

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19000216/13	SAS e-filing		
Veh No: SKN11431K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/01/19 1830	i-Motor Claim Form	MT/1026384 - 001	
OD: <u>TP</u> 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: SKZ5720E	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%; F: 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

NA/1900172	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Driver/Owner:	5) FT : Follow-Through Survey (Resurvey) \$30			
Contact No:	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	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	04/01/2019 12:38
Date Of Accident	03/01/2019 18:30
Exact Location Of Accident	KALLANG BAHRU SLIP RD INTO GEYLANG BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1143K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

### Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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	5105921725
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD JASHIM UDDIN
NRIC No	S7467442I
Date Of Birth	30/11/1974
Occupation	INDOOR
Date Of Driving Pass	06/08/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96809603
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 325 BUKIT BATOK ST 33 #04-13
Postcode	650325
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
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?	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)	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

MY VEH WAS STATIONARY AT THE GIVEWAY LINE AT KALLANG BAHRU SLIP RD INTO GEYLANG BAHRU TO GIVE WAY FOR ONCOMING VEH. SUDDENLY VEH(B) BEARING REG NO SKZ5720E CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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	SKZ5720E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHOU YUQIAN
NRIC/Passport Number	S8776126F
Contact Number	91263094
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.

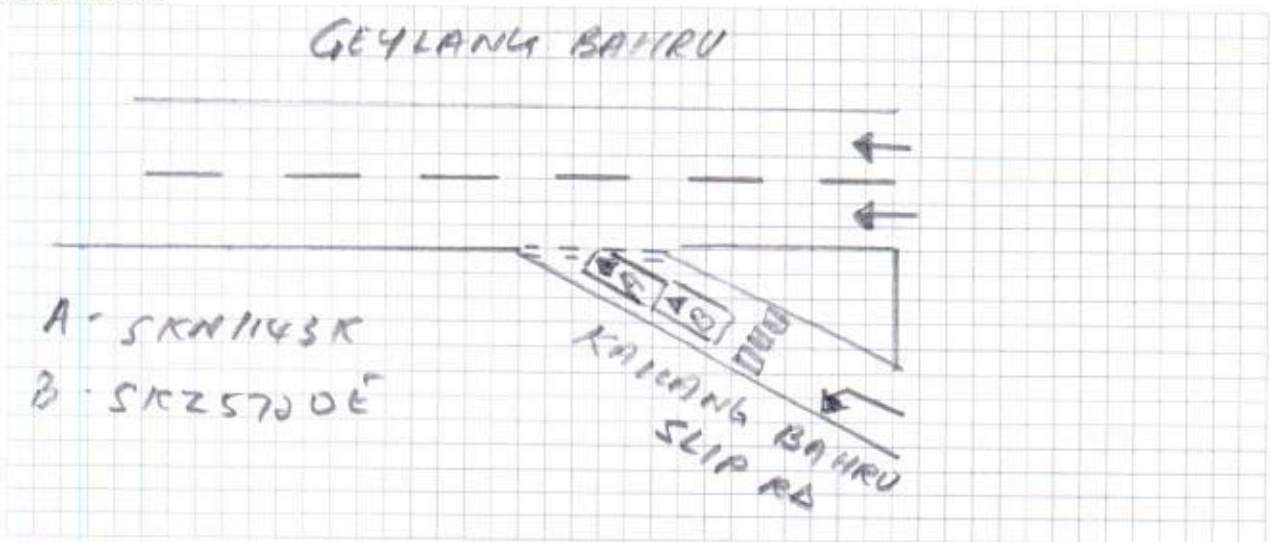


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

## 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 DRIVING LICENCE**

Licence Number: **S7467442I**  
 Name: **MOHAMMAD JASHIM UDDIN**

Birth Date: **30 Nov 1974**  
 Issue Date: **11 Aug 2008**



001637076K



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S7467442I**

Name: **MOHAMMAD JASHIM UDDIN**

Race: **BENGALI**  
 Date of birth: **30-11-1974** Sex: **M**  
 Country of birth: **BANGLADESH**

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

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **06 Aug 2001**

Licence No: **S7467442I**

NIP 428A

9935530

NRIC No: **S7467442I**

Nationality: **BANGLADESHI**  
 Date of issue: **03-06-2008**

APT BLK 325 BUKIT BATOK STREET 33 #04-13  
 SINGAPORE 650325  
**S7467442I**

14/05/2013



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105921725		WENG SOON AUTO & LEASING	53227794E	GPC	drive CLASSIC	SKN1143K	SKN1143K	28/11/2018	02/11/2019

## Claim Handling

Accident MT/1026384

Policy No.	5105921725	Vehicle No.	SKN1143K	GST Registration No.
Certificate No.				
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92727979	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	04/01/2019 14:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/01/2019	Time of Accident hh:mm	18:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KALLANG BAHRU SLIP RD INTO GEYLANG BAHRU			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		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 Registration No.		GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOMUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-13	Related Policy Number	5073862302-03	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMMAD JASHIM UDDIN	Driver NRIC	S74674421	Driver DOB
Register Date of Driver License	06/08/2001	Driver Age	44	Driving Experience
Contact No.(Mobile)	96809603	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 325	Address 2	BUKIT BATOK STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-13			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WENG :
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SKN114
Claim Description	SKN1143K / SKZ5720E ON 3 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/01/2019 14:40
		Workshop Repairer	ROSLINDA

Print AK letter



## Attachment



Accident No.	MT/1026384	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2019 00:00
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:40	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:40	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2019 14:39	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name
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