

NATIONAL Assessment Centre Services. (ver 1 Jan 00)

Date In: 14/01/2019 18:41	Job description	Date & Time Completed	Done by
Ref No: NIA/190028134	SAS e-filing		
Veh No: STQ 635D	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 21/01/2019 10:00	I-Motor Claim Form	11/103015-002	14/02/2019
OID / TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:55
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: Yeh No: SCD 3307H	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Assign	Complete	Done by

NIA/1901300	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)
Contact No:	3) TP: Towing Fee	\$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Assessor's Comments:	For claiming against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$35
	*NS: Repair Co-ordination	\$10
	*NS: Post Repair Inspection	\$25
	*NS: DV / Collect Excess Coordination	\$5
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: Idao Mobile	\$0
	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	14/02/2019 18:41
Date Of Accident	29/01/2019 10:00
Exact Location Of Accident	BLK 354 CLEMENTI AVENUE 2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6355D
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	THENZG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81526120
Alternative Phone No	OFFICE-81526120

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106658007
Cover Note Number	

Driver

Name of Driver	JAMAL BIN SAMANI
NRIC No	S1650041J
Date Of Birth	21/06/1964
Occupation	INDOOR
Date Of Driving Pass	09/02/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81526120
Fax Number	
Contact Number	OTHERS-81526120
Email Address	THENZG@GMAIL.COM

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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 ON 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 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

PLEASE REFER TO STATEMENT

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 SLD3307H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

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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: *Rosa Lim Boon*
NRIC/FIN No.:

UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motor return car and claim car was damage by hit and run accident, and had no particulars how accident happen.

We received your letter on the 04/02/19 and was the first time we had heard that involved in accident.

We are repasting as per your instructions so as for you to handle the claim

We ~~can~~ apologize for the delay as it was holiday period.

Information as per your letter 30/1/19

MT/CA/TP/001/1030103-001/CC/VU

MT/CA/TP/059/1030175-001/CC/VU

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.:

14/02/2019
Rohi Votars

Claim Handling

Accident MT/1030178

Policy No.	SDMS8007	Vehicle No.	BJQ6355D	GST Registration No.	
Certificate No.					
Policyholder Name	TOODS PARTNERS PTE. LTD.			Policyholder NRIC	201533177E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	8
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
KFR	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
Accident Details					
Report Date	30/01/2019 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	29/01/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	BLK 354 CLEMENTI AVE 2 CAR PARK				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore GD Excess	3,000.00		
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	31/01/2019 10:25:31 Deborah Mai changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 3002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRIAL
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	5107326791		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Injured Name	TOODS PARTNERS PTE. LTD.	Injured NRIC	201533177E
Contact No.(Mobile)	97707513	Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	BJQ6355D	Vehicle Number	BJQ6355D
Preferred Workshop				Name of Preferred Workshop	
Insured Liability	Polly at Fault				
Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	14/01/2019 18:40	Claim Close Date		Date Received	14/02/2019 00:00
Report Taken By	ROSLI WAHAB				
<input type="button" value="Print As letter"/>					

Attachment

Accident No.	MT/1030178	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2019 18:58
Path *			
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Category *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Message Send"/>		<input type="button" value="Clear"/>	Please Select

Attachment List

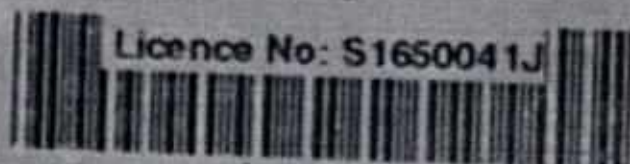
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:55	SAS	Normal	SAS 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:40	Photos	Normal	Photos 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:40	Photos	Normal	Photos 2019-2-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 18:40	Photos	Normal	Photos 2019-2-14	

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 09 May 2002

NP 428A



Licence No: S1650041J

5291662



NRIC No. S1650041J



Date of issue

21-03-2014

APT BLK 71 REDHILL ROAD #10-03
SINGAPORE 150071

NRIC No: S1650041J

Date: 07/07/2015

S (BUKIT MERAH)) on 14 Feb 2019 18:40

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Feb 2019 18:40

Photos

Normal

Photos 2019-2-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Feb 2019 18:40

Photos

Normal

Photos 2019-2-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Feb 2019 18:40

Photos

Normal

Photos 2019-2-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
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Photos 2019-2-14

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Photos

Normal

Photos 2019-2-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Feb 2019 18:40

Photos

Normal

Photos 2019-2-14

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2019 (DD/MM/YYYY), TIME: 10:00 (HH:MM)

LOCATION: AK 354 CILAKAN, DVK 2 CARPAK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 6355 D
b) INSURANCE COMPANY: AMAL
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: Jamal Bin Saman 70008 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: B 2015377 E CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jamal Bin Saman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81526120
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/06/2000

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: SLV 3307 H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Hand on Collision

email =

VIDEO

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1650041J

Name

JAMAL BIN SAMANI

Birth Date 21 Jun 1964

Issue Date 01 Apr 2014



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1650041J



Name



JAMAL BIN SAMANI

Race

MALAY

Date of birth

21-06-1964

Sex

M

Country/Place of birth

SINGAPORE

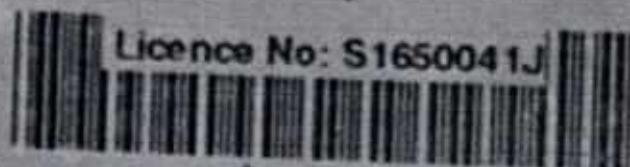


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SINGAPORE 150071

NRIC No: S1650041J

Date: 07/07/2015

PASSPORT



REPUBLIC OF SINGAPORE

Type	Country Code	Passport No
PA	SGP	E7050062L
Name		

JAMAL BIN SAMANI

Sex	Nationality
M	SINGAPORE CITIZEN

Date of birth
21 JUN 1964

Place of birth
SINGAPORE

Date of issue
27 OCT 2017

Date of expiry
27 JUL 2023

Modifications
SEE PAGE 2

Authority
MINISTRY OF HOME AFFAIRS

National ID No
S1650041J



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

29/01/2019 17:21

Vehicle No.(For Motor)

SJQ6355D

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"/>	5106658007		TODDS PARTNERS PTE. LTD.	201533177E	GPC	drive CLASSIC	SJQ6355D	SJQ6355D	27/12/2018	19/05/2019