

NATIONAL Assessment Centre Services [ver 1.2a-104]		MAY 18/32797	
Date In: 12/10/2018 17:49	Job description	Date & Time Completed	Done by
Ref No: N/A/Inc/8018582/1	SAS e-filing		
Veh No: SJR 9228M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/10/2018 06:15	i-Motor Claim Form	MT/10/4191-002	12/10/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		18/06
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:	Veh No: SGZ 3438G	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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Dat. 1: Dat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add-Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: 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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*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 (N/n INC) against INC		\$20		
9) N12: Idac 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 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. 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	12/10/2018 17:49
Date Of Accident	02/10/2018 06:15
Exact Location Of Accident	SLIP ROAD OF CLEMENTI ROAD INTO CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9228M
Insured/Policyholder	
Name Of Registered Owner	D5 INTERNATIONAL PTE LTD
Co Reg No	201433124E
Email Address	DEENAHEARTS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96262704
Alternative Phone No	OFFICE-96262704

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092334467-01
Cover Note Number	

Driver

Name of Driver	NOOR SYAZADINA BINTE ABDUL SALAM
NRIC No	S9237926D
Date Of Birth	22/10/1992
Occupation	INDOOR
Date Of Driving Pass	25/11/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96262704
Fax Number	
Contact Number	OTHERS-96262704
EMail Address	DEENAHEARTS@GMAIL.COM

Address	BLK 854 JURONG WEST STREET 81 #02-502
Postcode	640854
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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: : HUSBAND 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ3438G
Vehicle Make/Model/Colour	TOYOTA WISH
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**.
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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 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.

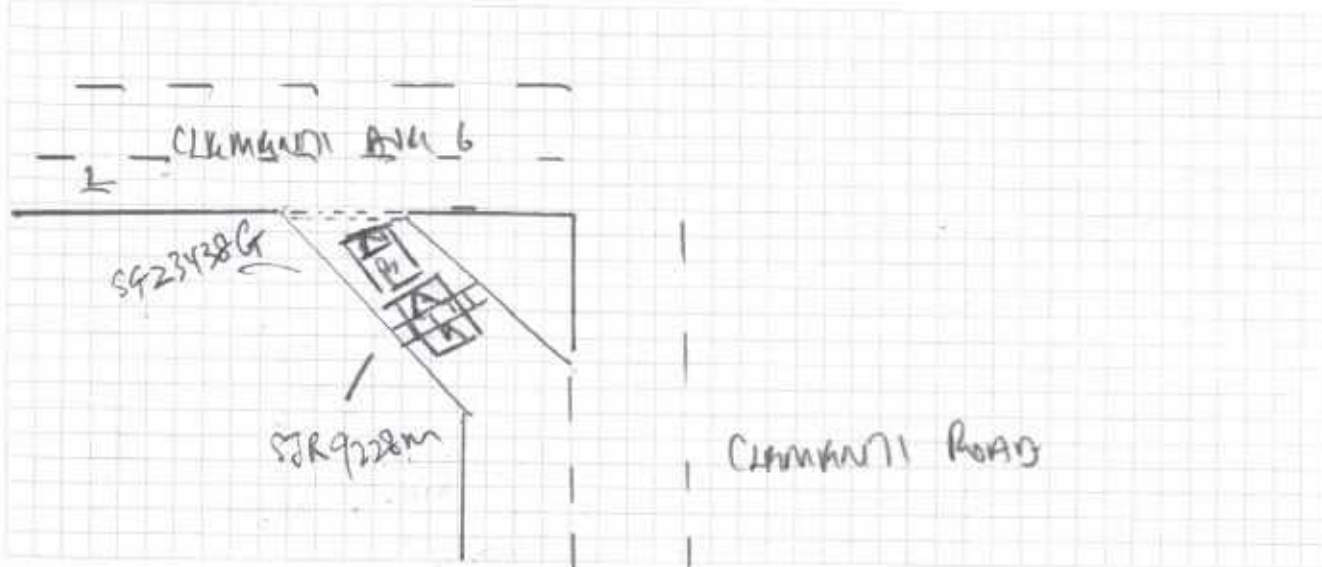


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/18 2:25pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/10/2018 at around 0615hrs, I was travelling towards Clementi Ave 6 at Clementi Road Zebra Crossing. There was a vehicle bearing the plate number SG23438G in front of my vehicle. As I was checking the blind spot while moving forward in the filter lane, the vehicle in front of me stopped and did not move when traffic is clear. I managed to stop on time and my front bumper touched his rear bumper. There was no damage on my vehicle both vehicle and there ^{were} ~~was~~ no injuries.

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: 12/10/18 at 12:15pm

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

Claim Handling

Accident MT/1014191

Policy No.	5092334467-01	Vehicle No.	SJR9228H	GST Registration No.	
Certificate No.					
Policyholder Name	DS INTERNATIONAL PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201433134E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KPIC	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	03/10/2018 15:52	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	02/10/2018	Time of Accident hh:mm	06:13	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Excess

Own damage Excess	2,500.00	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	Yes
GST Registration No.					
Modification History	04/10/2018 10:08:50 Deborah Hui changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 155 #05-3689	Address 2	BUKIT MERAH CENTRAL	Address 3	SINGAPORE 150165
Address 4		Address Type	Singapore address	Post Code	150165
Unit No.	05-3689	Related Policy Number	5092334467-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	DD-MX	Insured Name	DS INTERNATIONAL PTE LTD	Insured NRIC	201433134E
Contact No.(Mobile)	50222216	Contact No.(Home)		Contact No.(Office)	69081
Email Address		Vehicle Number	SJR9228H	Vehicle Number	SGT 14
Claim Description	SJR9228H / SG23438G ON 2 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Damage No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/10/2018 17:48	Claim Close Date		Date Received	12/10/
Report Taken By	BOSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1014191	Claim No.	002
Last Doc. Received	Yes No	Upload Date	12/10/2018 18:06
Path *		Category *	Confidential
Choose File No file chosen		Please Select *	Normal
Choose File No file chosen		Please Select *	Normal
Choose File No file chosen		Please Select *	Normal
Choose File No file chosen		Please Select *	Normal
Choose File No file chosen		Please Select *	Normal
Choose File No file chosen		Please Select *	Normal
Choose File No file chosen		Please Select *	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Re
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 18:06	SAS	Normal	SAS 2018-10-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 18:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-12	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 17:46	Photos	Normal	Photos 2018-10-12

[Video List](#)

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

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 10 / 2018) (DD/MM/YYYY), TIME: (06 : 15) (HH:MM)

LOCATION: Glennville ave b

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 9228 M
 b) INSURANCE COMPANY: NTULINOME
 c) POLICY NUMBER: 5092324467-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: DS International Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NOOR Sharadina Bte Abdul Salam (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 592379260 CONTACT: 9626 2704
 c) ADDRESS: BK 854 Jln Wang West St 81
#02-502

* d) DATE OF BIRTH: (22 / 10 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/11/15

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: SK234386 MODEL: Toyota Wish
 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 = deenahearts@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9237926D



Name

NOOR SYAZADINA BINTE
ABDUL SALAM

نور شازادينا بنت عبدالسلام

Race

MALAY

Date of birth

22-10-1992

Sex

F

Country of birth

SINGAPORE



SM 7926D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9237926D

NAME

NOOR SYAZADINA BINTE ABDUL
SALAM

Birth Date: 22 Oct 1992

Valid Date: 25 Nov 2015



002496777G

SG
50



4125594

NRIC No. S9237926D



Date of issue

05-11-2007

APT BLK 854 JURONG WEST STREET 81 #02-502
SINGAPORE 640854

NRIC No: S9237926D

Date: 18/05/2016

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 25 Nov 2015

NP 428A



Licence No: S9237926D

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="02/10/2018 17:44"/>
Vehicle No.(For Motor)	<input type="text" value="SJ9228M"/>	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 checked="" type="radio"/>	5092334467-01		D5 INTERNATIONAL PTE LTD	201433124E	GPC	drive CLASSIC	SJ9228M	SJ9228M	21/07/2018	20/07/2019