

NATIONAL Assessment Centre Services [wef: Jan 2005] MAA410089983			
Date In: 12/07/2018 15:13	Job description	Date & Time Completed	Done by
Ref No: NBA/INC80/2087	SAS e-filing		
Veh No: SGJ 20387	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/07/2018 18:00	i-Motor Claim Form	MT/1002716-001	12/07/2018
OD 1P Reporting Only	i-Motor W/O (Within: Old 2hrs, TP 4hrs)		15:55
	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: SLJ 9566C	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

NA804487	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) 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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5			
Cat 1:	TP (N11): TP (Non INC) against INC \$20			
Cat 2 / 3:	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	12/07/2018 15:13
Date Of Accident	11/07/2018 18:00
Exact Location Of Accident	ALONG CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ2038T
Insured/Policyholder	
Name Of Registered Owner	MOHAMED DANDARY BIN JAMALUDIN
NRIC No	S8515667E
Email Address	DANDARY_LINDA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97819910
Alternative Phone No	OTHERS-97819910

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT PLUS-1.5 (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5089841202-01
Cover Note Number	

Driver

Name of Driver	MOHAMED DANDARY BIN JAMALUDIN
NRIC No	S8515667E
Date Of Birth	25/05/1985
Occupation	INDOOR
Date Of Driving Pass	27/03/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97819910
Fax Number	
Contact Number	OTHERS-97819910
Email Address	DANDARY_LINDA@HOTMAIL.COM

Address	BLK 183D BOON LAY AVENUE #06-750
Postcode	644183
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	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	SLT9566C
Vehicle Make/Model/Colour	TOYOTA/PICNIC/MAROON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHMAD MUBEEN BIN SHAHRUDIN
NRIC/Passport Number	S9502104B
Contact Number	92376332
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC7226J
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Vehicle Make/Model/Colour	HYUNDAI I40 /YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FRANCIS
NRIC/Passport Number	
Contact Number	83896855
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED DANDARY BIN JAMALUDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGJ2038T
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.

Mohamed Daudy

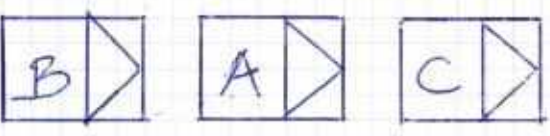
Policyholder's Signature
Date & Time:



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


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

SKETCH PLAN

CORRATION ROAD		CHIN BEE DR
OTHER CARS:		
		OTHER CARS
A) SGJ 2038T C) SHC 7226J B) SLT 9566C		CORPORATION DR.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along corporation road ~~along~~ towards beam lay. Stationary because traffic light was red. Suddenly vehicle SLT 9566C hit the rear of my vehicle, the impact was strong and pushed my vehicle forward to banged onto SHC 7226J. The driver from SLT 9566C asked me how to settle this matter, I replied let the insurance handle.

The taxi driver approached both rear vehicles and said my bumper is slightly scratched and I'm not claiming, so both of you proceed to settle yourself.

DECLARATION

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



Policyholder's Signature

Date & Time:

12/07/18



Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/07/18


 12/07/18
 Name: 
 NRIC/FIN No. 

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Claim Handling

[Exit](#)

Accident MT/1002716

Policy No.	5089841202-01	Vehicle No.	SG12038T	GST Registration No.	
Policyholder Name	MUHAMMAD DANDARY BIN JAMALUDIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	58515667E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	97819910	Special Remarks		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	No
KPIs	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	12/07/2018 15:53	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/07/2018	Time of Accident (hh:mm)	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CORPORATION ROAD				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 183D #06-750	Address 2	BOON LAY AVENUE	Address 3	BOON LAY GROVE
Address 4	SINGAPORE 644183	Address Type	Singapore address	Post Code	644183
Unit No.	06-750	Related Policy Number	5089841202-01		

▼ OI Driver Info

Driver Name	MUHAMMAD DANDARY BIN JAMALUDIN	Driver Type	Main Driver	Driver DOB	25/05/1985
Unnamed driver Name		Driver NRIC	58515667E	Driving Experience	9
Register Date of Driver License	27/03/2009	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	97819910	Contact No. (Office)		Address 3	BOON LAY GROVE
Address 1	BLK 183D #06-750	Address 2	BOON LAY AVENUE	Post Code	644183
Address 4	SINGAPORE 644183	Address Type	Singapore address		
Unit No.	06-750				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SG12038T	Driver (Insurer) Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD DANDARY BIN JAMALUDIN	Insured NRIC	58515667E
Contact No. (Mobile)	97819910	Contact No. (Home)	85665034	Contact No. (Office)	
Email Address		OI Vehicle Number	SG12038T	TP Vehicle Number	SLT9566C
Claim Description	SG12038T / SLT9566C ON 11 Jul 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	12/07/2018 15:53	Claim Close Date		Date Received	12/07/2018 00:00
Report Taken By:	ROSALI WAHAB				

Print AX letter

Save Submit

Attachment

or

Accident No.	MT/1002716	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/07/2018 15:55

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	

▼ 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 12 Jul 2018 15:55	Photos	Normal	Photos 2018-7-12		Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:55	Photos	Normal	Photos 2018-7-12		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:55	Photos	Normal	Photos 2018-7-12		Edit

Send Message Upload

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:55	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:55	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:58	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:55	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:54	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:54	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:54	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:54	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:54	Photos	Normal	Photos 2018-7-12	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:53	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:53	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:53	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:53	Photos	Normal	Photos 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:53	SAS	Normal	SAS 2018-7-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 Jul 2018 15:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-12	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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ACCIDENT STATEMENT

Date Of Report 12/07/18
Date Of Accident / Time 11/07/18 / 1800hrs
Exact Location Of Accident Along Corporation Rd
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCJ 2038T

Insured/Policyholder

Name Of Registered Owner / COMPANY MUHAMMED DANDARY BIN JAMALUDIN

NRIC No / CO-REG NO. S8515667E

Email Address dandary - linda@hotmail.com

Mobile Phone No 97819910

Alternative Phone No

Vehicle Particulars

Manufacturer MITSUBISHI COLT PLUS

Model C

Exact Purpose for which vehicle was being used at time of accident PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle? 3P

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company NTUC

Type Of Coverage 3P F&T

Fleet Policy

Policy Number

Cover Note Number

Driver

Name of Driver MAS ABOVE

NRIC No

Date Of Birth 25/05/1985

Occupation SAFETY OFFICER

Date Of Driving Pass 27/03/09

Driving Experience

Gender MALE


Mobile Number


Fax Number


Contact Number

EMail Address

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8515667E**




Name
MOHAMED DANDARY BIN JAMALUDIN


Race
MALAY

Date of birth
25-05-1985

Country/Place of birth
SINGAPORE

Sex
M


REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S8515667E**

Name
MOHAMED DANDARY BIN JAMALUDIN

Birth Date: **25 May 1985**

Issue Date: **04 Nov 2005**



 001378762K

5548276



ID No: **S8515667E**



Date of issue
11-01-2016

Address
**APT BLK 163D BOON LAY AVENUE
#05-750
SINGAPORE 644183**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	04 Nov 2005
Class 2A	Motorcycles between 201 CC and 400 CC	28 Dec 2007
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg	27 Mar 2009

S8515667E

S / No. 9000099185

 License No: S8515667E

NP 478A

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="12/07/2018 15:11"/>						
Vehicle No. (For Motor)	<input type="text" value="SGJ2038T"/>								
<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"/>	5089841202-01	MOHAMED DANDARY BIN JAMALUDIN	S8515667E	GPC	Third Party, Fire & Theft	SGJ2038T	SGJ2038T	03/07/2018	02/07/2019
<input type="button" value="Continue"/>									