

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Job No: 01/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021650/13	SAS e-filing		
Veh No: SJX59884	E-mail (Within 3hrs, AIC 2hrs)		
DOA: 01/12/18 1435	I-Motor Claim Form	MT/1022165-	001
OD - TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Estimated Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMF6503R	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: 6788 4616)	Date & Time Completed	Done by
<input type="checkbox"/> Apply for Transport Allowance ( ) / Courtesy Car ( )		
<input type="checkbox"/> QC Check / Post Repair Inspection ( )		
<input type="checkbox"/> Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA/1808028	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Owner/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Editor's Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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-in INC) against INC \$20		
	9) N12: Idno 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 willful 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	01/12/2018 15:56
Date Of Accident	01/12/2018 14:35
Exact Location Of Accident	UPP CHANGI RD EAST SLIP RD TWDS PASIR RIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5988Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARMANIZAM BIN DOLAH
NRIC No	S8737583H
Email Address	ARMAN_SLIPKNOT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82994291
Alternative Phone No	OTHERS-82994291

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097595255
Cover Note Number	

### Driver

Name of Driver	ARMANIZAM BIN DOLAH
NRIC No	S8737583H
Date Of Birth	26/11/1987
Occupation	INDOOR
Date Of Driving Pass	11/06/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82994291
Fax Number	
Contact Number	OTHERS-82994291
Email Address	ARMAN_SLIPKNOT@HOTMAIL.COM

Address	BLK 211 BOON LAY PLACE #02-139
Postcode	640211
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	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)	5
Passenger 1	NAME: : NURUL GENDER: : FEMALE
Passenger 2	NAME: : UMSIYATI GENDER: : FEMALE
Passenger 3	NAME: : RAFAEL(KIDS) GENDER: : MALE
Passenger 4	NAME: : MIKAELA(KIDS) GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF6503R
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)	



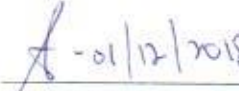
## SKETCH PLAN

### 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.

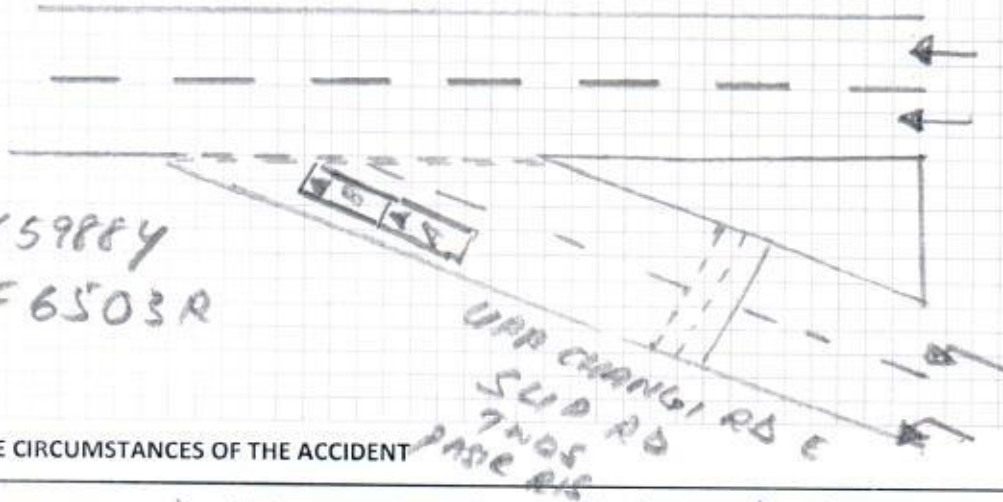
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

A- SJX5988Y  
B- SMF6503R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was around 14:35pm when the accident occurred. The location was at Upper Changi Road East filter lane ~~slip road~~ <sup>Pass R/S</sup>. My vehicle was stationary when I was at the ~~slip road~~ <sup>filter</sup> lane. After checking for oncoming car on my right I stopped on my ego thinking my front vehicle has move off. ~~That~~ that's where the accident occurred.

## 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8737583H



ARMANIZAM BIN DOLAH  
ارمنيزم بن دوله  
Race  
MALAY  
Date of Birth  
28-11-1987 Sex  
M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8737583H  
Name  
ARMANIZAM BIN DOLAH  
Birth Date 26 Nov 1987  
Issue Date 05 Feb 2007



001477662J

3271690



NRIC No. S8737583H



State Group Date of issue  
04-19-2

APT BLK 211 BOON LAY PLACE #02-139  
SINGAPORE 640211  
NRIC No. S8737583H Date 01/02/2013 No. 7314749

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

BY SS DATE  
05 Feb 2007  
11 Jun 2013

Class 2B Motorcycles <= 200 CC  
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

S/No. 9000171770

88717883H

Licence No: S8737583H

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/12/2018 14:35"/>							
Vehicle No. (For Motor)	<input type="text" value="SJX5988Y"/>	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"/>	5097595255		ARMANIZAM BIN DOLAH	58737583H	GPC	drive CLASSIC	SJX5988Y	SJX5988Y	25/01/2018	24/01/2019
<input type="button" value="Continue"/>										



## Claim Handling

Accident MT/1022165

Policy No.	5097595255	Vehicle No.	SJX5988Y	GST Registration No.
Certificate No.				
Policyholder Name	ARMANIZAM BIN DOLAH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	82994291	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KIK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	01/12/2018 16:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2018	Time of Accident hh:mm	14:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP CHANGI RD EAST SLIP RD TWDS PASIR RIS			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	1500	Windscreen Excess
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 211 #02-139	Address 2	BOON LAY PLACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5051815158-07	

## ▼ OI Driver Info

Driver Name	ARMANIZAM BIN DOLAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8737583H	Driver DOB
Register Date of Driver License	11/06/2013	Driver Age	31	Driving Experience
Contact No.(Mobile)	82994291	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 211	Address 2	BOON LAY PLACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-139			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## 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	ARMAN
Contact No.(Mobile)	82994291	Contact No. (Home)	626414
Email Address	ARMAN_SLIPKNOT@HOTMAIL.C	OI Vehicle Number	SJX598
Claim Description	SJX5988Y / SMF6503R ON 1 Dec 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Date Registered	01/12/2018 17:03	Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSILINDA	GIA report	Received
Print AK letter		Claim Close Date	
		Workshop Repairer	

[Save](#) [Submit](#)

## Attachment

Accident No. MT/1022165 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 01/12/2018 00:00

[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](#)

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:02	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:02	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2018 17:00	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

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