

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA118133408

Date In: 15/10/18-10:49

Ref No: NA/NC18018707/24

Veh No: 35615V

D.O.A: 15/10/18-09:50

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, 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

Date & Time Completed

Done by

17/10/18 09:09

15/10/18 20:03

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: 353269C

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Tel:

Confirmed by: (

Cover Type: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date & Time Completed

Done by

Date/Time

Actions

NA1806569

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2/3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	Est Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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:		
QD:		
*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	\$30	

Invoice dated

Invoice dated

Fee Charged

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	15/10/2018 10:49
Date Of Accident	15/10/2018 09:50
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6115U
Insured/Policyholder	
Name Of Registered Owner	IBRAHIM ABDULLAH @BRAHAM DEV S/O JADHAO
NRIC No	S1309583C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96468174
Alternative Phone No	OFFICE-96468174

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR
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	THIRD PARTY
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	5089240830-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD DANIAL BIN IBRAHIM
NRIC No	S9443110G
Date Of Birth	19/11/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86606094
Fax Number	
Contact Number	OFFICE-86606094
EMail Address	NOEMAIL

Address	BLK 611 BEDOK RESERVOIR ROAD #07-1136
Postcode	470611
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 PIE (TUAS) AFTER PAYA LEBAR RD EXIT. VEHICLE IN FRONT JAMMED BRAKE. SO I JAMMED BRAKE ACCORDINGLY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. THE IMPACT WAS SO GREAT THAT MY VEHICLE PUSH FORWARD AND HIT ONTO VEHICLE C REAR PORTION. VEHICLE C HIT ONTO VEHICLE D REAR PORTION

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	SJS7269C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD NOR ASHRAF BIN ABU BAKAR
NRIC/Passport Number	S8801792G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE7486S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HUI PENG
NRIC/Passport Number	S6904129I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJH3551X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SOON KOON, KENNY
NRIC/Passport Number	S8941310I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD DANIAL BIN IBRAHIM
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SJS6115U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

STS 6115V

STS 726A

SLE 748GS

STH 3551X

The diagram shows a four-lane highway with a dashed center line and solid outer lines. A vehicle is in the top lane, moving right. The vehicle is a rectangle with a triangular front. Inside the rectangle, from left to right, are the letters 'D', 'U', 'A', and 'M'. Arrows on the right side of the highway indicate traffic flow: the top lane has an arrow pointing right, the second lane has an arrow pointing left, the third lane has an arrow pointing right, and the bottom lane has an arrow pointing left.

[illegible]

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9443110G



Name

MOHAMMAD DANIAL BIN
IBRAHIM

محمد دانيال بن ابراهيم

Race

INDIAN

Date of birth

19-11-1994

Sex

M

Country of birth

SINGAPORE

S9443110G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9443110G

Name

MOHAMMAD DANIAL BIN IBRAHIM

Birth Date: 19 Nov 1994

Issue Date: 29 Mar 2016



002552268D



4385632

NRIC No. S9443110G



Date of issue

09-04-2009

Address

APT BLK 611 BEDOK RESERVOIR ROAD
#07-1136
SINGAPORE 470611

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 29 Mar 2016

NP 428A



Licence No: S9443110G

eBaoTech

GeneralClaim

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="15/10/2018 09:50"/>							
Vehicle No. (For Motor)	<input type="text" value="SJS6115U"/>	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"/>	5089240830-01		IBRAHIM BIN ABDULLAH @BRAHAM DEV S/O DAMU JADHAO	S1309583C	GPC	drive CLASSIC	SJS6115U	SJS6115U	26/08/2018	25/08/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5089240830-01		Policyholder Name	IBRAHIM BIN ABDULLAH @BRAI		Policyholder NRIC	S1309583C	
Certificate No.								
Address	BLK 611 #07-1136 BEDOK RESERVOIR ROAD SINGAPORE 470611							
Product Name	PRIVATE CAR INSURANCE		Plan			Group Policy Flag	N	
Policy issue Date	31/07/2018		Effective Date	26/08/2018 00:00		Expiry Date	25/08/2019 23:59	
Excess Type			All Claims Excess					
Third Party Excess	0		Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0		OS Premium	0				
Outside Singapore OD Excess	600		Outside Singapore TP Excess	0		Young/Inexperience Driver Excess		
Agent	BENEFIT AUTO INSURANCE AGE		Agent Tel.	64445313		GST Flag	Y	
Co-insurance Flag	No							
Open Policy Info								
Certificate Info								

Policyholder Mailing Address

Address 1	BLK 611 #07-1136		Address 2	BEDOK RESERVOIR ROAD		Address 3	SINGAPORE 470611	
Address 4			Address Type	Singapore address		Post Code	470611	
Unit No.			Related Policy Number	5089240830-01				

Insured Object: SJS6115U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1015783

Exit

Policy No.	5089240830-01	Vehicle No.	SJS6115U	GST Registration No.	
Certificate No.					
Policyholder Name	IBRAHIM BIN ABDULLAH @BRAHAM DEV S/O DAMU JADHADO			Policyholder NRIC	S1309583C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96468174	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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	15/10/2018 20:01	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	15/10/2018	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) AFTER PAYA LEBAR RD EXIT				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore DD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 611 #07-1136	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470611
Address 4		Address Type	Singapore address	Post Code	470611
Unit No.		Related Policy Number	5089240830-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/11/1994
Unnamed driver Name	MOHAMMAD DANIAL BIN IBRAHIM	Driver NRIC	S9443110G	Driving Experience	2
Register Date of Driver License	29/03/2016	Driver Age	23	Contact No.(Home)	0
Contact No.(Mobile)	96605094	Contact No.(Office)	0	Address 3	SUNDS GROVE
Address 1	BLK 611	Address 2	BEDOK RESERVOIR ROAD	Post Code	470611
Address 4	SINGAPORE 470611	Address Type	Singapore address		
Unit No.	07-1136				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	DD-MK	Insured Name	IBRAHIM BIN ABDULLAH @BRAHIM	Insured NRIC	S1309583C
Contact No.(Mobile)	96468174	Contact No.(Home)	96468174	Contact No.(Office)	
Email Address		OI Vehicle Number	SJS6115U	TP Vehicle Number	SJS7269C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJS6115U / SJS7269C ON 15 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2018 20:03	Claim Close Date		Date Received	15/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit













Attachment

Accident No. MT/1015783 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 15/10/2018 20:04

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:04	SAS	Normal	SAS 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:04	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:04	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:04	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:04	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:04	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:03	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:03	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:03	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:03	Photos	Normal	Photos 2018-10-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Oct 2018 20:03	Photos	Normal	Photos 2018-10-15		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				