NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 118090696.

Date In: 14/7/18 09:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC180128 32/h4	SAS e-filing		
Veh No: SKJ 1027 J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 13/7/18 17:35.	i-Motor Claim Form	MT/1003150-001	16/7/18 15:33
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: GW 87315. 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
	* waiting IC & License for Submit. Ebao by today.

MA/1804523

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : 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) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services.-			
QI:*			
*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 witholding 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	14/07/2018 09:21
Date Of Accident	13/07/2018 17:35
Exact Location Of Accident	NEWTON CIRCUS BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ1027J
Insured/Policyholder	
Name Of Registered Owner	AUTO TRINITY CREDIT PTE. LTD.
Co Reg No	201702129Z
Email Address	MUHDNURAMIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96521196
Alternative Phone No	OFFICE-91147540
Vehicle Particulars	
Manufacturer	LEXUS
Model	RX350-3.5 (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089842398-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NURAMIN BIN JAMIL
NRIC No	S8302260D
Date Of Birth	12/01/1983
Occupation	INDOOR
Date Of Driving Pass	28/03/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91147540
Fax Number	
Contact Number	OFFICE-96521196
EMail Address	MUHDNURAMIN@HOTMAIL.COM

Address	BLK 899B WOODLANDS DRIVE 50 #09-268
Postcode	731899
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	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)	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?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW8731S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AYYASAMY MURUGAN
NRIC/Passport Number	G7487330N
Contact Number	96745050
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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 entitle an insurance company to **repudiate policy liability**.

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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 authorised 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/we (for myself/ourselves, as applicable), agree and consent that:

(a) My insurer(s), Assessors and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and 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 Motor Insurers' Bureau of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) assessing, 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) facilitating and/or dealing with my instructions or responding to any enquiries by me;

(iv) facilitating my claims (including the mailing of correspondence, statements, invoices, reports or notices to me which would involve the 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) the 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 (whether 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 or risk management in respect of all future claims.

(e) the information collected under (d) above may be shared / disclosed:

(i) to the insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, including law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for the purpose of complying with requirements under any regulations, laws or court orders.

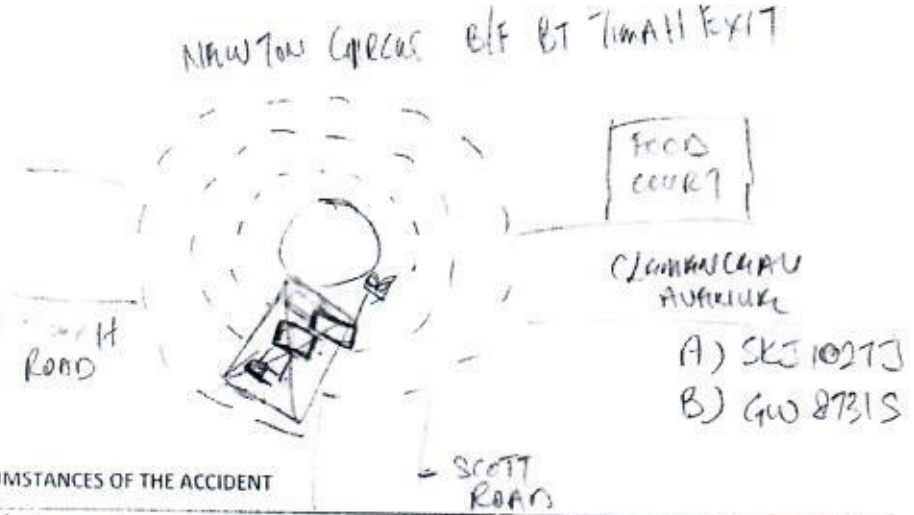
Policyholder's Signature
Name
Date & Time 16/7/18 1233hrs

AUTO TRINITY CREDIT PTE. LTD. REG. NO. 201702120Z

Driver's Signature
(If driver is not the policyholder)
Date & Time 16/7/18 @ 0923hrs

Reporting Centre Personnel's Signature
Name
RRC / CRC No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/7/2018 at around 1735hrs, I was driving at the roundabout after Newton Hawker Centre before exiting bukit Timah. I was on the centre lane when I felt a vehicle hat hit me by the side. When I step out of the car, I realize that a van hat hit me by the side. After confirming there is no injury, I told the driver to shift our vehicle after saluing him taking photo. He then agree. There is some dent on the right passenger door. *the accident happen inside the yellow box.

DECLARATION

I declare that the foregoing particulars are true in every respect

Driver's Signature
(if driver is not the policyholder)
Date & Time 14/7/2018 0937hrs

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

AUTO TRINITY CREDIT PTE. LTD. REG. NO. 201702122Z

16/7/18 1230hrs

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8302260D

MUHAMMAD NURAMIN BIN JAMIL

محمد نورامين بن جاميل

MALAY

Date of birth: 12-01-1983

Sex: M

Country/Place of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8302260D

MUHAMMAD NURAMIN BIN JAMIL

12 Jan 1983

28 Aug 2014

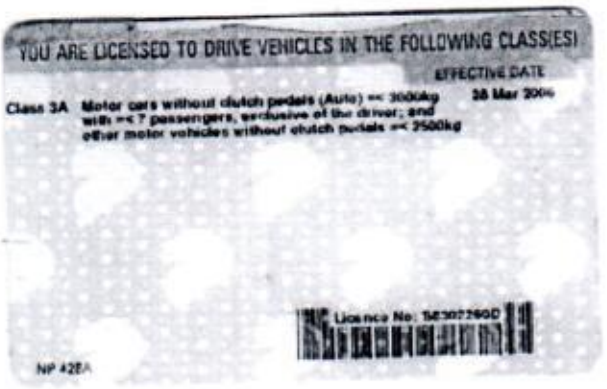
5349689

S8302260D

09-09-2014

APT BLK 6998 WOODLANDS DRIVE 50 #08-288
SINGAPORE 731699

NRIC No: S8302260D Date: 04/07/2018 (R)



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 3500kg — 28 Mar 20[illegible]

Licence No: S8302260D

NP 42EA

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SKJ1027J
Date of Accident 13/07/2018 14:23

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5089842398-01	AUTO TRINITY CREDIT PTE. LTD.	201702129Z	GFT	Third Party	SKJ1027J	SKJ1027J	10/02/2018	

Continue

Claim Handling

Accident MT/1003150

Policy No.	5089842398-01	Vehicle No.	SKJ1027J	GST Registration No.	
Policyholder Name	AUTO TRINITY CREDIT PTE. LTD.			Policyholder NRIC	201702129Z
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91147540	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	16/07/2018 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/07/2018	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS BEFORE BUKIT TIMAH EXIT				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
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	24 SIN MING LANE	Address 2	#06-97 MIDVIEW CITY	Address 3	SINGAPORE 573970
Address 4		Address Type	Singapore address	Post Code	573970
Unit No.	06-97	Related Policy Number	5087909818		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD NURAMIN BIN JAMI	Driver NRIC	S8302260D	Driver DOB	12/01/1983
Register Date of Driver License	28/03/2006	Driver Age	35	Driving Experience	12
Contact No.(Mobile)	96521196	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 899B #09-268	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 731899
Address 4		Address Type	Singapore address	Post Code	731899
Unit No.	09-268				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AUTO TRINITY CREDIT PTE. LTD	Insured NRIC	201702129Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKJ1027J	TP Vehicle Number	GW8731S
Claim Description	SKJ1027J / GW8731S ON 13 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/07/2018 15:32	Claim Close Date		Date Received	16/07/2018 00:00
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1003150	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/07/2018 15:33

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	

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	

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:33	SAS	Normal	SAS 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:33	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:32	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 15:32	Photos	Normal	Photos 2018-7-16

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading