

NATIONAL Assessment Centre Services. [ver 1 Jan 2013] MNA 118153112.

Date In: 26/11/18 15:42	Job description	Date & Time Completed	Done by
Ref No: MAI INC18021316 1h4.	SAS e-filing		
Veh No: SGU 5955T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/11/18 17:55.	I-Motor Claim Form	MT/1021490-001	27/11/18 09:38.
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SMC 4178 A.	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:	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

MAI 1803764	Invoice Preparation Checklist	Am (S)	Am (S)
Client's Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wof 10 Jan 2013)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI12: Idao Mobile		
	10) NI11: TP (Non INC) against INC		
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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	26/11/2018 15:42
Date Of Accident	25/11/2018 17:55
Exact Location Of Accident	NORTH BRIDGE RD INFRT CAPITOL PIAZZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU5955T
Insured/Policyholder	
Name Of Registered Owner	MD AZAHAR BIN ISMAIL
NRIC No	S1582491C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90663886
Alternative Phone No	OFFICE-90663886

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	5091136234-01
Cover Note Number	-

Driver

Name of Driver	AFIQ BIN MD AZAHAR
NRIC No	S9239365H
Date Of Birth	21/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90295165
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 601 AMK AVE 5 #02-2609
Postcode	560601
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	COLLISION - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : SITI SHAHIDAH BINTE SEFER
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SMC4178A
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)

DETAILS OF INJURED PERSON 1

Name SITI SHAHIDAH BINTE SEFER

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGU5955T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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)

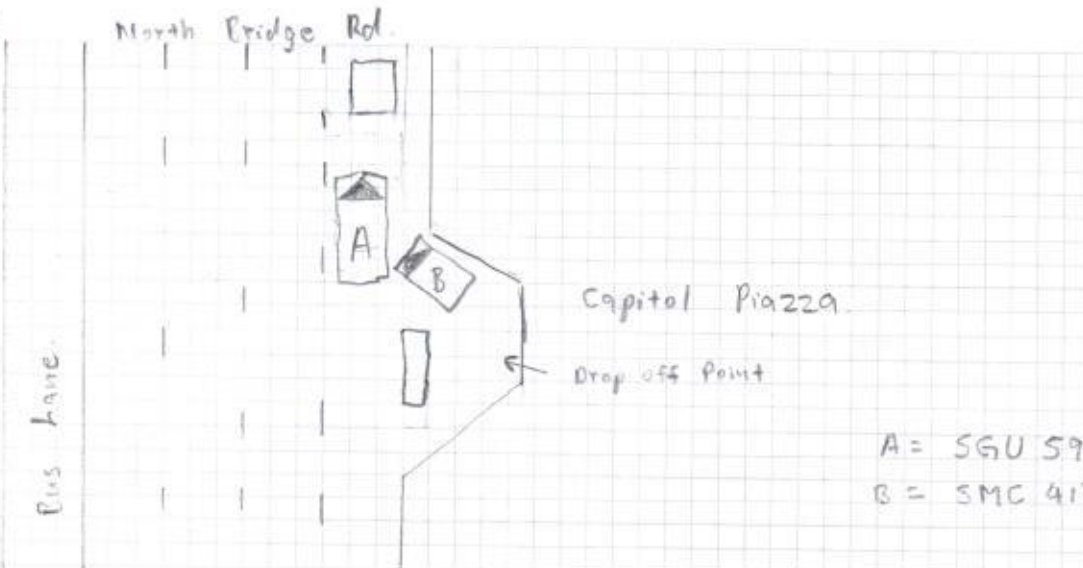
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181125/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2018 23:13		Vide Report No.:		Station Diary No.: 95
Informant's Particulars				
Name of Informant: AFIQ BIN MD AZAHAR		Address: APT BLK 601 ANG MO KIO AVENUE 5 #02-2609 SINGAPORE 560601		
ID Type / ID No.: NRIC NO / S9239365H		Contact No.: Home/Office: Mobile: 90295165		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 26	Date of Birth: 21/10/1992	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: CLARKE		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2018 17:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 STAMFORD ROAD NORTH BRIDGE ROAD 11 Stamford Road S(178884) Drop off point of capitol piazza Galleria toward north bridge road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU5955T	Car				Slightly Damaged	1
SMC4178A	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181125/2090

*** CONTINUATION OF REPORT**

Driver			
Name	AFIQ BIN MD AZAHAR		ID No. S9239365H
Related Vehicle	SGU5955T (Car)		Contact No. 90295165
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SITI SHAHIDAH BINTE SEFER		ID No. S9338930A
Related Vehicle	SGU5955T (Car)		Contact No. 97849349
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	25/11/2018	Date Discharge	25/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 25/11/2018 at about 1755hrs I was driving my vehicle (SGU5955T) along North Bridge Road on the first lane, after the first traffic light there is a drop off point for (Captiol Piazza) on the right side of North bridge road.

I was driving along north bridge road before reaching the exit of the drop off point on the right that merge to first lane of north bridge road and I gave way to one red color transcab taxi as the taxi is half way merging to the first lane and I gave way to the taxi, subsequently I drove behind while on the move I encounter an accident to my vehicle as such my rear right side of the vehicle bumper was damaged by the vehicle(SMC4178A) as the vehicle is merging to the first lane of the main road and my vehicle moved forward after the bang and I braked immediately, subsequently I went down the vehicle to check on my vehicle and saw that there was scratches on my vehicle and I approached the vehicle(SMC4178A) driver and he asked me to wait and I waited for him and he approached me later asking how are we going to settle this issue. The vehicle owner of SMC4178A is not very co-operative as such I did not continue talking to him and left the scene. Soon after I left the scene and parked my vehicle at Peninsula shopping centre carpark my wife(Siti Shahidah Binte Sefer) complained to me that she feels dizzy and short of breath as she is 7 months pregnant, subsequently we planned to find the nearest police station to lodge the report for this accident while on the way to Old Hill police station my wife vomited twice and I saw that the police station closed down as such we decided to make our way to SCDF Central Fire Station located at 62 Hill St which is about 150meter away from the police station to seek medical assistance from them. My wife was later conveyed to KKH by ambulance from SCDF Central Fire Station and my wife was given 3 days MC from KKH.



**SINGAPORE
POLICE FORCE**



T/20181125/2090

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 4

Report No. T/20181125/2090

• CONTINUATION OF REPORT



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181125/2090

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 1 JOEL PHUA JIAN WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/11/2018 23:13

Classification Of Case:

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9239365H



Name
AFIQ BIN MD AZAHAR

أفيق بن محمد ازهار

Race
MALAY

Date of birth
21-10-1992

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9239365H



AFIQ BIN MD AZAHAR

Birth Date: 21 Oct 1992

Issue Date: 03 Mar 2018

0027786700

4125912



NRIC No: S9239365H



Date of issue
06-11-2007

APT BLK 601 ANG MO KIO AVENUE 5 #02-2609
SINGAPORE 560601


NRIC No: S9239365H Date: 23/07/2018

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	19 Jun 2015

NP 428A

Licence No: S9239365H



Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.

Date of Accident

25/11/2018 15:29

Vehicle No.(For Motor)

SGU5955T

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"/>	5091136234-01		MD AZAHAR BIN ISMAIL	S1582491C	GPC	drivo CLASSIC	SGU5955T	SGU5955T	18/05/2018	17/05/2019

Claim Handling

Accident MT/1021490

Policy No.	5091136234-01	Vehicle No.	SGU5955T	GST Registration No.	
Certificate No.					
Policyholder Name	MD AZAHAR BIN ISMAIL			Policyholder NRIC	S1582
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90663886	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	27/11/2018 09:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	25/11/2018	Time of Accident hh:mm	17:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BRIDGE RD INFRT CAPITOL PLAZZA				
Excess					
Own damage Excess	500.00	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					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 427 #05-212	Address 2	WOODLANDS ST 41	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73042
Unit No.		Related Policy Number	5102383134		
01 Driver Info					
Driver Name	AFIQ BIN MD AZAHAR	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9239365H	Driver DOB	21/10/
Register Date of Driver License	26/08/2015	Driver Age	26	Driving Experience	3
Contact No.(Mobile)	90295165	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 601 #02-2609	Address 2	ANG MO KIO AVENUE 5	Address 3	YIO CH
Address 4	SINGAPORE 560601	Address Type	Singapore address	Post Code	56060
Unit No.	02-2609				
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	MD AZAHAR BIN ISMAIL
Contact No.(Mobile)	90663886	Contact No. (Home)	63633021
Email Address:		Vehicle Number	SGU5955T
Claim Description	SGU5955T / SMC4178A ON 25 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Refused No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/11/2018 09:37
			LIEW SHAN HUI
Print AK letter			
Save Submit			

Attachment

Accident No. MT/1021490

Claim No. 001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

27/11/2018 09:38

Path *

Choose File No file chosen

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Choose File No file chosen

Message Read

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Confidential

Urgency *

NO

Normal

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Please Select

NO

Normal

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Please Select

NO

Normal

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NO

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Clear

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NO

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Clear

Please Select

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	SAS	Normal	SAS 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:38	Photos	Normal	Photos 2018-11-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
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