

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 118152327

Date In: 24/11/18 11:17	Job description	Date & Time Completed	Done by
Ref No: NA1 INC18021260/64	SAS e-filing		
Veh No: SFV 1911 C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/18 15:45	I-Motor Claim Form	MT/1021267-001	24/11/18 17:16
QD: <input checked="" type="checkbox"/> 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: SKR S138 D	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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Hotline: 6738 6615)	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

Client's Particulars: NA1807719	Invoice Preparation Checklist	Am (\$)	Adm (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idan 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 (N-on INC) against INC \$20		
	9) N12: Idan 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	24/11/2018 11:17
Date Of Accident	23/11/2018 15:45
Exact Location Of Accident	PUNGGOL RD JUNC WITH TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV1911C
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ISMAIL BIN MOHAMED ABDULLAH
NRIC No	S7030375B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97709299
Alternative Phone No	OFFICE-97709299

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5036950236-09
Cover Note Number	-

Driver

Name of Driver	MOHAMED ISMAIL BIN MOHAMED ABDULLAH
NRIC No	S7030375B
Date Of Birth	12/09/1970
Occupation	INDOOR
Date Of Driving Pass	10/01/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97709299
Fax Number	
Contact Number	OFFICE-97709299
Email Address	NOEMAIL

Address	BLK 299A COMPASSVALE ST #15-146
Postcode	541299
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	WET

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?	
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: : MOHAMED NOOR AFIQ 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

I STOP AT THE TRAFFIC JUNC OF PUNGGOL RD & TPE DUE TO RED LIGHT, WHEN I NOTICED VEH INFRONT OF ME MOVE A BIT AND STOP, AS SUCH I FOLLOW TO MOVE FORWARD AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKR5138D) FROM BEHIND COLLIDED ONTO MY VEH 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	SKR5138D
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.**
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.:

TPE

A = SEV 1911 C
B = SKR 5138 D

Punggol Rd

Please Refer to Statement

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

Policyholder's Signature _____
Date & Time: _____

Driver's Signature _____

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7030375B



MOHAMED ISMAIL BIN
MOHAMED ABDULLAH

Race
MALAY

Date of Birth
12-09-1970

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7030375B

Name
MOHAMED ISMAIL BIN
MOHAMED ABDULLAH

Birth Date 12 Sep 1970

Issue Date 02 Jul 2003

REPUBLIC OF SINGAPORE



NRIC No. S7030375B



Special Group
O+

Date of Issue
25-11-1993

APT BLK 299A COMPASSVALE STREET #15-146
SINGAPORE 541299

NRIC No: S7030375B Date: 25/11/2007 No: 5865508

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	16 Jul 1992
Class 2A Motorcycles between 201 cc and 400 cc	14 Dec 1995
Class 2 Motorcycles exceeding 400 cc	17 Feb 1995
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jan 1997

NP 428A

Licence No: S7030375B



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5036950236-09

Cover : Third Party, Fire & Theft

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SFV1911C |
| Chassis Number | : MR053HY4204126527 |
| 2. Name of Policyholder | : MOHAMED ISMAIL BIN MOHAMED ABDULLAH |
| 3. Effective Date of Insurance | : 30 May 2018 |
| 4. Expiry Date of Insurance | : 29 May 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: MOHD ISMAIL BIN MOHD ABDULLAH
NAMED DRIVER (1)	: WAHIDAH BTE JANTAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG KONG & SHANGHAI BANKING CORPORATION LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

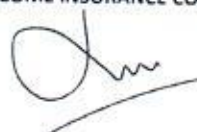
Agency : DIRECT SALES (00000607982)
Date of Issue : 26 May 2018 13:11 hrs
Reprint : 26 May 2018 13:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1021267

Policy No.	5036950236-09	Vehicle No.	SFV1911C	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED ISMAIL BIN MOHAMED ABDULLAH			Policyholder NRIC	S7030
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97709299	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	24/11/2018 17:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	23/11/2018	Time of Accident hh:mm	15:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL RD JUNC WITH TPE				
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 299A #15-146	Address 2	COMPASSVALE STREET	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	54129
Unit No.		Related Policy Number	5036950236-09		
OI Driver Info					
Driver Name	MOHD ISMAIL BIN MOHD ABDULLAH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S70303758	Driver DOB	12/09/
Register Date of Driver License	01/01/1998	Driver Age	48	Driving Experience	20
Contact No.(Mobile)	97709299	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 299A #15-146	Address 2	COMPASSVALE STREET	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	54129
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MOHAMED ISMAIL BIN MOHAMED
Contact No.(Mobile)	97709299	Contact No.(Home)	68813786
Email Address	ismail.abdullah45299@hotmail.com	Vehicle Number	SFV1911C
Claim Description	SFV1911C / SKR5138D ON 23 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/11/2018 17:15
			LIEW SHAN HUI
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1021267

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

24/11/2018 17:16

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear

Please Select ▼

NO ▼

Normal ▼

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NO ▼

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NO ▼

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Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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NO ▼

Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:16	SAS	Normal	SAS 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:16	Photos	Normal	Photos 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:16	Photos	Normal	Photos 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:16	Photos	Normal	Photos 2018-11-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:16	Photos	Normal	Photos 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:16	Photos	Normal	Photos 2018-11-24

Video List

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