

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MWA 119014535

Date In: 30/11/19 17:51	Job description	Date & Time Completed	Done by
Ref No: NA1 INC19002008164	SAS e-filing		
Veh No: SGM 3869P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/11/19 16:00	I-Motor Claim Form	MWT1030235	30/11/19 18:16
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: YN 5975J	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: YBS () / 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

NA1900828	Invoice Itemization	Amount (\$)	Remarks
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fees Charged	
Auditors Comments:	Invoice dated	Fees Charged	
Ref 1:			
Ref 2/3:			

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	30/01/2019 17:51
Date Of Accident	30/01/2019 16:00
Exact Location Of Accident	TAMPINES ST 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM3869P
Insured/Policyholder	
Name Of Registered Owner	RAHMAT B ATAN
NRIC No	S0089287D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96226725
Alternative Phone No	OFFICE-96226725

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	5032113497-10
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD AZREE BIN RAHMAT
NRIC No	S8526101J
Date Of Birth	07/08/1985
Occupation	INDOOR
Date Of Driving Pass	07/09/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81895958
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 471A FERNVALE ST #02-87
Postcode	791471
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
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 WAITING TO TURN INTO CARPARK BLK 301 ALONG TAMPINES ST 32, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO YN5975J) FROM BEHIND COLLIDED ONTO MY VEH 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	YN5975J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIU HAIBIN
NRIC/Passport Number	G2578779Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AZREE BIN RAHMAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGM3869P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:


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


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

A hand-drawn sketch map on graph paper showing a street intersection. The map is oriented with a vertical street on the left and a horizontal street at the bottom. The intersection is marked with a small square. To the left of the intersection, there are two small squares labeled 'A' and 'B' stacked vertically. To the right of the intersection, there are two small squares labeled '307A' and '301' stacked vertically. Below the intersection, the text 'Tampines St 32' is written.

307A

301

Tampines St 32

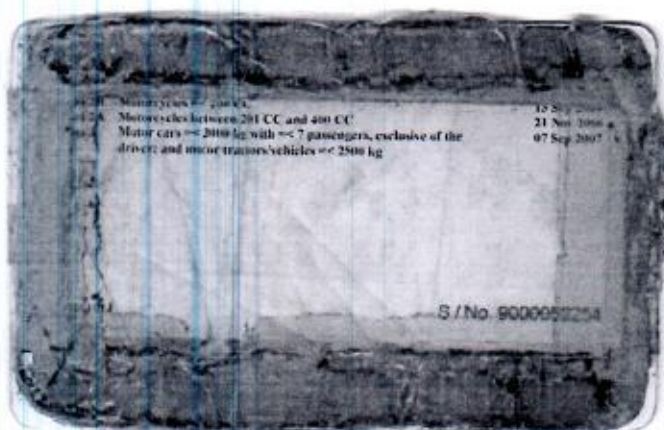
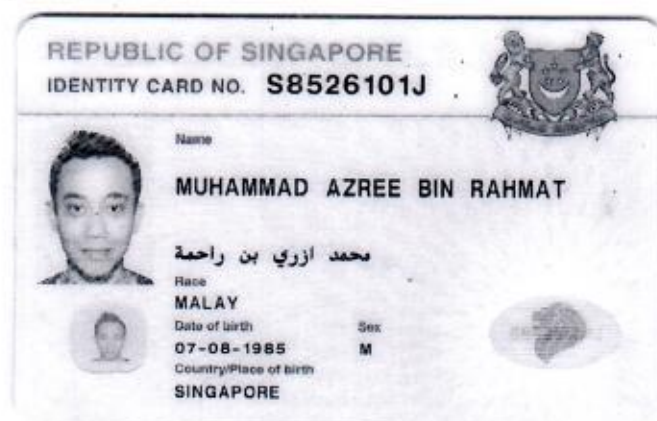
A = SGM3869P.
B = YN5975J.

Please Refer to Statement

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

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

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



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="30/01/2019 17:46"/>							
Vehicle No.(For Motor)	<input type="text" value="SGM3869P"/>	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"/>	S032113497-10		RAHMAT B ATAN	S0089287D	GPC	drive CLASSIC	SGM3869P	SGM3869P	16/10/2018	15/10/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1030235

Policy No.	5032113497-10	Vehicle No.	SGM3869P	GST Registration No.	
Certificate No.					
Policyholder Name	RAHMAT B ATAN			Policyholder NRIC	5008
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96226725	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No
▼ Accident Details					
Report Date	30/01/2019 18:11	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	30/01/2019	Time of Accident hh:mm	16:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES ST 32				
▼ Excess					
Own damage Excess		Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	500.00	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 130 #02-248	Address 2	SIMEI STREET 1	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	5201
Unit No.		Related Policy Number	5032113497-10		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD AZREE BIN RAHMA	Driver NRIC	S8526101J	Driver DOB	07/06
Register Date of Driver License	07/09/2007	Driver Age	33	Driving Experience	11
Contact No.(Mobile)	81895958	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 471A #02-87	Address 2	FERNVALE STREET	Address 3	FERN
Address 4	SINGAPORE 791471	Address Type	Singapore address	Post Code	7914
Unit No.	02-87				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001

New

Claim Handling

Accident MT/1030235

Policy No.	5032113497-10	Vehicle No.	SGM3869P	GST Registration No.	
Certificate No.					
Policyholder Name	RAHMAT B ATAN			Policyholder NRIC	5008
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96226725	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No
▼ Accident Details					
Report Date	30/01/2019 18:11	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	30/01/2019	Time of Accident hh:mm	16:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES ST 32				
▼ Excess					
Total Excess Applicable					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		

1/30/2019

All Claims Excess
YIED All Claim Excess
Total All Claim Excess Applicable
OD Standard Excess
YIED OD Excess
Additional Excess
Total OD Excess Applicable

0.00

Claim Handling(accident reporting Claim Task)
Driver is Covered?
TP Standard Excess
YIED TP Excess
Driver is Covered?
Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1
Address 4
Unit No.

BLK 130 #02-248

Address 2
Address Type
Related Policy Number

SIMEI STREET 1
Singapore address
5032113497-10

Address 3
Post Code

SING
5201

01 Driver Info

Driver Name
Unnamed driver Name
Register Date of Driver License
Contact No.(Mobile)
Address 1
Address 4
Unit No.
Does he own a Singapore Registered car?

Unnamed Driver
MUHAMMAD AZREE BIN RAHMA
07/09/2007
81895958
BLK 471A #02-87
SINGAPORE 791471
02-87
Yes + No

Driver Type
Driver NRIC
Driver Age
Contact No.(Office)
Address 2
Address Type
Driver Vehicle No.

Unnamed Driver
S85261013
33

FERNVALE STREET
Singapore address

Driver DOB
Driving Experience
Contact No.(Home)
Address 3
Post Code
Driver Insurer Company

07/08
11

FERN
7914

Declaration

Breathalyser or Blood Test Reading?
Any injury?

0 mg
Yes No

Modification History

Claim 001 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop
Workshop No.
Finalisation

Insured Liability
Not at Fault

Preferred Repair Option
Preferred Workshop, Name unknown

GIA report
Received

Date Registered

Report Taken By

Print AK letter

Insured Name
Contact No.
OI
Vehicle Number

RAHMAT B ATAN
67828555
SGM3869P

SGM3869P / YN5975J ON 30 Jan 2019

Claim Close Date

Workshop Repairer

30/01/2019 18:15

LIEW SHAN HUI

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1030235
Yes No

Claim No.
Upload Date

001
30/01/2019 18:16

Path *

Choose File
Choose File
Choose File
Choose File
Choose File
Choose File
Message Read

No file chosen
No file chosen
No file chosen
No file chosen
No file chosen
No file chosen

Category *

Confidential

Urgency *

Please Select
Please Select
Please Select
Please Select
Please Select
Please Select

NO
NO
NO
NO
NO
NO

Normal
Normal
Normal
Normal
Normal
Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	30 Jan 2019 18:16	Normal	NRIC/ Driving License 2019-1-30



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:16	SAS	Normal	SAS 2019-1-30
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:16	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:15	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:15	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:15	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:15	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:15	Photos	Normal	Photos 2019-1-30
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:15	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 18:15	Photos	Normal	Photos 2019-1-30

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Folder Date

File Name



Source

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