418925A

Name

ISKANDAR ZULNURAIN BIN  
BURHANUDIN

Birth Date 26 Jun 1984

Issue Date 09 Dec 2010



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	28 Aug 2004
Class 2A	Motorcycles between 201 CC and 400 CC	05 Dec 2006
Class 1	Motorcycles > 400 CC	09 Dec 2010
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 3500 kg	30 Apr 2007
Class 4	Heavy motor cars and motor tractors > 3500 kg	30 Jan 2011

S8418925A

S / No. 9000147870

NF 429A



Hello, NAC\_BUKIT\_MERAH\_800676

[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="18/06/2018 14:47"/>						
Vehicle No. (For Motor)	<input type="text" value="SJV2069E"/>	<input type="button" value="Search"/>							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5095919444	ISKANDAR ZULNURAIN BIN BURHANUDIN	S8418925A	GPC	drive CLASSIC	SJV2069E	SJV2069E	17/11/2017	13/01/2019
<input type="button" value="Continue"/>									