

NATIONAL Assessment Centre Services

Date In: 01/10/2018 17:46

Ref No: NA/INC18017761/K4

Veh No: SGQ 9681C

D.O.A: 01/10/2018 07:25

OD: TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

MT/1013899-001 2/10/18 10:05

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMA 6090R 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

NA1806213

Claimant's Particulars:

Driver/Owner:

Contact No:

Imaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:

1:

2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

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:

OD:

*N5: Courtesy Car / Tpf Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TE (N11): TP (Non 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	01/10/2018 17:46
Date Of Accident	01/10/2018 07:25
Exact Location Of Accident	PIE TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ9681C
Insured/Policyholder	
Name Of Registered Owner	ABDUL WAHAB BIN MOHAMAD ARIFF
NRIC No	S1413899D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90098964
Alternative Phone No	OTHERS-90098964

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087518899-01
Cover Note Number	

Driver

Name of Driver	AZIZAH BINTE MOHAMED TAHIR
NRIC No	S1464744I
Date Of Birth	30/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90098964
Fax Number	
Contact Number	OTHERS-90098964
Email Address	NOEMAIL

Address	BLK 339 TAMPINES STREET 33 #04-234
Postcode	520339
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMA6090R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY HUNG SONG
NRIC/Passport Number	S1558230H
Contact Number	96369595
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.

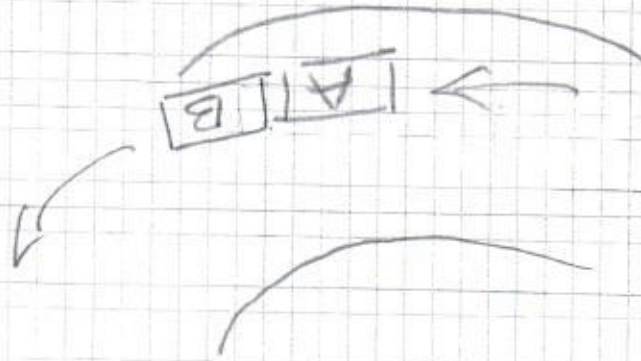
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A-SGQ9681C
B-SMA6090R



P/E TOWARD
EUNOS
LINK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving toward Eunos Link vehicle A & vehicle B moved but apply brake but too late and hit bumper B. Vehicle A slightly damaged in front of vehicle A

DECLARATION

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

Policyholder's Signature
Date & Time:

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

[Signature] 01/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Enquire Road Tax Expiry Date (Details)

Vehicle Particulars

Vehicle No.:	SGQ9681C
Road Tax Expiry Date:	28 Jan 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.6 M

Please note:

The information contained herein is correct as at 14 Aug 2018 / 11:42.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1464744I



Name
AZIZAH BINTE MOHAMED
TAHIR
عزیزہ بنت محمد طاہر

Race
BOYANESE

Date of birth
30-01-1961

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1464744I

Name
AZIZAH BINTE MOHAMED
TAHIR

Birth Date 30 Jan 1961

Issue Date 20 Feb 2003




0712527



NRIC No S1464744I




Blood Group O+ Date of issue 05-01-1993

APT BLK 339 TAMPINES STREET 33 #04-234
SINGAPORE 520339
NRIC No: S1464744I Date: 03/09/1994 (R)

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

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	21 Dec 1991
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Oct 2005

S1464744I S / No. 9000040528



NP 425A

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"/>	5087518899-01		ABDUL WAHAB BIN MOHAMAD ARIFF	S1413899D	GPC	Third Party, Fire & Theft	SGQ9681C	SGQ9681C	29/01/2018	28/01/2019

▼ Policy Information

Policy No.	5087518899-01	Policyholder Name	ABDUL WAHAB BIN MOHAMAD /	Policyholder NRIC	S1413899D
Certificate No.					
Address	BLK 339 #04-234 TAMPINES STREET 33 SINGAPORE 520339				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/01/2018	Effective Date	29/01/2018 00:00	Expiry Date	28/01/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 339 #04-234	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520339
Address 4		Address Type	Singapore address	Post Code	520339
Unit No.		Related Policy Number	5087518899-01		

► Insured Object: SGQ9681C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1013899

Policy No.	5087518899-01	Vehicle No.	SGQ9681C	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL WAHAB BIN MOHAMAD ARIFF			Policyholder NRIC	S141
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90098964	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	02/10/2018 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	01/10/2018	Time of Accident hh:mm	07:25	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS EUNOS LINK				

Excess

Own damage Excess	0.00	Additional Excess		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		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 339 #04-234	Address 2	TAMPINES STREET 33	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5203
Unit No.		Related Policy Number	5087518899-01		

OI Driver Info

Driver Name	AZIZAH BT MOHD TAHIR	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S14647441	Driver DOB	30/0
Register Date of Driver License	01/01/2001	Driver Age	57	Driving Experience	17
Contact No.(Mobile)	90098964	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 339	Address 2	TAMPINES STREET 33	Address 3	
Address 4		Address Type	Singapore address	Post Code	5203
Unit No.	#04-234				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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 OD-MX

New

Claim Type *	OD-MX	Insured Name	ABDUL WAHAB BIN MOHAMAD	Insured NRIC	S141
Contact No.(Mobile)	97101841	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ABDWAHABARJF@GMAIL.COM	O1 Vehicle Number	SGQ9681C	TP Vehicle Number	SMAI
Claim Description	SGQ9681C / SMA6090R ON 1 Oct 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	02/10/2018 10:05	Claim Close Date		Date Received	02/10
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1013899

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/10/2018 10:05

Path *

Category *














Confidential

Urgency *

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:04	SAS	Normal	SAS 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:03	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:03	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:03	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:03	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:03	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:03	Photos	Normal	Photos 2018-10-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:02	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:02	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:02	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:02	Photos	Normal	Photos 2018-10-2

Video List

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