

NATIONAL Assessment Centre Services

MNA418109568

Date In: 24/08/2018 10:47	Job description	Date & Time Completed	Done by
Ref No: NBO/INC/5015403/Y	SAS e-filing		
Veh No: SKY 1441M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/08/2018 07:25	i-Motor Claim Form	ml/008627-001	24/08/2018 14:28
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SDU 8888U	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%. P: 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:	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	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Cal 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 2/3:	6) TR: Re-inspection \$75		
	7) N1: Ideo DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N/a INC) against INC \$20		
	9) N12: Ideo 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	24/08/2018 10:47
Date Of Accident	24/08/2018 07:25
Exact Location Of Accident	STEVEN ROAD EXIT (BEFORE FLYOVER BRIDGE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1441M
Insured/Policyholder	
Name Of Registered Owner	ERIC LIMOUSINE SERVICE
Co Reg No	53261837L
Email Address	AML16939@ME.COM
Mobile Phone No	(LOCAL) +65-90044081
Alternative Phone No	OFFICE-90044081

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101072374
Cover Note Number	

Driver

Name of Driver	AML1 BIN AZIZ
NRIC No	S7709886J
Date Of Birth	12/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90044081
Fax Number	
Contact Number	OTHERS-90044081
EMail Address	AML16939@ME.COM

Address	BLK 423 TAMPINES STREET 41 #03-166
Postcode	520423
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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: : PASSENGER GENDER: : MALE

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDU8888U
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

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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.**
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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.



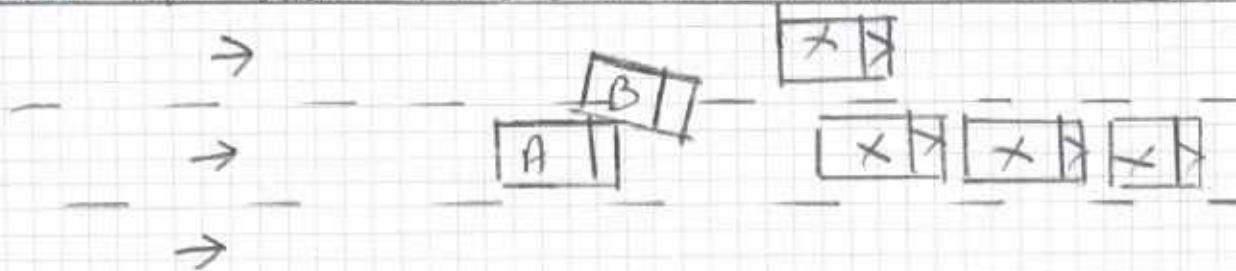
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24.08.18/1049 hrs.

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

SKETCH PLAN

EX11 STAVAN ROAD (BIFORK OVERHEAD BRIDGE)



A) SKU 1441M

B) SDU 8888U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/08/18, 0726 hrs, while driving along Stavan Road, a red car registered SDU8888U squeeze into my lane. The red car SKU1441M did hit my car SKU1441M from the side as I already stopped. A video is attached. I horn the driver to meet further up after the cross junction but the driver showed me by hand signal to turn left. I couldn't turn left as I have a passenger onboard which I have to alight him at Changi La Hotel, orange grove road.

After dropping off the passenger I went back to the accident place but the red car was not there.

DECLARATION

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

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.:

Claim Handling

Accident MT/1008627

Policy No.	5101072374	Vehicle No.	SKU1441M	GST Registration No.	
Certificate No.					
Policyholder Name	ERIC LIMOUSINE SERVICE	Cover Type	drive CLASSIC	Policyholder NRIC	S1261837L
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	90044081	Special Remark		Contact No. (Home)	
Email Address		TEA	= No Yes	eCode	No *
KPK	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	24/08/2018 13:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/08/2018	Time of Accident (hr:min)	07:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	STEVEN ROAD EXIT (BEFORE FLYOVER BRIDGE)				
Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 91 #15-126	Address 2	HENDERSON ROAD	Address 3	SINGAPORE 150091
Address 4		Address Type	Singapore address	Post Code	150091
Unit No.	15-126	Related Policy number	5103077975		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/04/1977
Unnamed Driver Name	AKU BIN AZIZ	Driver NRIC	S7709886J	Driving Experience	23
Register Date of Driver License	10/08/1995	Driver Age	41	Contact No. (Home)	
Contact No. (Mobile)	90044081	Contact No. (Office)		Address 3	SUN PLAZA GARDENS
Address 1	BLK 423 #03-166	Address 2	TAMPINES STREET 41	Post Code	820423
Address 4	SINGAPORE 520423	Address Type	Foreign address		
Unit No.	03-166				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKU1441M	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Stox Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ERIC LIMOUSINE SERVICE	Insured NRIC	S1261837L
Contact No. (Mobile)	92984323	Contact No. (Home)		Contact No. (Office)	*
Email Address	ERIC@ERICLIMOUSINE.COM	CI		TP	
Claim Description	SKU1441M / 5208888R ON 24 Aug 2018			Vehicle Number	80U88
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Product No. Finalisation	Yes	Recommended Repair Option	Preferred Workshop, Name unknown	GLA report	Received
Date Registered				Claim Close Date	24/08/2018 14:06
Report Taken By	ROSLI WAHAB			Date Received	24/08/

Print All Letter

Save Submit

Attachment

Accident No.	MT/1008627	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	24/08/2018 14:06
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE. S (BUKIT MERAH) on 24 Aug 2018 14:06		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 14:08	SAS	Normal	SAS 2018-8-24

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 24/08/2018 (DD/MM/YYYY), TIME: 07:26 (HH:MM)

LOCATION: Seven Road Exit, (Before overhead Bridge)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK01441m
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5101072374
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota 9 Alford
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Eric Limousine Service (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53261837L CONTACT: 90044081
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Amli Bin Adid (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57799867 CONTACT: 90044081
c) ADDRESS: 423, Tampines St 41, #03-166, S(520423)

*d) DATE OF BIRTH: (12/04/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10.08.1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SDU 888BU MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = amli6939@me.com

Fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7709886J



Name

AMLI BIN AZIZ

املي بن ازيز

Race
MALAY

Date of birth
12-04-1977
Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7709886J

Name

AMLI BIN AZIZ

Birth Date: 12 Apr 1977

Issue Date: 22 Jul 2003



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S7709886J

Name : AMLI BIN AZIZ

Issue Date : 18/12/2008

Please visit www.lta.gov.sg to check
the status of this vocational licence



*008216

NRIC No. S7709886J



Date of issue
28-02-2007

APT BLK 423 TAMPINES STREET 41 #03-166
SINGAPORE 520423

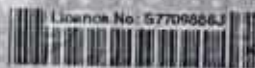
NRIC No: S7709886J

Date: 30/11/2010

No: 0548250

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Nov 1997
Class 2A	Motorcycles between 201 cc and 400 cc	26 Jan 1996
Class 2	Motorcycles exceeding 400 cc	22 Apr 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Aug 1995



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	18/12/2008



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="24/08/2018 10:02"/>							
Vehicle No.(For Motor)	<input type="text" value="SKU1441M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101072374		ERIC LIMOUSINE SERVICE	53261837L	GPC	drive CLASSIC	SKU1441M	SKU1441M	30/06/2018	29/06/2019
<input type="button" value="Continue"/>										