

# NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MNA 119000059

Date In: 2/1/19 09:02	Job description	Date & Time Completed	Done by
Ref No: NA/ INC 119000001/64	SAS e-filing		
Veh No: 533 7319P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/1/19 21:55	I-Motor Claim Form	MT/1026087-001	2/1/18 19:28
OD / TP / 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:

SKK 1175J.

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:

(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


NA1900018

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:

Ref 1:

Ref 2/3:

## Invoice Breakdown Checklist

1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$50)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against UNC Only (wef 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
Q1:	
*N5: Courtesy Car / Tpt Allowance \$5	
*N6: Repair Coordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (N11): TP (Non INC) against INC \$20	
9) N12: Idao Mobile \$0	

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Am (\$)

PAID (\$)

30.00

Add Bill



## 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	02/01/2019 09:02
Date Of Accident	01/01/2019 21:55
Exact Location Of Accident	CLEMENTI ROAD B4 JUNC ULU PANDAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ7319P

Insured/Policyholder	
Name Of Registered Owner	SHAHRIK BIN MANSOR
NRIC No	S7126009G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92330770
Alternative Phone No	OFFICE-92330770

Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	5103682207
Cover Note Number	-

Driver	
Name of Driver	SHAHRIK BIN MANSOR
NRIC No	S7126009G
Date Of Birth	31/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92330770
Fax Number	
Contact Number	OFFICE-92330770
Email Address	NOEMAIL

Address	BLK 121 HOUGANG AVE 1 #04-1344
Postcode	530121
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 (including own vehicle) involved in the accident	2
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)	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

I WAS TRAVELLING ALONG CLEMENTI RD B4 JUNC OF ULU PANDAN RD, SUDDENLY VEH INFRONT OF ME SWERVED TO RIGHT LANE, I CANNOT STOP IN TIME DUE TO MY SLIPPER STUCKED IN THE CARPET, AS THE RESULT, MY VEH HIT ONTO THE VEH B (BEARING NO SKK1175J) REAR PORTION

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK1175J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARTHUR YEO LI CHEN
NRIC/Passport Number	S9334181C
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: 2/1/19 9.10am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

Ulu Pandan Rd

Clementi Rd

A = SJJ 7319 P  
B = SKK 1175 J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

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

Policyholder's Signature

Date & Time: 21/11/19 9.10am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7126009G**

Name: **SHAHRIK BIN MANSOR**

Birth Date: **31 Jul 1971**

Issue Date: **03 Jan 2003**

1000087410F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7126009G**

Name: **SHAHRIK BIN MANSOR**

Race: **MALAY**

Date of birth: **31-07-1971**

Sex: **M**

Country/Place of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	10 Jan 1994
Class 2A	Motorcycles between 201 cc and 400 cc	10 Aug 1999
Class 2	Motorcycles exceeding 400 cc	16 May 2004
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	01 Jul 1996

**S7126009G**

S / No. 9000011884

License No: S7126009G

5320279

NRIC No. **S7126009G**

Date of issue: **24-06-2014**

APT BLK 121 HOUGANG AVENUE 1 #04-1344  
SINGAPORE 530121

NRIC No: **S7126009G**

Date: **01/08/2015**



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="01/01/2019 09:02"/>							
Vehicle No.(For Motor)	<input type="text" value="SJJ7319P"/>	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"/>	5103682207		SHAHRIK BIN MANSOR	S7126009G	GPC	drivo CLASSIC	SJJ7319P	SJJ7319P	24/09/2018	23/09/2019
<input type="button" value="Continue"/>										

## Claim Handling

Accident MT/1026087

Policy No.	5103682207	Vehicle No.	SJJ7319P	GST Registration No.	
Certificate No.					
Policyholder Name	SHAHRIK BIN MANSOR			Policyholder NRIC	S71261
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92330770	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	02/01/2019 19:24	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	01/01/2019	Time of Accident hh:mm	21:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI ROAD B4 JUNC ULU PANDAN				
▼ Excess					
Own damage Excess	600.00	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 121 #04-1344	Address 2	HOUGANG AVENUE 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53012
Unit No.	04-1344	Related Policy Number	5103682207		
▼ OI Driver Info					
Driver Name	SHAHRIK BIN MANSOR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7126009G	Driver DOB	31/07/
Register Date of Driver License	01/07/1996	Driver Age	47	Driving Experience	22
Contact No.(Mobile)	92330770	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 121 #04-1344	Address 2	HOUGANG AVENUE 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53012
Unit No.	04-1344				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	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	SHAHRIK BIN MANSOR
Contact No.(Mobile)	97613251	Contact No.(Home)	67741141
Email Address		OI Vehicle Number	SJJ7319P
Claim Description	SJJ7319P / SKK1175J ON 1 Jan 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1026087

Claim No. 001



Last Doc. Received

\* Yes ☐ No ☐

Upload Date


02/01/2019 19:28

Path \*

Choose File No file chosen  
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Message Read

Clear	Please Select	NO	Normal
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:28	SAS	Normal	SAS 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:28	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:28	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:28	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:28	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:27	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:27	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:27	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:27	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:27	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:27	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:26	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:26	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:26	Photos	Normal	Photos 2019-1-2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:26	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:26	Photos	Normal	Photos 2019-1-2

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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