

NATIONAL Assessment Centre Services [Ref: Jan 05] <i>NA 4804821</i>			
Date In: <i>30/07/2018 17:37</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA 4804821</i>	SAS e-filing		
Veh No: <i>SLX 9166m</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>29/07/2018 17:30</i>	i-Motor Claim Form	<i>MT/1005212-001</i>	<i>30/07/2018</i>
OD: TP <i>Reporting Only</i>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>17:37</i>
	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: <i>SLX 7581A</i>	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

<i>NA 4804821</i> Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Dat. 1: Dat. 2/3:	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) 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) N1: Idao 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				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (N/a INC) against INC \$20				
9) N12: Idao 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	30/07/2018 17:37
Date Of Accident	29/07/2018 17:30
Exact Location Of Accident	WOODLANDS CHECKPOINT TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9166M
Insured/Policyholder	
Name Of Registered Owner	MUHD FADZLEE BIN SUHAIMI
NRIC No	S8802912G
Email Address	MUHDFADZLEE.SUHAIMI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97207925
Alternative Phone No	OTHERS-97207925

Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA
Exact Purpose for which vehicle was being used at time of accident	TRAVELING
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099247163
Cover Note Number	

Driver

Name of Driver	MUHD FADZLEE BIN SUHAIMI
NRIC No	S8802912G
Date Of Birth	27/01/1988
Occupation	INDOOR
Date Of Driving Pass	31/12/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97207925
Fax Number	
Contact Number	OTHERS-97207925
Email Address	MUHDFADZLEE.SUHAIMI@GMAIL.COM

Address	BLK 889B WOODLANDS DRIVE #02-243
Postcode	732889
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	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	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: : WIFE GENDER: : FEMALE

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	SLX7581A
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO YEW CHUAN KELVIN
NRIC/Passport Number	S7630700H
Contact Number	92953717
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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: 30/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

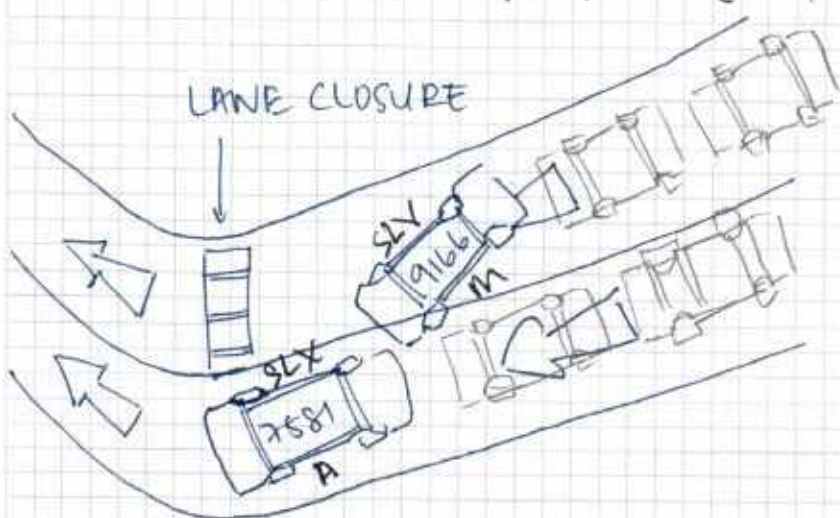
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

WOODLAND CHECKPOINT. (ENTERING SINGAPORE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAUGHT IN TRAFFIC JAM @ WOODLANDS CHECKPOINT. MET WITH LANE CLOSURE (BARRIER). CHANGED LANE TO ~~ENTER~~ ~~ENTER~~ ENTER BEHIND SLX 7581A. FRONT LEFT BUMPER BUMPED INTO RIGHT REAR BUMPER OF SLX 7581A.

BUMPER OF SLX 7581A HAS PAINT TRANSFER FROM SLV 9166 M.

DECLARATION

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

Policyholder's Signature
Date & Time: 30/7/18 @

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

Reporting Centre Personnel's Signature
Name: 30/07/2018
NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/1005212

Policy No.	5095247163	Vehicle No.	SLV9166H	GST Registration No.	
Certificate No.					
Policyholder Name	MUHD FADZLEE BIN SUHAIMI			Policyholder NRIC	58802912G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	97207925	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

Accident Details

Report Date	30/07/2018 17:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/07/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CHECKPOINT TOWARDS SINGAPORE				

Benefits

Own damage Excess	0.00	Additional Excess	0	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 889B #02-243	Address 2	WOODLANDS DRIVE 50	Address 3	TREETRAIL@WOODLANDS
Address 4	SINGAPORE 732889	Address Type	Singapore address	Post Code	732889
Unit No.	02-243	Related Policy Number	5095247163		

OI Driver Info

Driver Name	MUHAMMAD FADZLEE BIN SUHAIMI	Driver Type	Main Driver	Driver DOB	27/01/1988
Unnamed driver Name		Driver NRIC	58802912G	Driving Experience	7
Register Date of Driver License	31/12/2010	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	97207925	Contact No.(Office)		Address 3	TREETRAIL@WOODLANDS
Address 1	BLK 889B #02-243	Address 2	WOODLANDS DRIVE 50	Post Code	732889
Address 4	SINGAPORE 732889	Address Type	Singapore address		
Unit No.	02-243				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLV9166H	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **New**

Claim Type *	CG-MK	Insured Name	MUHD FADZLEE BIN SUHAIMI	Insured NRIC	58802912G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SLV9166H	TP Vehicle Number	SLX751
Claim Description	SLV9166H / SLX7581A On 29 Jul 2018				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Settlement No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	30/07/2018 17:56
Report Taken By				Date Received	30/07/2018
					MOSLI WANAB

Print AK letter

Save Submit

Attachment

Accident No.	MT/1005212	Claim No.	001	Category *	Confidential	Urgency *	Desc
Last Doc. Received	* Yes No	Upload Date	30/07/2018 17:57				
		Path *					
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				Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Data	Category	Urgency	Description	It
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jul 2018 17:57		Photos	Normal	Photos 2018-7-30	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:57

Photos

Normal

Photos 2018-7-30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:57

Photos

Normal

Photos 2018-7-30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:56

Photos

Normal

Photos 2018-7-30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:56

Photos

Normal

Photos 2018-7-30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:56

Photos

Normal

Photos 2018-7-30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:56

Photos

Normal

Photos 2018-7-30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:56

SAS

Normal

SAS 2018-7-30

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2018 17:56

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-7-30

Video List

Uploaded By/Date

Folder Date

File Name

?

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 29/7/2018 (DD/MM/YYYY), TIME: 17:30+ (HH:MM)

LOCATION: WOODLANDS CHECKPOINT (ENTERING SINGAPORE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 9166 m
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5099247163
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: PERODUA VIVA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL
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 FADZLEE BIN SUHAIMI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8802912G CONTACT: 9720 7925
c) ADDRESS: B1K 889B, WOODLANDS DRIVE SO
#02-243 S(732889)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS BROM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 27/01/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/12/2010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: outsider

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: SLX 7581A MODEL: HYUNDAI ELANTRA
b) DRIVER'S NAME: TEO YAN CHUAN KELVIN
c) NRIC/FIN/PASSPORT: S7630700H CONTACT: 9295 3717


9. THIRD PARTY VEHICLE

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

email = MUHAMMAD FADZLEE.SUHAIMI@GMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8802912G



Name
MUHAMMAD FADZLEE BIN SUHAIMI

Race
MALAY


Date of Birth
27-01-1988

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8802912G**



Name
MUHAMMAD FADZLEE BIN SUHAIMI

Birth Date **27 Jan 1988**

Issue Date **31 Dec 2010**

001924004

3299078



NRIC No. **S8802912G**



Blond Group Date of issue
30-01-2003

APT BLK 889B WOODLANDS DRIVE 50 #02-243
SINGAPORE 732889

NRIC No. **S8802912G** Date: **12/03/2016**

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

EFFECTIVE DATE: **31 Dec 2010**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 438A

Licence No. **S8802912G**

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099247163

Cover : Third Party

- | | |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLV9166M |
| Chassis Number | : PM2L251S002045939 |
| 2. Name of Policyholder | : MUHAMMAD FADZLEE BIN SUHAIMI |
| 3. Effective Date of Insurance | : 24 Mar 2018 |
| 4. Expiry Date of Insurance | : 23 Mar 2019 |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: MUHAMMAD FADZLEE BIN SUHAIMI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON AUTO AGENCY (00000614645)

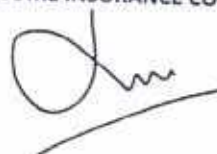
Date of Issue : 23 Mar 2018 18:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive