

NATIONAL Assessment Centre Services

Ref: 1 Jan 2005

MMA 1184 9623.

Date In: 14/9/18 17:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18016848/64.	E-mail (within 3hrs, AIC 2hrs):		
Veh No: SLR 9367X	i-Motor Claim Form	MT/10115694 ⁻⁰⁰¹	14/9/18 17:56.
D.O.A: 14/9/18 12:45.	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: SJV3863Y.	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: (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

MA1805878

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		in Bill	Add. Bill
1) AR: Accident Reporting (\$30);		32.20	
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) RT: 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:-			
OD*			
*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 \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

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	14/09/2018 17:27
Date Of Accident	14/09/2018 12:45
Exact Location Of Accident	631 BEDOK RESERVOIR RD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9367X
Insured/Policyholder	
Name Of Registered Owner	AHMAD SHALABY BIN MUSTAPHA
NRIC No	S7617473C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98302800
Alternative Phone No	OFFICE-98302800

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 WAGON 2.0 AT EU6
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	5102828692
Cover Note Number	-

Driver

Name of Driver	AHMAD SHALABY BIN MUSTAPHA
NRIC No	S7617473C
Date Of Birth	16/06/1976
Occupation	INDOOR
Date Of Driving Pass	07/05/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98302800
Fax Number	
Contact Number	OFFICE-98302800
EMail Address	NOEMAIL

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

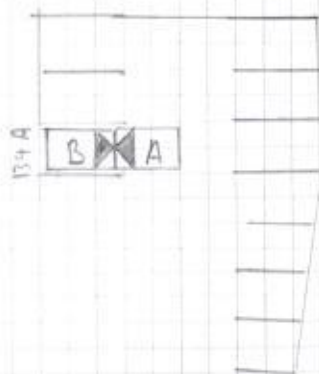
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

631 Bedok Reservoir Rd open carpark



A = SLR 9367X

B = SJV 3863Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

[Signature]


Policyholder's Signature
Date & Time:

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

[Signature]

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7617473C





Name
AHMAD SHALABY BIN MUSTAPHA
احمد شلابي بن مصطفى

Race
MALAY


Date of birth
16-06-1976

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number
S7617473C

Name
AHMAD SHALABY BIN MUSTAPHA

Birth Date
16 Jun 1976

Issue Date
17 Jan 2018



39019



NRIC No: S7617473C



Date of issue
05-07-2006

APT BLK 634 BEDOK RESERVOIR ROAD #10-13
SINGAPORE 410634


NRIC No: S7617473C

Date: 21/06/2010 (R)

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	28 Jun 1995
Class 2A Motorcycles between 201 cc and 400 cc	28 Oct 1997
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	07 May 1998

T/P 42BA



Hello, NAC_PAYA_UBI_800601

• 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="14/09/2018 17:18"/>
Vehicle No.(For Motor)	<input type="text" value="SLR9367X"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102828692		AHMAD SHALABY BIN MUSTAPHA	S7617473C	GPC	drive PREMIUM	SLR9367X	SLR9367X	31/08/2018	30/08/2019

Claim Handling

Accident MT/1011569

Policy No.	5102828692	Vehicle No.	SLR9367X	GST Registration No.	
Certificate No.					
Policyholder Name	AHMAD SHALABY BIN MUSTAPHA			Policyholder NRIC	S7617
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	98302800	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	14/09/2018 17:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	14/09/2018	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	631 BEDOK RESERVOIR RD OPEN CARPARK				

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		

Benefits

Coverage	Sum Insured
Transport Allowance	99999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 634 #10-13	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS
Address 4	SINGAPORE 410634	Address Type	Singapore address	Post Code	410634
Unit No.		Related Policy Number	5102828692		

OI Driver Info

Driver Name	AHMAD SHALABY BIN MUSTAPHA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7617473C	Driver DOB	16/06/
Register Date of Driver License	07/05/1998	Driver Age	42	Driving Experience	20
Contact No.(Mobile)	98302800	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 634 #10-13	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS
Address 4	SINGAPORE 410634	Address Type	Singapore address	Post Code	410634
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	AHMAD SHALABY BIN MUSTAPHA
Contact No.(Mobile)	98302800	Contact No.(Home)	64494526
Email Address	shalaby03@yahoo.com.sg	Vehicle Number	SLR9367X
Claim Description	SLR9367X / SJV3863Y ON 14 Sept 2018		
Preferred Workshop	0	Insured Liability	Fully at fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report Received
Date Registered	14/09/2018 17:54	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1011569
☒ Yes ☐ No

Claim No.
Upload Date

001
14/09/2018 17:56

Path *

Choose File No file chosen

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Message Read

Clear

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Category *

Confidential

Urgency *

Please Select

NO

Normal

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NO

Normal

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NO

Normal

Please Select

NO

Normal

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NO

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:56	SAS	Normal	SAS 2018-9-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:56	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:55	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:55	Photos	Normal	Photos 2018-9-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:54	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:54	Photos	Normal	Photos 2018-9-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:54	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Sep 2018 17:54	Photos	Normal	Photos 2018-9-14

Video List

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