

**NATIONAL Assessment Centre Services** [wef 1 Jan 2005]

Date In: 25/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003434/13	SAS e-filing		
Veh No: SGJ34326	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/02/19 1215	i-Motor Claim Form	MT/1033541-001	
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: SLC37415	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

NA1901503

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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	25/02/2019 11:30
Date Of Accident	24/02/2019 12:15
Exact Location Of Accident	COMPASSVALE ST SLIP RD INTO PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ3432G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HANAFIYAH BIN MOHAMED ALI
NRIC No	S7511573C
Email Address	HANAFIYAHA@STARHUB.COM
Mobile Phone No	(LOCAL) +65-93878942
Alternative Phone No	OTHERS-93878942

### 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	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	5092441994-01
Cover Note Number	

### Driver

Name of Driver	HANAFIYAH BIN MOHAMED ALI
NRIC No	S7511573C
Date Of Birth	23/04/1975
Occupation	INDOOR
Date Of Driving Pass	28/10/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93878942
Fax Number	
Contact Number	OTHERS-93878942
EMail Address	HANAFIYAHA@STARHUB.COM

Address	BLK 250D COMPASSVALE STREET #15-45
Postcode	544250
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	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?	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)	5
Passenger 1	NAME: : MARLINI BINTE MOHD RAHIM GENDER: : FEMALE
Passenger 2	NAME: : AQILAH NADHIRA GENDER: : FEMALE
Passenger 3	NAME: : ADLYNA NABILAH GENDER: : FEMALE
Passenger 4	NAME: : ALIAH NAZURAH 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**

I STOP MY VEH B4 THE ZEBRA CROSSING LINE BECAUSE INFRT VEH(B) STOP TO GIVE WAY FOR ONCOMING VEH AT THE COMPASSVALE STREET SLIP RD INTO PUNGGOL RD. WHEN I SAW INFRT OF MY VEH MOVED OFF, I LOOK ONTO MY RIGHT SIDE AND WHEN THE ROAD WAS CLEAR I PROCEED TO MOVED OFF BUT THE VEH(B) SUDDENLY STOP, I HAVE NOT ENOUGH TIME TO STOP AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

**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	SLC3741S
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Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEE XUEYONG JEREMY

NRIC/Passport Number

S8105333B

Contact Number

96886474

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)**

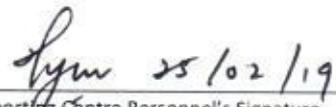
I understand, acknowledge, agree and consent that:

- (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.



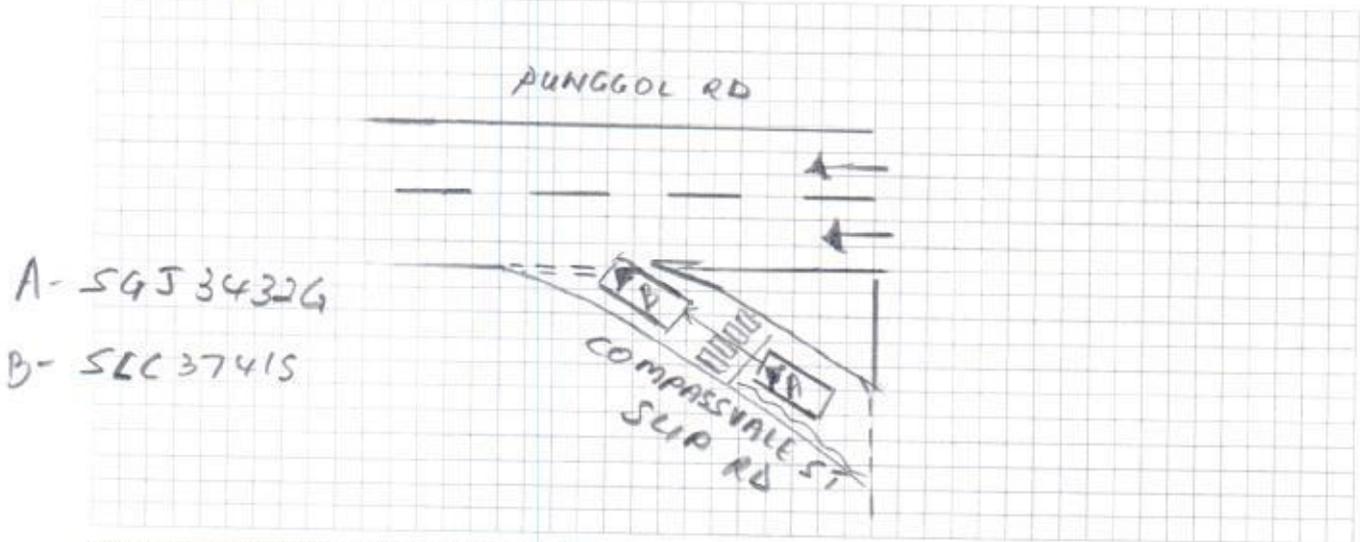
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN

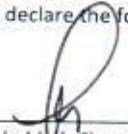


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

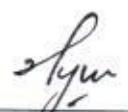
*pls refer to the statement.*

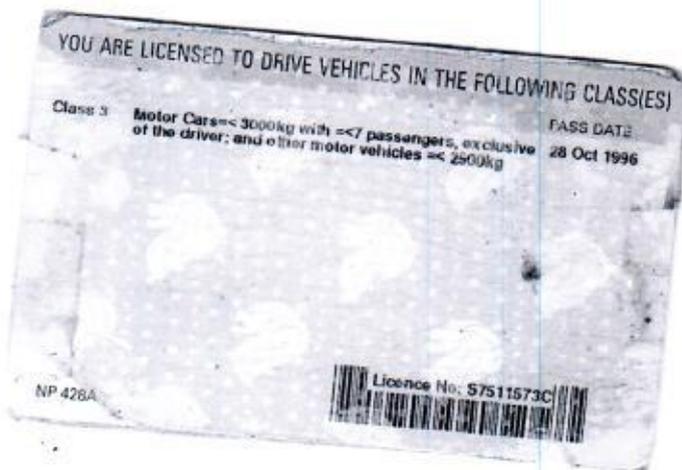
DECLARATION

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:

 25/02/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



- 1) Marlina Binte Mohamed Latim F.
- 2) Aqilah Wadhira F.
- 3) Adlyna Nabilah F.
- 4) Aliah Nazurah F.

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092441994-01		HANAFIYAH BIN MOHAMED ALJ	S7511573C	GPC	drivo CLASSIC	SGJ3432G	SGJ3432G	07/07/2018	06/07/2019

**Claim Handling**

Accident MT/1033541

Policy No.	5092441994-01	Vehicle No.	SGJ3432G	GST Registration No.
Certificate No.				
Policyholder Name	HANAFIYAH BIN MOHAMED ALI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	93878942	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	25/02/2019 16:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/02/2019	Time of Accident hh:mm	12:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	COMPASSVALE ST SLIP RD INTO PUNGGOL RD			

▼ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ **Benefits**

Coverage		Sum Insured	
Excess Waiver			99999999.99

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 250D #15-45	Address 2	COMPASSVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5092441994-01	

▼ **OI Driver Info**

Driver Name	Hanafiyah Bin Mohamed Ali	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S7511573C
Register Date of Driver License	28/10/1996	Driver Age	43
Contact No.(Mobile)	93878942	Contact No.(Office)	0
Address 1	BLK 250D	Address 2	COMPASSVALE STREET
Address 4		Address Type	Singapore address
Unit No.	#15-45		
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	HANAFI
Contact No.(Mobile)	93878942	Contact No.(Home)	672807
Email Address	Hanafiyah.ali@gmail.com	OI Vehicle Number	SGJ343
Claim Description	SGJ3432G / SLC3741S ON 24 Feb 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	25/02/2019 16:13	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1033541 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 25/02/2019 00:00

Path \*

- Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:13	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:13	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:13	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:13	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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Display in New Window Scan and uploading