

Date In: 9/7/18 11:36	Job description	Date & Time Completed	Done by
Ref No: NAI INC 18012412164	SAS e-filing		
Veh No: SKF 8698 Y	E-mail (within Max. AP. 2hrs)		
DOA: 6/7/18 17:50.	i-Motor Claim Form	M7/1002238 <sup>001</sup>	9/7/18 17:35-
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within 06h 2hrs TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **SHA S31J.** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Actual
MA1804311	1) AR: Accident Reporting (\$30)	32.00	
Driver/Owner	2) DA: Damage Assessment (\$100), INC (\$90)		
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)		
Est 1:	6) TR: Re-inspection \$75		
Est 2/3:	7) NI: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	QI:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) - TP (Even INC) against DPC \$20		
	9) NI: Idco Mobile \$0		
	Invoice dated _____ Fee Charge		
	Invoice dated _____ Fee Charge (		

## 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	09/07/2018 11:36
Date Of Accident	06/07/2018 17:50
Exact Location Of Accident	TPE TOWARDS CTE BEFORE IKEA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8698Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD NURAZRI BIN SANUAN
NRIC No	S8624202H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83382694
Alternative Phone No	OFFICE-83382694

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	5096282973
Cover Note Number	-

### Driver

Name of Driver	MUHAMMAD NURARIF BIN SANUAN
NRIC No	S9148669E
Date Of Birth	25/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98565150
Fax Number	
Contact Number	
E-Mail Address	A_RIF21@HOTMAIL.COM

Address	BLK 41 CHAI CHEE ST #05-20
Postcode	461041
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 526 BEDOK NORTH STREET 3 #01-448 , <b>POSTCODE:</b> 460526 <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4429999 - <b>FAX NO:</b> 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SHA531J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S0328509Z
Contact Number	97692650
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD NURARIF BIN SANUAN
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SKF8698Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

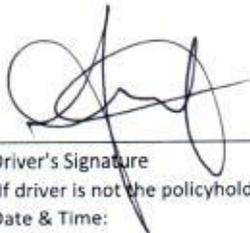
### IMPORTANT NOTICE

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:

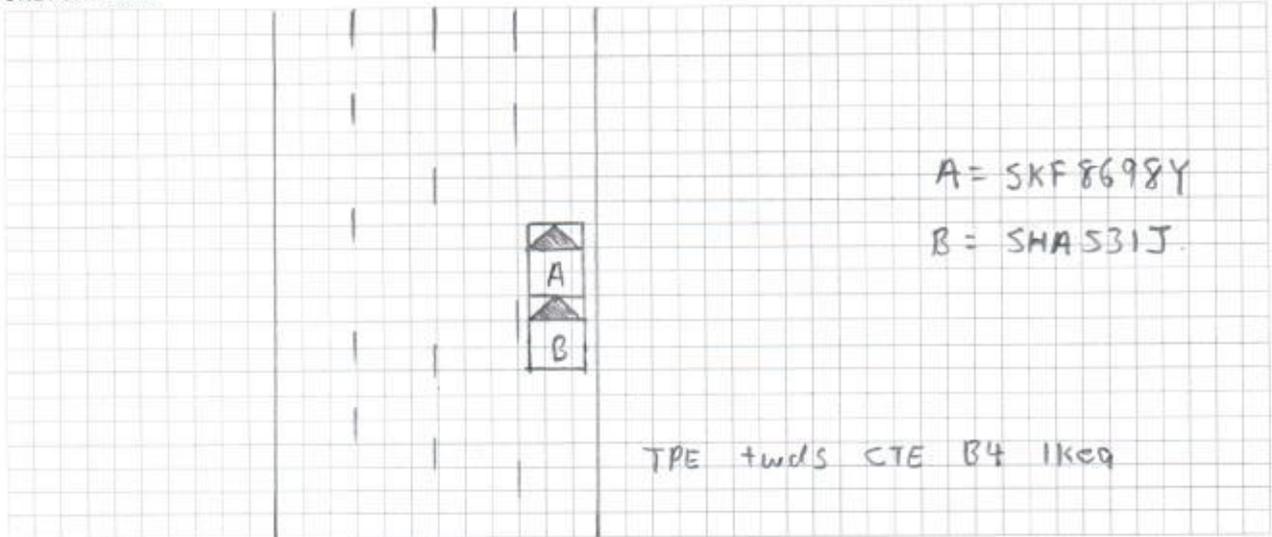
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**



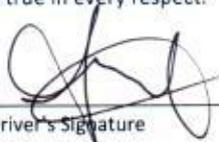
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please Refer to Police Report

**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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 7 / 18 ) (DD/MM/YYYY), TIME: ( 17 : 45 ) (HH:MM)

LOCATION: TPE twols Teras CTE before Ikea.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 8698Y  
b) INSURANCE COMPANY: INAC  
c) POLICY NUMBER: \_\_\_\_\_  
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: Private use  
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: Muhammad Nurazri bin Samuan. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 83382694  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Muhammad Nurazri bin Samuan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98565150  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( \_\_\_ / \_\_\_ / \_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sibling

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: SHH 531J MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: S03285092 CONTACT: 97692650

## 9. THIRD PARTY VEHICLE

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

camera: No.

email = a-rif21@hotmail.com

fax =

90901137.

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
(      )

\* No of passenger  
(including driver)  
(      )

\* waiting photo





**SINGAPORE  
POLICE FORCE**



T/20180707/2057

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

2 of 3

Report No. T/20180707/2057

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMMAD NURARIF BIN SANUAN	ID No.	S9148669E
Related Vehicle	SKF8698Y (Car)	Contact No.	98565150
Hospital/Clinic	PROHEALTH MEDICAL GROUP @PUNGGOL SPECTRA PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	06/07/2018	Date Discharge	06/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 06/07/2018 at around 1748hrs, I was driving along TPE near to IKEA when I felt an impact from the rear of my vehicle. I was driving along the first lane and I noticed an traffic accident on my left on the third lane. As I was still going forward, one Taxi (SHA531J) hit my car from behind. We then alighted from our vehicles and exchanged particulars before moving off. He only gave me his IC number and phone number verbally (S0328509Z, 97692650) however he did not show me his NRIC. My car's exhaust pipe was bent downwards and there are some scratches on my rear bumper. I also felt some pain on my neck and I received a 3 days MC. I am lodging this report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20180707/2057

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

3 of 3

Report No. T/20180707/2057

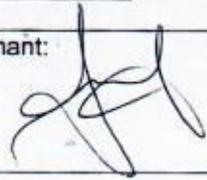
**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 2 LIEW CHONG XIANG, VINCENT 

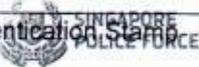
Signature Of Informant: 

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/07/2018 14:07

Officer In Charge Of Case:  
TP / AEIT /  
SI DZUL HAIRIE BIN RAMLI  
Contact No.: 65476220

Classification Of Case:

Authentication Stamp  
NP168   
  
SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9148669E**

Name: **MUHAMMAD NURARIF BIN SANUAN**

Birth Date: **25 Dec 1991**

Issue Date: **26 Nov 2015**

002497268H

USG 50



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9148669E**

Name: **MUHAMMAD NURARIF BIN SANUAN**

Race: **JAVANESE**

Date of birth: **25-12-1991**

Country of birth: **SINGAPORE**

Sex: **M**




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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE: **26 Nov 2015**

Licence No: S9148669E

NP 428A

3983782

NRIC No. **S9148669E**

Date of issue: **29-12-2005**

APT BLK 41 CHAI CHEE STREET #05-20  
SINGAPORE 461041

NRIC No. **S9148669E** Date: **10/03/2008** No: **5884659**




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"/>	5096282973	MUHAMMAD NURAZRI BIN SANUAN	S8624202H	GPC	drivo CLASSIC	SKF8698Y	SKF8698Y	05/12/2017	04/12/2018

Continue

## Claim Handling

## Accident MT/1002238

Policy No.	5096282973	Vehicle No.	SKF8698Y	GST Registration No.	
Policyholder Name	MUHAMMAD NURAZRI BIN SANJAN	Cover Type	drive CLASSIC	Policyholder NRIC	S8624202H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83382694	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No ▾
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

▾ Accident Details

Report Date	09/07/2018 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/07/2018	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TOWARDS CTE BEFORE IKEA				

▾ Benefits

▾ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	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 667A #03-584	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 621667
Address 4		Address Type	Singapore address	Post Code	621667
Unit No.		Related Policy Number	5096282973		

▾ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD NURARIF BIN SANJAN	Driver NRIC	S9148669E	Driver DOB	25/12/1991
Register Date of Driver License	26/11/2015	Driver Age	26	Driving Experience	2
Contact No.(Mobile)	98565150	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 41 #05-20	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 461041
Address 4		Address Type	Singapore address	Post Code	461041
Unit No.	05-20				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX ▾	Insured Name	MUHAMMAD NURAZRI BIN SANJAN	Insured NRIC	S8624202H
Contact No.(Mobile)	83382694	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKF8698Y	TP Vehicle Number	SHA531J
Claim Description	SKF8698Y / SHA531J ON 6 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▾		
Require Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop, Name unknown ▾	GIA report	Received
Date Registered	09/07/2018 17:32	Claim Close Date		Date Received	09/07/2018 00:00
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1002238	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2018 17:35

Path *	Category *	Confidential	Urgency *	Descr
Choose File No file chosen	Clear Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear Please Select ▾	NO ▾	Normal ▾	

