

NATIONAL Assessment Centre Services.

(ver 1 Jan 03)

NBA 41900078

Date In: 02/01/2008 09:27	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/190000078	SAS e-filing		
Veh No: 520, 5144	E-mail (5 mins, A/C 2hrs)		
D.O.A: 31/12/2008 18:25	I-Motor Claim Form	M71025901-001	02/01/2008 16:45
OID: TP / Reporting Only	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		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: PA7227A

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:

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time	Actions

NBA/1900035		Invoice No: 1900035		Date: 02/01/2008	
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100)		INC (\$50)	
Contact No:		3) TP: Towing Fee		\$40/\$45	
Damaged Portion:		4) FT: Follow-Through Survey		\$120	
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)		\$30	
Auditors' Comments:		For claiming against INC Only (ver 10 Jan 2003)			
Tel 1:		6) TR: Re-inspection		\$75	
Tel 2:		7) NI: Idao DA + SMRT Survey		\$160	
Tel 3:		8) NTUC Additional Services:			
		OD:			
		*N5: Courtesy Car / Tpl Allowance		\$5	
		*N6: Repair Coordination		\$10	
		*N7: Post Repair Inspection		\$25	
		*N8: DV / Collect Excess Coordination		\$5	
		TP (Nil): TP (Nil) INC against INC		\$20	
		9) N12: Idao Mobile		\$30	
		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	02/01/2019 09:27
Date Of Accident	31/12/2018 18:25
Exact Location Of Accident	ALONG ROBINSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5914Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SALLEH BIN ISMAIL
NRIC No	S1374619B
Email Address	MDSALLEHS12@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90755991
Alternative Phone No	OTHERS-90755991

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5103112693
Cover Note Number	

Driver

Name of Driver	MOHAMED SALLEH BIN ISMAIL
NRIC No	S1374619B
Date Of Birth	02/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90755991
Fax Number	
Contact Number	OTHERS-90755991
Email Address	MDSALLEHS12@GMAIL.COM

Address	BLK 175 LOMPANG ROAD #07-43
Postcode	670175
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	SIDE SWIPE
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?	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)	6
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER GENDER: : MALE
Passenger 5	NAME: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7226A
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

PETER

NRIC/Passport Number

Contact Number

92471548

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1


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:

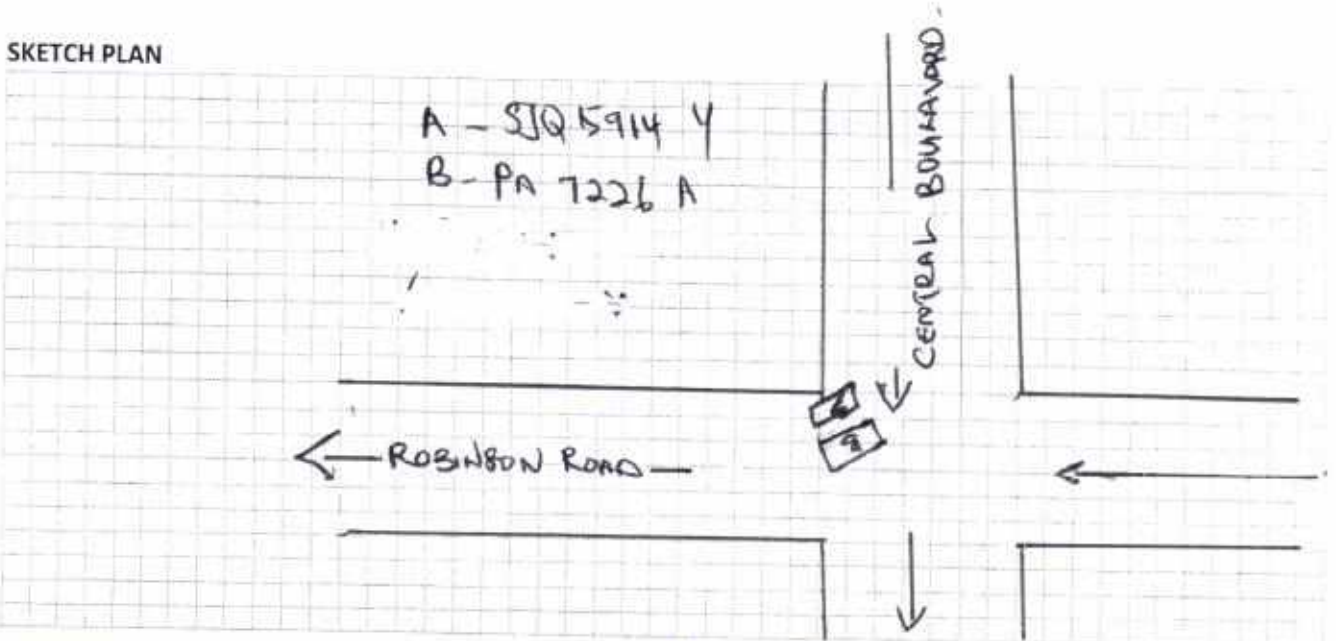
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 2/1/2019
9.30AM


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT EN 31/12/2018 AT ABOUT 18:25HRS

While I was traveling along Central Boulevard turning traffic light toward Robinson Road with my passenger Spina in side my Vehicle. I was on the extreme right lane turning to Robinson road and the said bus vehicle no PA 7226 A on the second lane also turning to the right lane. The said vehicle make a sharp turn and hit my vehicle rear side of my vehicle and damage rear side body, rear side light and scratch the auto door left side auto door.

DECLARATION

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

Janet

Policyholder's Signature

Date & Time: 21/1/2019
9:45 AM

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

02/01/2018
Reporting Centre Personnel's Signature
Name: *Reza*
NRIC/FIN No.:

Claim Handling

Accident MY/1025901

Policy No.	3103112693	Vehicle No.	SJQ5914Y	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED SALLEH BIN ISMAIL			Policyholder NRIC	S13746198
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90755991	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	Yes
Accident Details					
Report Date	02/01/2019 10:45	Accident Report Within 24 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	31/12/2018	Time of Accident hh:mm	19:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ROBINSON ROAD				
Excess					
Gown damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
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 175 #07-43	Address 2	LOMPANG ROAD	Address 3	SINGAPORE 670175
Address 4		Address Type	Singapore address	Post Code	670175
Unit No.		Related Policy Number	3103112693		
DI Driver Info					
Driver Name	MOHAMED SALLEH BIN ISMAIL	Driver Type	Main Driver	Driver DOB	02/04/1959
Unnamed driver Name		Driver NRIC	S13746198	Driving Experience	24
Register Date of Driver License	20/01/1994	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	90755991	Contact No.(Office)		Address 3	SINGAPORE 670175
Address 1	BLK 175 #07-43	Address 2	LOMPANG ROAD	Post Code	670175
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	SJQ5914Y	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 OD-MX

NEW






















Claim Type *	OD-MX	Insured Name	MOHAMED SALLEH BIN ISMAIL	Insured NRIC	S137
Contact No.(Mobile)	92715043	Contact No. (Home)	67837734	Contact No. (Office)	
Email Address	kuriyat@singnet.com	DI Vehicle Number	SJQ5914Y	TP Vehicle Number	PA72
Claim Description	SJQ5914Y / PA7226A ON 31 Dec 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	Preferred	Preferred Workshop, Name unknown			
Data Registered	Yes	GIA report	Received		
Report Taken By		Claim Close Date	02/01/2019 16:45	Date Received	02/0
		Workshop Repairer	ROSLI WAHAB	Total Loss but Reported	

Print AK letter

Save Submit

Attachment

Accident No.	HT/1025901	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	02/01/2019 16:45
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Des
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			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
			Description

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:45	SAS	Normal	SAS 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:45	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 16:45	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 10:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 10:48	Photos	Normal	Photos 2019-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 10:48	Photos	Normal	Photos 2019-1-2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jan 2019 10:47	Photos	Normal	Photos 2019-1-2

Video List

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

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 12 / 2018) (DD/MM/YYYY). TIME: (6 : 25 pm) (HH:MM)

LOCATION: Robinson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 5914 Y
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: S103112693
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA PRED
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Drive Grab
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MOHAMED SALEH BIN SMAIL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S137461913 CONTACT: 90755991
 c) ADDRESS: BLK 175 #01-43 Tampang Road
Spor 60175

* CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (02 / 04 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/01/1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PA 7226A MODEL: Bus
 b) DRIVER'S NAME: Peter
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 92471548

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

1 (F)
4 (M)

* No of passenger
(including driver)
(6)


* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1374619B




Name
MOHAMED SALLEH BIN ISMAIL

Place
MALAY

Date of Birth
02-04-1959

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1374619B**

MOHAMED SALLEH BIN ISMAIL

Birth Date: 02 Apr 1959
Issue Date: 17 Dec 2003




001053431K

000001



NRIC No: **S1374619B**



Blood Group: **B+** Date of Issue: **30-04-1993**

Address
131, N. B. ST. (OPPOSITE ROAD 807-23)
SINGAPORE 470175

NRIC No: **S1374619B** Date: **16-07-1993** No: **3721117**

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

PASS DATE: **26 Jan 1994**

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



NF 476A

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: S103112693

Cover : drive CLASSIC

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJQ5914Y |
| Chassis Number | : GB31031305 |
| 2. Name of Policyholder | : MOHAMED SALLEH BIN ISMAIL |
| 3. Effective Date of Insurance | : 28 Aug 2018 |
| 4. Expiry Date of Insurance | : 27 Aug 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMED SALLEH BIN ISMAIL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) PTE LTD
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 : CROSBY INSURANCE AGENCY (00000570899)
Date of Issue : 27 Aug 2018 12:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive