

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118103225

Date In	10/18/18 14:23	Job description	Date & Time Completed	Done by
Ref No	MA118014 505164	SAS e-filing		
Vel No	538 6323 A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A	918/18 15:10	i-Motor Claim Form	MT11006733 ⁰⁰¹	11/8/18 10:15
OD (TP) Reporting Only		i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Vel No: SH 7852 U.	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	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	3200	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	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:-		
	Q1:		
	*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 (Non INC) against INC \$20		
	9) N12: Idao 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	10/08/2018 14:23
Date Of Accident	09/08/2018 15:10
Exact Location Of Accident	ALONG ROCHOR RD BESIDE OG BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6323A
Insured/Policyholder	
Name Of Registered Owner	RAHIMAN BIN RAHIM
NRIC No	S9018695G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87146768
Alternative Phone No	OFFICE-87146768

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097157942
Cover Note Number	-

Driver

Name of Driver	RAHIMAN BIN RAHIM
NRIC No	S9018695G
Date Of Birth	19/05/1990
Occupation	INDOOR
Date Of Driving Pass	06/08/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87146768
Fax Number	
Contact Number	OFFICE-87146768
EMail Address	NOEMAIL

Address BLK 704 WEST COAST RD #03-429
 Postcode 120704
 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
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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: : NURFARHANAH BINTE ABDULLAH
 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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7852U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver SHAHARUTDEEN S/O ABDUL MANAP
 NRIC/Passport Number S7610359C
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 lodging 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 (a) 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:



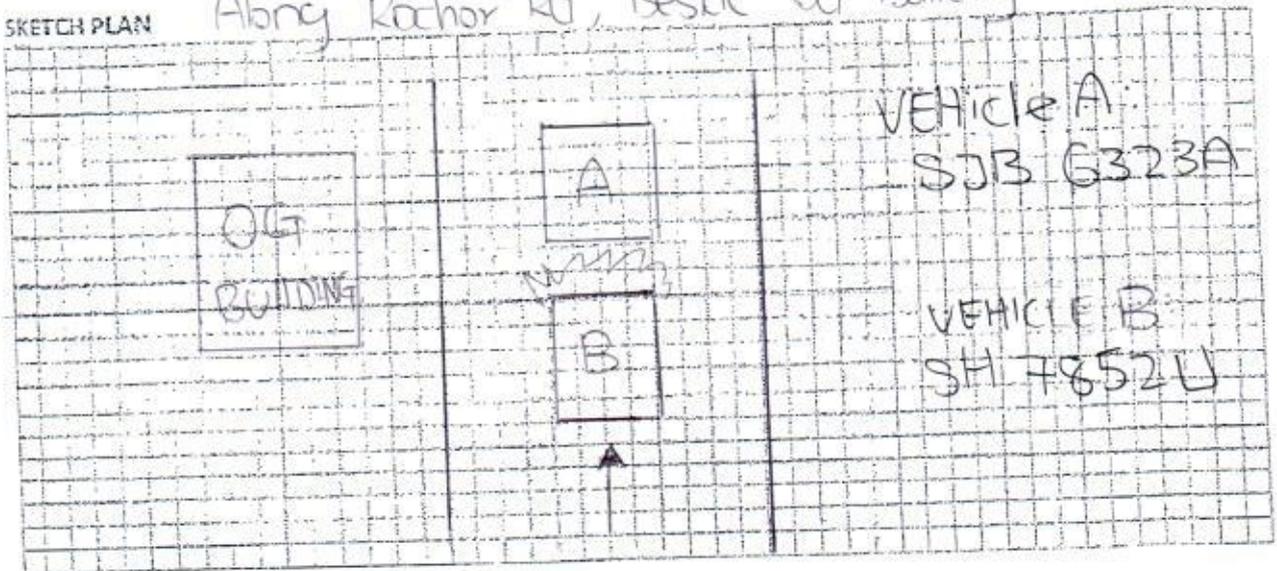
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Along Rochor Rd, Beside OG Building



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was stationary on road awaiting traffic to move. Vehicle B rear-ended Vehicle A.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Kohin

Policyholder's Signature
Date & Time:

Kohin

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

[Signature]

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

Date of Accident : 09 August 18 Accident Time: 15:10 (24-HR-Format)

Accident Place : Along Rochor Rd, beside OG Building

Vehicle Reg. No. (Car Plate No.) : SJBG323A

Vehicle Make/Model : Lancer Ex

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : RAHIMAN BIN RAHIM S9018695G

Owner or Company Contact No. : _____ Owner's Hp 87146768 Company Tel _____

DRIVER'S Name / IC No. : RAHIMAN BIN RAHIM S9018695G

DRIVER'S Date Of Birth : 19/05/1990 DRIVER'S License Pass Date 06 Aug 2013

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : APT BLK 704 WEST COAST ROAD # 03-429, S120704

DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : weiyuan0312@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 2 - female SF9120473

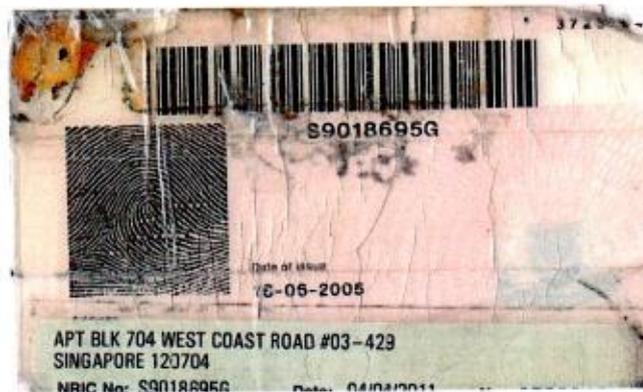
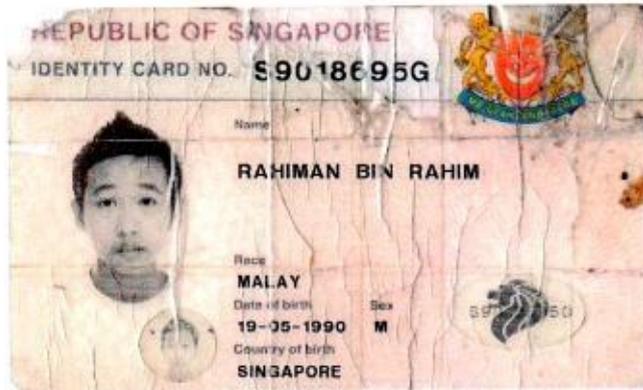
Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Murfarhanah Binte Abdullah

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SH 7852U</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>S</u>	Vehicle Make/Model: _____
Name Driver: <u>SHAHARUDEEN S/O ABDUL MANAP</u>	Name Driver: _____
IC No. Driver: <u>S7G10359C</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9018695G**
Name:
RAHIMAN BIN RAHIM

Birth Date: **19 May 1990**
Issue Date: **22 Apr 2009**

001734123D

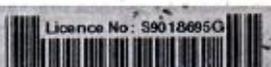


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	PASS DATE
Class 2A	Motorcycles <= 250 cc	12 Apr 2009
Class 3	Motor cars <= 3500 kg with <= 1 passenger, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Aug 2013

S / No. 9000183278

Licence No: S9018695G



NP 428A

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: 5097157942

Cover : drivo CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SJB6323A |
| Chassis Number | : JMYSNCS3A8U002665 |
| 2. Name of Policyholder | : RAHIMAN BIN RAHIM |
| 3. Effective Date of Insurance | : 16 Jan 2018 |
| 4. Expiry Date of Insurance | : 17 Jan 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: RAHIMAN BIN RAHIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

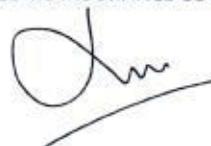
Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
 Date of Issue : 15 Jan 2018 17:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1006733

Policy No.	5097157942	Vehicle No.	SJB6323A	GST Registration No.	
Certificate No.					
Policyholder Name	RAHIMAN BIN RAHIM			Policyholder NRIC	S90181
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87146768	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ **Accident Details**

Report Date	11/08/2018 10:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	09/08/2018	Time of Accident hh:mm	15:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ROCHOR RD BESIDE OG BUILDING				

▼ **Benefits**

▼ **Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
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	BLK 704 #03-429	Address 2	WEST COAST ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	12070
Unit No.		Related Policy Number	5097157942		

▼ **OI Driver Info**

Driver Name	RAHIMAN BIN RAHIM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S901869SG	Driver DOB	19/05/
Register Date of Driver License	06/08/2013	Driver Age	28	Driving Experience	5
Contact No.(Mobile)	87146768	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 704 #03-429	Address 2	WEST COAST ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	12070
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RAHIMAN BIN RAHIM
Contact No.(Mobile)	87146768	Contact No. (Home)	NIL
Email Address		Vehicle Number	SJB6323A
Claim Description	SJB6323A / SH7852U ON 9 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	11/08/2018 10:14	GIA report	Received
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No. MT/1006733 Claim No. 001

Last Doc. Received

Yes No

Upload Date

11/08/2018 10:15

Path *

Category *

Confidential

Urgency *

- Choose File No file chosen
- Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:15	SAS	Normal	SAS 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:15	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:15	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:14	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:14	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:14	Photos	Normal	Photos 2018-8-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 10:14	Photos	Normal	Photos 2018-8-11

Video List

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