

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------------|---------|
| Date In 02/07/2018 17:42 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC18012090/44 | SAS e-filing | | |
| Veh No SGS4292P | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A 27/06/2018 22:30 | i-Motor Claim Form | MT/1001097-002 4/7/18 09:50 | |
| 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: SLV7806M | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA1804193 | Invoice Preparation Checklist | Am't (\$) 1st 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) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *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'n 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 02/07/2018 17:42
Date Of Accident 27/06/2018 22:30
Exact Location Of Accident KPE (TPE) FILTER TO TAMPINES ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS4292P
Insured/Policyholder
Name Of Registered Owner PG MOTORING
Co Reg No 53213875M
Email Address ANDY.HIRMAN@GMAIL.COM
Mobile Phone No (LOCAL) +65-82484928
Alternative Phone No OFFICE-82484928

Vehicle Particulars

Manufacturer TOYOTA
Model WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident HEADING TO WORK
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
Fleet Policy NO
Policy Number 5097341677-01
Cover Note Number

Driver

Name of Driver ANDY HIRMAN BIN MUSTAFFA
NRIC No S8207493G
Date Of Birth 23/03/1982
Occupation OUTDOOR
Date Of Driving Pass 03/12/2012
Driving Experience 5 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82484928
Fax Number
Contact Number OTHERS-82484928
Email Address ANDY.HIRMAN@GMAIL.COM

| | |
|---|------------------------------|
| Address | BLK 537 BEDOK NORTH STREET 3 |
| | #02-503 |
| Postcode | 460537 |
| 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 | |
| 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) | 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

PLS REFER TO THE ATTACHED 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 | SLV7806M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SELINA HOON |
| NRIC/Passport Number | |
| Contact Number | 81238839 |
| 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.
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.:

[illegible]


A-SGS4292P
B-SLV7806M

I VEHICLE A WAS DRIVING ON KPE (TAE) FILTERING TO TAMPINES ROAD. BLINDSPOT FOR ONCOMING VEHICLE VEHICLES ON TAMPINES ROAD. ROAD WAS EMPTY. THEN MOVE OFF UNREALISING VEHICLE B STOP INFRONT OF THE FILTER LANE. THUS, COLLISION MET.

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

Policyholder's Signature: _____
Date & Time: _____

are true in every respect.



Driver's Signature
(If driver is not the policyholder)

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

ACCIDENT STATEMENT

Reported on 30/6/2018
@ 1245 HRS

ACCIDENT DATE: (27/6/2018) (DD/MM/YYYY), TIME: (22:30) (HH:MM)
LOCATION: KPE (TPE) FILTER TO TAMPINES ROAD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 429N P.
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: HEADING TO WORK
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANDY HIRMAN BIN MUSTAFFA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S82074936 CONTACT: 8248 4928
c) ADDRESS: BLK 537 BEDOK NORTH ST 3
#02-503 S(460537)

*d) DATE OF BIRTH: (03/03/1982) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 6 YRS

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY DAMP

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: SLV7806M MODEL: _____
b) DRIVER'S NAME: SELINA HOON
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8123 8839

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = andy.hirman@gmail.com

fax = andy.hirman@gmail.com

Waiting for Company Chop?

Given on
2/7/2018
@ 1742 HRS.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8207493G**


Name
ANDY HIRMAN BIN MUSTAFFA

Birth Date **23 Mar 1982**
Issue Date **07 Dec 2012**



 002130738A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8207493G





Name
ANDY HIRMAN BIN MUSTAFFA

Race
MALAY

Date of birth **23-03-1982** Sex **M**

Country of birth
SINGAPORE





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

| | EFFECTIVE DATE |
|---|----------------|
| Class 2B Motorcycles <= 300 CC | 28 Mar 2002 |
| Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 3500 kg | 02 Dec 2012 |
| Class 4 Heavy motor cars and motor tractors > 2570 kg | 02 Mar 2015 |

S8207492G

S / No. 9000217459

 Licence No: S8207493G

NP 428A



4855752



NRIC No: **S8207493G**

Date of issue
20-04-2012

Address
**APT BLK 537 BEDOK NORTH STREET 3
#02-503
SINGAPORE 460537**

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="27/06/2018 22:30"/> | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SGS4292P"/> | | | | | | | | |
| <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"/> | 5097341677-01 | PG MOTORING | 53213875M | GFT | Third Party | SGS4292P | SGS4292P | 05/04/2018 | |
| | | | | <input type="button" value="Continue"/> | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------|-------------------|------------------|
| Policy No. | 5097341677-01 | Policyholder Name | PG MOTORING | Policyholder NRIC | 53213875M |
| Address | 200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 03/04/2018 | Effective Date | 05/04/2018 00:00 | Expiry Date | 04/04/2019 23:59 |
| Third Party Excess | 1500.00 | Own damage Excess | 0.00 | Windscreen Excess | 100.00 |
| Additional Excess | 0 | OS Premium | 11253.10 | | |
| Outside Singapore OD Excess | 0.00 | Outside Singapore TP Excess | 1500.00 | | |
| Agent | ASSURE PTE. LTD. | Agent Tel. | 68489119 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | 200 JALAN SULTAN | Address 2 | #02-38 TEXTILE CENTRE | Address 3 | SINGAPORE 199018 |
| Address 4 | | Address Type | Singapore address | Post Code | 199018 |
| Unit No. | 02-38 | Related Policy Number | 5097888808-01 | | |

► Insured Object: SGS4292P

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|---|
| 1 | 05/04/2018 00:00 | Basic Information Endorsement | 000001286789406 | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy:</p> <p>VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJG5932Y 05-04-2018 \$864.03 In view of this amendment, a refund of \$864.03 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy:</p> <p>VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJE2941B 06-04-2018 \$861.66 2. SLJ7244Y 06-04-2018 \$861.66 In view of this amendment, a refund of \$1,723.32 (inclusive of GST) will be adjusted against the outstanding premium.</p> |
| 2 | 09/04/2018 00:00 | Basic Information Endorsement | 000001286791407 | Endorsement Take Effective | |

Claim Handling

The premium on this policy has not been collected.

Accident MT/1001097

| | | | | | |
|---|---|-------------------------------|---|----------------------|-----|
| Policy No. | 5097341677-01 | Vehicle No. | SGS4292P | GST Registration No. | |
| Policyholder Name | PG MOTORING | Cover Type | Third Party | Policyholder NRIC | 532 |
| Product Code | FLEET INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | NA | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Not |
| Report Date | | 02/07/2018 11:14 | | Accident Type | |
| Date of Accident | | 27/06/2018 | | Country of Accident | |
| Reporting Centre | | Accident Report Within 24 hrs | | Colli | |
| Accident Location | | Time of Accident hh:mm | | Sing | |
| SLIP ROAD OUT FROM KPE TO TAMPINES ROAD | | Orange Force | | ICM No. | |

Benefits

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|------|
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 100. |
| 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 Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-----------------------|-----------|------|
| Address 1 | 200 JALAN SULTAN | Address 2 | #02-38 TEXTILE CENTRE | Address 3 | SIN |
| Address 4 | | Address Type | Singapore address | Post Code | 1991 |
| Unit No. | 02-38 | Related Policy Number | 5097886808-01 | | |

OI 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 OD-MX

New

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|-------|
| Claim Type * | OD-MX | Insured Name | PG MOTORING | Insured NRIC | 532 |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | NIL |
| Email Address | | OI Vehicle Number | SGS4292P | TP Vehicle Number | SLV |
| Claim Description | SGS4292P / SLV7806M ON 27 Jun 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Rec |
| Date Registered | 04/07/2018 09:51 | Claim Close Date | | Date Received | 04/07 |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1001097 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 04/07/2018 09:50 |

Urgency •

Message Read

Attachment List

[illegible]

Attachment

[illegible]

▼ Video List

| Uploaded By/Date | Folder Date | File Name |  | Source |
|------------------|-------------|-----------|---|--------|
|------------------|-------------|-----------|---|--------|

Display in New Window

Scan and uploading