

NATIONAL Assessment Centre Services

(part 1 of 2)

MNA 118103603

Date In: 11/18/18 11:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAL INC 18014558164	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SKA 1054C	i-Motor Claim Form	M7/1006798-001	11/18/18 17:29
D.O.A: 10/18/18 21:25	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: Unknown	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

NA1805074		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Est Bill	Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);		30.00	
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:-			
		Q1:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-		TP (N11): TP (Non INC) against INC \$20			
Cat 1:		9) N12: Idac Mobile \$0			
Cat 2 / 3:		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	11/08/2018 11:13
Date Of Accident	10/08/2018 21:25
Exact Location Of Accident	BLK 736 PASIR RIS DR 10 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKA1054C
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD YASIN BIN AHMAD
NRIC No	S0066691B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96623272
Alternative Phone No	OFFICE-96623272
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX 1.5
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5048813935-07
Cover Note Number	-
Driver	
Name of Driver	MOHAMAD YASIN BIN AHMAD
NRIC No	S0066691B
Date Of Birth	08/05/1954
Occupation	INDOOR
Date Of Driving Pass	31/01/1980
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96623272
Fax Number	
Contact Number	OFFICE-96623272
Email Address	NOEMAIL

Address	BLK 104 BEDOK RESERVOIR RD #09-360
Postcode	470104
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	COLLIDED INTO PARKED VEHICLE
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)	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

MY VEH PARKED AT THE LOADING BAY AT BLK 736 PASIR RIS DRIVE 10. I WENT BACK TO MY VEH AROUND 2125HRS, WHEN SLOWLY REVERSING OUT FROM THE LOADING BAY, I NEVER FELT ANY IMPACT OR SCRATCHED SOUND, AND THE CARPARK ALSO DARK. AFTER REVERSING OUT FROM THE LOT, I SAW A GUY STANDING THERE LOOK AT MY CAR. WHEN I REACH MY HOME, I GOING OUT TO CHECK MY VEH AND FOUND THAT MY VEH HAVE SOME SCRATCHED ON THE RIGHT SIDE BEHIND AT THE BUMPER. I WENT BACK TO THE PLACE TO LOOK OUT FOR THE OWNER OF THE VEH BUT THE VEH IS NOT THERE ALREADY. THE VEH WAS PARKED AT THE RUBBISH COLLECTION.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

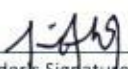
SKETCH PLAN

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.:

BIR 736

A

B

rubber switch



Loading bay

A = SKA 1054C
B = Unknown

Posit RIS Drive 10

Please Refer to statement

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0066691B

Name
MOHAMAD YASIN BIN AHMAD

Race
MALAY


Date of Birth
08-05-1954

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0066691B**




Name
MOHAMAD YASIN BIN AHMAD

Birth Date **08 May 1954**

Issue Date **10 Sep 2003**

000816910J



1482698




NSIC No. **S0066691B**

Blood Group **O+** Date of issue **03-12-1993**


Address
**APT BLK 104 BEDOK RESERVOIR ROAD
#09-360
SINGAPORE 1647**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	10 Nov 1976
Class 2A Motorcycles between 201 cc and 400 cc	10 Nov 1976
Class 2 Motorcycles exceeding 400 cc	10 Nov 1976
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Jan 1980

NP 428A

Licence No: S0066691B



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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5048813935-07		MOHAMAD YASIN BIN AHMAD	S0066691B	GPC	drivo CLASSIC	SKA1054C	SKA1054C	31/01/2018	30/01/2019

Claim Handling

Accident MT/1006798

Policy No.	5048813935-07	Vehicle No.	SKA1054C	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMAD YASIN BIN AHMAD			Policyholder NRIC	500661
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96623272	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	11/08/2018 17:19	Accident Report Within 24 hrs	Yes	Accident Type	Collide
Date of Accident	10/08/2018	Time of Accident hh:mm	21:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 736 PASIR RIS DR 10 CARPARK				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 104 #09-360	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	47010
Unit No.		Related Policy Number	5048813935-07		
▼ OI Driver Info					
Driver Name	MOHAMAD YASIN BIN AHMAD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	50066691B	Driver DOB	08/05/
Register Date of Driver License	31/01/1980	Driver Age	64	Driving Experience	38
Contact No.(Mobile)	96623272	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 104 #09-360	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	47010
Unit No.					
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	MOHAMAD YASIN BIN AHMAD
Contact No.(Mobile)	96623272	Contact No.(Home)	67493369
Email Address	mdyasin@singtel.com	OI Vehicle Number	SKA1054C
Claim Description	SKA1054C / UNKNOWN ON 10 Aug 2018		
Preferred Workshop	0	Insured Liability	Partially at fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			
Save Submit			

Attachment

Accident No. MT/1006798 Claim No. 001

Last Doc. Received

Yes

No

Upload Date11/08/2018 17:29

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

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

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 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	SAS	Normal	SAS 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:29	Photos	Normal	Photos 2018-8-11

Video List

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