

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

NA/90/2854

Date In: 18/02/2019 19:11	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9008154/1	SAS e-filing		
Veh No: SC 3425	E-mail (E-filing Sheet, AIC Sheet)		
D.O.A: 18/02/2019 07:30	I-Motor Claim Form	MT/103286/001	20/02/2019
OID: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:22
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:

Veh No:

UNKNOWN CAR

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 (

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:

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/90/345

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

At 1:

At 2/3:

Invoice No.	Invoice Date	Invoice Amount	Invoice Status
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee		\$40/\$45	
4) FT: Follow-Through Survey		\$120	
5) FT: Follow-Through Survey (Resurvey)		\$30	
6) TR: Re-inspection		\$75	
7) NI: Idas DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
9) NI: Idas Mobile		\$30	
10) NI: Idas Mobile		\$30	
11) NI: Idas Mobile		\$30	
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100) NI: Idas Mobile		\$30	

Invoice dated

Invoice dated

Fee Charged

Fee Charged

MAINTENANCE

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	18/02/2019 19:11
Date Of Accident	14/02/2019 07:30
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC342S
Insured/Policyholder	
Name Of Registered Owner	SENIN BIN SAHAK
NRIC No	S1430029E
Email Address	NURZILASEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96217994
Alternative Phone No	OTHERS-96217994

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5056996292-06
Cover Note Number	

Driver

Name of Driver	SENIN BIN SAHAK
NRIC No	S1430029E
Date Of Birth	12/09/1960
Occupation	INDOOR
Date Of Driving Pass	28/08/1979
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96217994
Fax Number	
Contact Number	OTHERS-96217994
Email Address	NURZILASEN@GMAIL.COM

Address	NO' 19 CHWEE CCAN VIEW
Postcode	119701
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

ON 14/02/2019 AT ABOUT 07:30 I WAS DRIVING MY CAR SCK342S TRAVELLING STRAIGHT AT CLEMENTI ROAD ,SUDDENLY AN UNKNOWN CAR WHICH SUPPOSE TO TURN LEFT BUT GO STRAIGHT AND HIT THE FRONT LEFT SIDE OF MY CAR THAT ALL.

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	UNKNOWN
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

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:

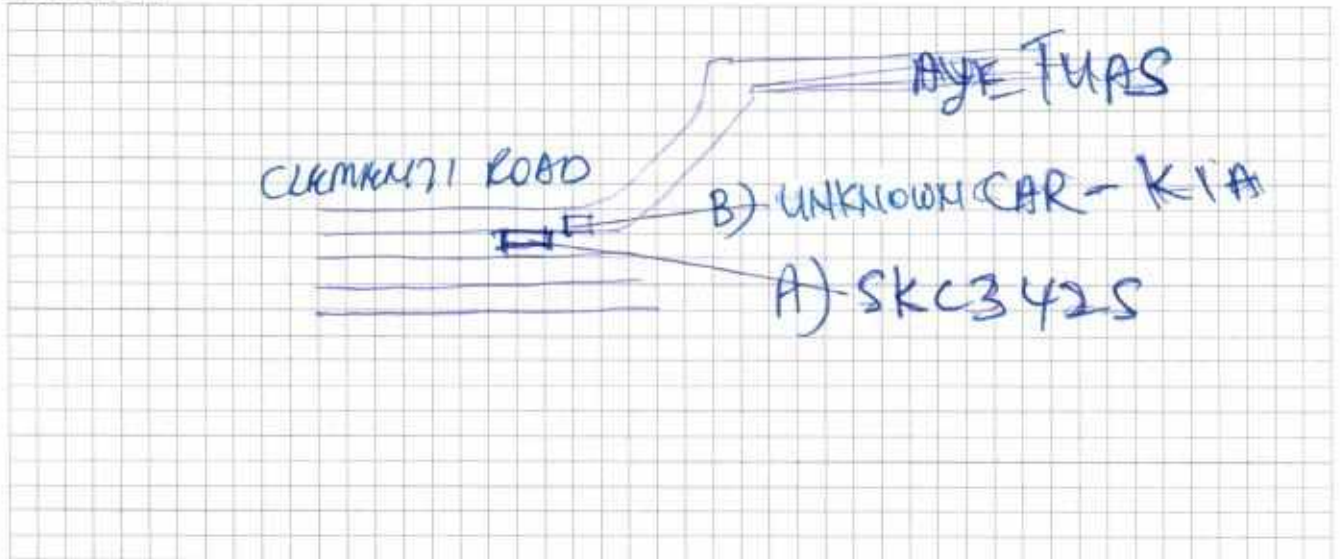
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

on that time i'm driving my car SKC3425 - i going to Clementi Road. A noon car in state turning left suddenly hit my car. my car nothing scratch or damage.

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: 18/02/2019
NRIC/FIN No.: Roshan

Claim Handling

Accident MT/1032869

Policy No.	505099282-06	Vehicle No.	SKC342S	GST Registration No.	
Certificate No.					
Policyholder Name	SENIN BIN SAHAK			Policyholder NRIC	S1430029E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96217984	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		aCode	No
KTK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/02/2019 12:10	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/02/2019	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI ROAD				

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	19 CHWEE CHIAN VIEW	Address 2	CHWEE CHIAN VIEW	Address 3	SINGAPORE 119701
Address 4		Address Type	Singapore address	Post Code	119701
Unit No.		Related Policy Number	5056996232-06		

OI Driver Info

Driver Name	SENIN BIN SAHAK	Driver Type	Main Driver	Driver DOB	12/09/1960
Unnamed driver Name		Driver NRIC	S1430029E	Driving Experience	36
Register Date of Driver License	18/02/1982	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	96217984	Contact No.(Office)		Address 1	SINGAPORE 119701
Address 1	19 CHWEE CHIAN VIEW	Address 2	CHWEE CHIAN VIEW	Address 3	SINGAPORE 119701
Address 4		Address Type	Singapore address	Post Code	119701
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKC342S	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claims 001 **RAW**

Claim Type *	OD-MX	Insured Name	SENIN BIN SAHAK	Insured NRIC	S1430029E
Contact No.(Mobile)		Contact No. (Home)	94496006	Contact No. (Office)	
Email Address		Vehicle Number	SKC342S	TP Vehicle Number	UNKNOWN CAR
Claim Description	SKC342S / UNKNOWN CAR ON 14 Feb 2019				
Preferred Workshop	Insured Liability	Not at Fault			
Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	20/02/2019 12:15	Claim Close Date		Date Received	20/02/2019 00:00
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1032869	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2019 12:22
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:22	SAS	Normal	SAS 2019-2-20	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:22	NAC/ Driving License	Normal	NAC/ Driving License 2019-2-20	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:22	Photos	Normal	Photos 2019-2-20	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:12	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:15	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:15	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:15	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:15	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:15	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 12:15	Photos	Normal	Photos 2019-2-20
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

PHOTO

ACCIDENT STATEMENT

ACCIDENT DATE: (14/02/19) (DD/MM/YYYY). TIME: (7.30am) (HH:MM)

LOCATION: Clementi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCK 3425
b) INSURANCE COMPANY:
c) POLICY NUMBER: 5056996292-06
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private used
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: Senin bin Sahak (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S14300296 CONTACT: 96217994
c) ADDRESS: No. 19 Chwee chuan view of
Pasir Panjang Rd. Spore 119701

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (12/09/1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28.8.79

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: other

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: Aun know MODEL: KIA
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:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = nurzilasen@budi-intl.com
VIDEO nurzilasen@budi-intl.com

Type	Country Code	Passport No
PA	SGP	E6630205K



SENIN BIN SAHAK

Sex	Nationality
-----	-------------

SINGAPORE CITIZEN

Date of birth
12 SEP 1960

CITIZEN
Place of birth
SINGAPORE

12 SEP 1980
Date of issue
23 MAR 2017

SINGAPORE
Date of expiry
23 DEC 2022

Modifications

23 DEC
Authentic

SEE PAGE 2

MINISTRY OF HOME AFFAIRS

National ID No
S1430029E

PASGPSNIN<BIN<SAHAK<<<<<<<<<<<<<<<<<<<
E6630205K0SGP6009120M2212234S1430029E<<<<<96

License Number **S 1430029 E**



SENIN BIN SAHAK

Orig Date: 12 Sep 1960

Issue Date: 22 Oct 2003



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

PASS DATE

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

28 Aug 1979

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

18 Feb 1982

Fuel Up to the Power of 21



License No: S1430029E



NP 420A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5056996292-06

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKC3425
Chassis Number : GGH208011622
2. Name of Policyholder : SENIN BIN SAHAK
3. Effective Date of Insurance : 25 Nov 2018
4. Expiry Date of Insurance : 24 Nov 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SENIN BIN SAHAK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEED CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 21 Nov 2018 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

LQ INSURANCE AGENCY PTE LTD
180B BENCOOLEN STREET
#04-01 THE BENCOOLEN
SINGAPORE 189648
TEL: 6-334-0783 FAX: 6-334-0624
Co. Reg. No: 199005500W