

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 11/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002488/13	SAS e-filing		
Veh No: SKL36790	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/02/19 1340	i-Motor Claim Form	MT/1031476-001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**TWINCAR**) Tel: Fax:)

TP Particulars: Veh No: **SHA888E** 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

NA1901270

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	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		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	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	11/02/2019 18:52
Date Of Accident	09/02/2019 13:40
Exact Location Of Accident	JUNC OF YUNG HO RD & CORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3679D
Insured/Policyholder	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	53361615L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96796282

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093017849-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ISZAN BIN MUSTAFA
NRIC No	S9520238A
Date Of Birth	09/06/1995
Occupation	INDOOR
Date Of Driving Pass	20/02/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87761422
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 6 MARSILING DRIVE #03-84
Postcode	730006
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : AYUNI 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA888E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ISZAN BIN MUSTAFA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKL3679D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	AYUNI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKL3679D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

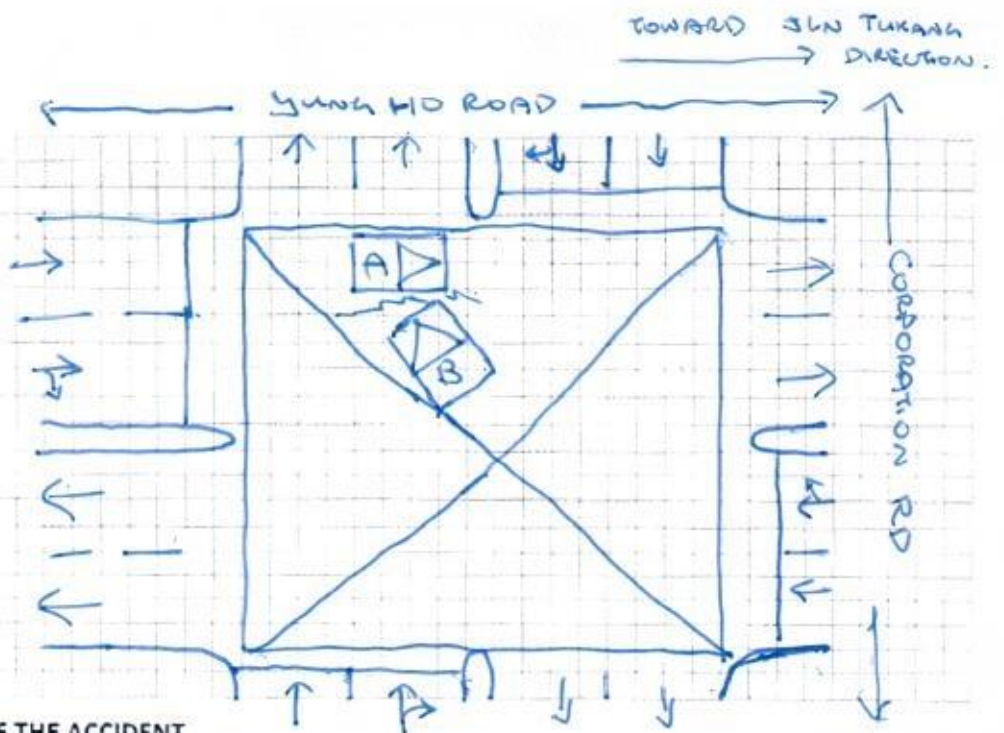
Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A
- SKL 367AD

VEHICLE B
- SHA 888 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING YUNH HO RD TOWARD JLN TUKANG DIRECTION. I WAS ON THE LEFT LANE.

WHILE APPROACHING TO THE X-JUNCTION OF (YUNH HO RD / CORPORATION RD), AS THE TRAFFIC LIGHT WAS SHOWN GREEN, I PROCEED ONWARD. SUDDENLY A VEHICLE AT THE OPPOSITE DIRECTION MAKE A SUDDEN RIGHT TURN TOWARD ME, AS IT WAS TOO SUDDENLY I COULDN'T REACT TO IT, AND GOT HIT UNTO THE RIGHT SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SHA 888 E) HIT UNTO THE RIGHT SIDE OF MY VEHICLE DUE TO FAIL TO GIVE WAY TO RIGHT OF WAY VEHICLE AT THE CROSS-JUNCTION.

VEHICLE A - SKL 367AD

VEHICLE B - SHA 888 E

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.:

Vehicle No.	SKL 3679 D	Model / Make	KIA CERATO PORTIE
Date of Accident	09/02/19		
Time of Accident	13 47	HRS	
Location of Accident	JUNCTION OF (MUNG HO RD / CORPORATION RD)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	CAR CONCEPT LEASING		
Telephone No.	H/P : 9679 6282	Home :	Office :
NRIC	53361615 L		
Address	4667 SEMBAYAN DR #12-351 SPARK LODGE S(754466)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If <u>NO</u> , MUHAMMAD ISZAN BIN MUSTAFA		
NRIC	S 9520238A	Any Passengers :	1 (WIFE)
Date of birth	09 JUN 1995		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	20 FEB 2016		
Gender	Male / Female		
Contact No.	H/P : 8776 1422	Home :	Office :
Address	BLK 6 MARGUIN DR #03-84 S(930006)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MUHAMMAD ISZAN BIN MUSTAFA, 8776 1422		
Name And Contact No.	AYUNI, 9751 3443		
Police Report	No,	If Yes, Where?	
Vehicle B No.	SHA 888 E	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT SIDE OF VEHICLE.		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTB LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

IDENTITY CARD NO: S9520238A



MUHAMMAD ISZAN BIN
MUSTAFA

Religion

MALAY

Date of birth

09-06-1995

Sex

M

Country of birth

SINGAPORE

4630172

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9520238A

Name:

MUHAMMAD ISZAN BIN MUSTAFA

Birth Date: 09 Jun 1995

Issue Date: 20 Feb 2016



4630172

NRIC No: S9520238A



Date of issue

21-09-2010

APT BLK 6 MARSILING DRIVE #03-84
SINGAPORE 730008

NRIC No: S9520238A

Date: 17/09/2018

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 20 Feb 2016



NP 428A

Hello, NAC_PAYA_UBI_800601

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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 type="radio"/>	5093017849-01		CAR CONCEPT LEASING	53361615L	GFT	Third Party	SKL3679D	SKL3679D	11/12/2018	

▼ Policy Information

Policy No.	5093017849-01	Policyholder Name	CAR CONCEPT LEASING	Policyholder NRIC	53361615L
Certificate No.					
Address	BLK 466D #12-351 SEMBAWANG DRIVE SPRING LODGE SINGAPORE 754466				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/05/2018	Effective Date	30/05/2018 00:00	Expiry Date	29/05/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	ANG KOK CHIN	Agent Tel.	94567080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 466D #12-351	Address 2	SEMBAWANG DRIVE	Address 3	SPRING LODGE
Address 4	SINGAPORE 754466	Address Type	Singapore address	Post Code	754466
Unit No.	12-351	Related Policy Number	5091489196-01		

► Insured Object: SKL3679D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/06/2018 00:00	Basic Information Endorsement	000001286836331	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJR4269C 11-06-2018 \$931.34 In view of this amendment, an additional premium of \$931.34 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

Claim Handling

Accident MT/1031476

Policy No.	5093017649-01	Vehicle No.	SKL3679D	GST Registration No.
Certificate No.				
Policyholder Name	CAR CONCEPT LEASING			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	96796282	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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	11/02/2019 19:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/02/2019	Time of Accident hh:mm	13:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF YUNG HO RD & CORPORATION RD			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 466D #12-351	Address 2	SEBBAWANG DRIVE	Address 3
Address 4	SINGAPORE 754466	Address Type	Singapore address	Post Code
Unit No.	12-351	Related Policy Number	5091489196-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD ISZAN BIN MUSTAF	Driver NRIC	S9520238A	Driver DOB
Register Date of Driver License	20/02/2016	Driver Age	23	Driving Experience
Contact No.(Mobile)	87761422	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 6	Address 2	MARSILING DRIVE	Address 3
Address 4	SINGAPORE 730006	Address Type	Singapore address	Post Code
Unit No.	#03-84			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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	CAR CC
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SKL367
Claim Description	SKL3679D / SHA888E ON 9 Feb 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop (refer below)	
Date Registered	11/02/2019 19:23	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

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Attachment

Accident No. MT/1031476 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 11/02/2019 00:00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:23	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:23	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 19:22	Photos	Normal	Photos

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