

**NATIONAL Assessment Centre Services** (MP 1 Jan 2005)

Date In: <b>09/01/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC19000533/13</b>	SAS e-filing		
Veh No: <b>5J02146K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>09/01/19 0740</b>	i-Motor Claim Form	<b>m7/1027090 - 001</b>	
OD <b>(TP)</b> 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: <b>50J7775B</b>	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

<b>NA1900266</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	<b>OD*</b>		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	<b>TP (N11) : TP (Non INC) against INC \$20</b>		
	9) N12: Idac 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	09/01/2019 15:34
Date Of Accident	09/01/2019 07:40
Exact Location Of Accident	THOMSON RD NEAR NOVENA CHURCH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD2146K
Insured/Policyholder	
Name Of Registered Owner	RAMLAH BINTE NATHAN
NRIC No	S1144478D
Email Address	ZAISURANA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92982565
Alternative Phone No	OFFICE-81119558
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	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	5094112325-01
Cover Note Number	
Driver	
Name of Driver	ZAINAL ABIDIN B SUADI @ ZAINAL ABIDIN BIN BACHOK
NRIC No	S0099773J
Date Of Birth	11/09/1952
Occupation	INDOOR
Date Of Driving Pass	19/02/1980
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81119558
Fax Number	
Contact Number	
E Mail Address	ZAINALSUADI@GMAIL.COM

Address	BLK 541 PASIR RIS ST 51 #06-16
Postcode	510541
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : RAMLAH BINTE NATHAN 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

MY VEH WAS STATIONARY BEHIND THE YELLOW BOX ON THE 2ND LANE AT THOMSON RD NEAR NOVENA CHURCH DUE TO THE VEH INFRT OF MY VEH STOP. SUDDENLY VEH(B) BEARING REG NO SDJ7775B CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEH. DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO VEH(C) BEARING REG NO SKQ8362H REAR PORTION.

#### 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	SDJ7775B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO TSU HWON
NRIC/Passport Number	S6910866J
Contact Number	98151336
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKQ8362H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

VAL PHUA JUN RONG

NRIC/Passport Number

SB703437B

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:

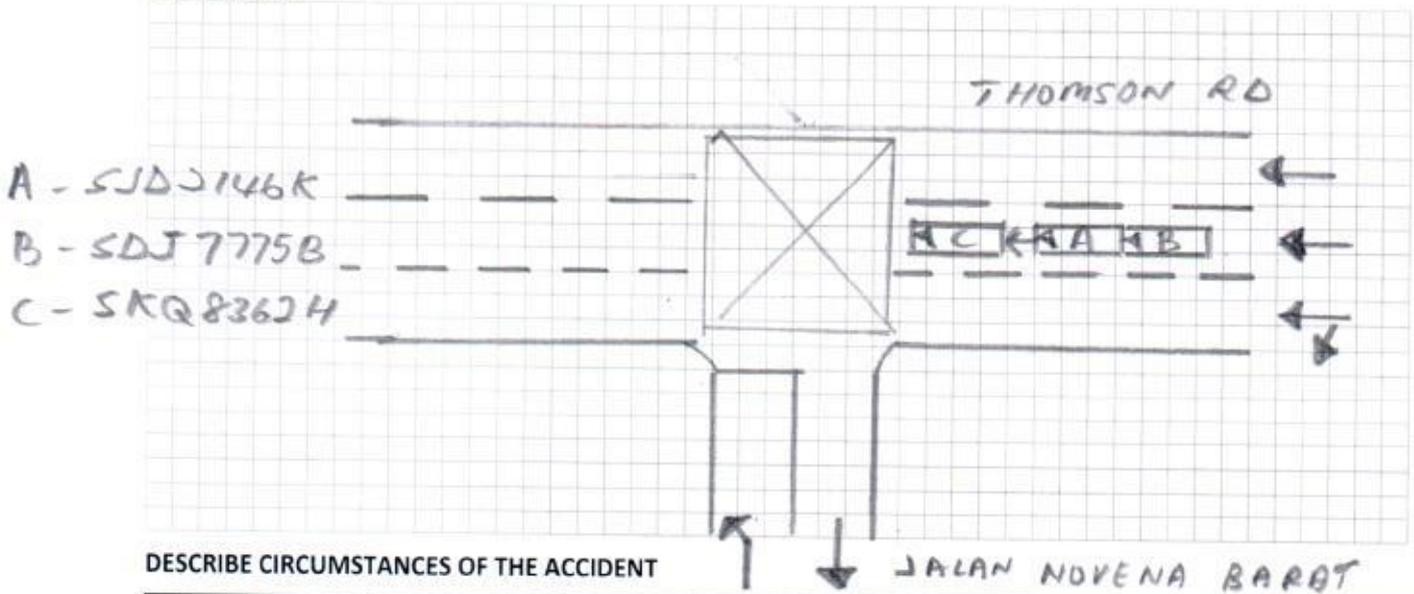
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

JALAN NOVENA BARAT

*Pls refer to the statement.*

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 09/01/19

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1144478D



Name

RAMLAH BINTE NATHAN

راملاه بنت ناثان  
Race

JAVANESE

Date of Birth

11-06-1955

Country of Birth

SINGAPORE

Sex

F

S1144478D



15125

NRIC No. S1144478D



Blood Group

O+

Date of issue

15-12-1993

APT BLK 541 PASIR RIS STREET 51 #06-16  
SINGAPORE 510541

NRIC No. S1144478D

Date: 02-09-2001

No: 4061167

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0099773J

Name

ZAINAL ABIDIN B SUADI

Birth Date: 11 Sep 1952

Issue Date: 03 Jan 2003

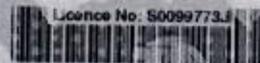


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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 19 Feb 1980



Licence No. S0099773J

NP 422A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0099773J



Name

ZAINAL ABIDIN B SUADI  
@ZAINAL ABIDIN BIN  
BACHOK

Race

MALAY

Date of Birth

11-09-1952

Country of Birth

SINGAPORE

Sex

M

S0099773J



1503274

NRIC No. S0099773J



Blood Group

O+

Date of issue

13-12-1993

APT BLK 541 PASIR RIS STREET 51 #06-16  
SINGAPORE 510541

NRIC No. S0099773J

Date: 02-09-2001

No: 1061166

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094112325-01		RAMLAH BINTE NATHAN	S1144478D	GPC	drive CLASSIC	SJD2146K	SJD2146K	13/03/2018	12/03/2019

Continue

**Claim Handling**

**Accident MT/1027090**

Policy No.	S094112325-01	Vehicle No.	SJD2146K	GST Registration No.
Certificate No.				
Policyholder Name	RAMLAH BINTE NATHAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92982565	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

**Accident Details**

Report Date	09/01/2019 16:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/01/2019	Time of Accident hh:mm	07:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	THOMSON RD NEAR NOVENA CHURCH			

**Excess**

Own damage Excess	600.00	Additional Excess	0	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 541 #06-16	Address 2	PASIR RIS STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S094112325-01	

**OI Driver Info**

Driver Name	ZAINAL ABIDIN BIN SUADI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0099773J	Driver DOB
Register Date of Driver License	19/02/1980	Driver Age	66	Driving Experience
Contact No.(Mobile)	81119558	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 541	Address 2	PASIR RIS STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-16			
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 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	RAMLAH
Contact No.(Mobile)	92982565	Contact No. (Home)	672672
Email Address	zaisurana@gmail.com	OI Vehicle Number	SJD214
Claim Description	SJD2146K / SDJ7758 ON 9 Jan 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	09/01/2019 16:40	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1027090 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 09/01/2019 00:00

- Choose File No file chosen
- Message Read

Path \*

Category *	Confidential
Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 16:40	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 16:40	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 16:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2019 16:40	Photos	Normal	Photos
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Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>