

NATIONAL Assessment Centre Services

Date In: 25/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19003477/13	SAS e-filing		
Veh No: SGB8664M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/02/19 1430	i-Motor Claim Form	105/1033577-001	
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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

NA1901435	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2/3:	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 30		
	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 16:24
Date Of Accident	25/02/2019 14:20
Exact Location Of Accident	PARAGON SHOPPING CENTRE(BIDEFORD RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8664M
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97209491
Alternative Phone No	OTHERS-97209491

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099832831
Cover Note Number	

Driver

Name of Driver	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97209491
Fax Number	
Contact Number	OTHERS-97209491
EMail Address	NOEMAIL

Address	BLK 139 TAMPINES ST 11 #04-64
Postcode	521139
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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 WAS EXITING MY VEH FROM PARAGON SHOPPING CENTRE TWDS BIDEFORD RD. I MOVED MY VEH INTO THE YELLOW BOX, WHEN I LOOK ONTO MY RIGHT MY VEH HAD HIT ONTO THE REAR LEFT PORTION OF VEH B.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD FULL
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	TAXI
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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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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:

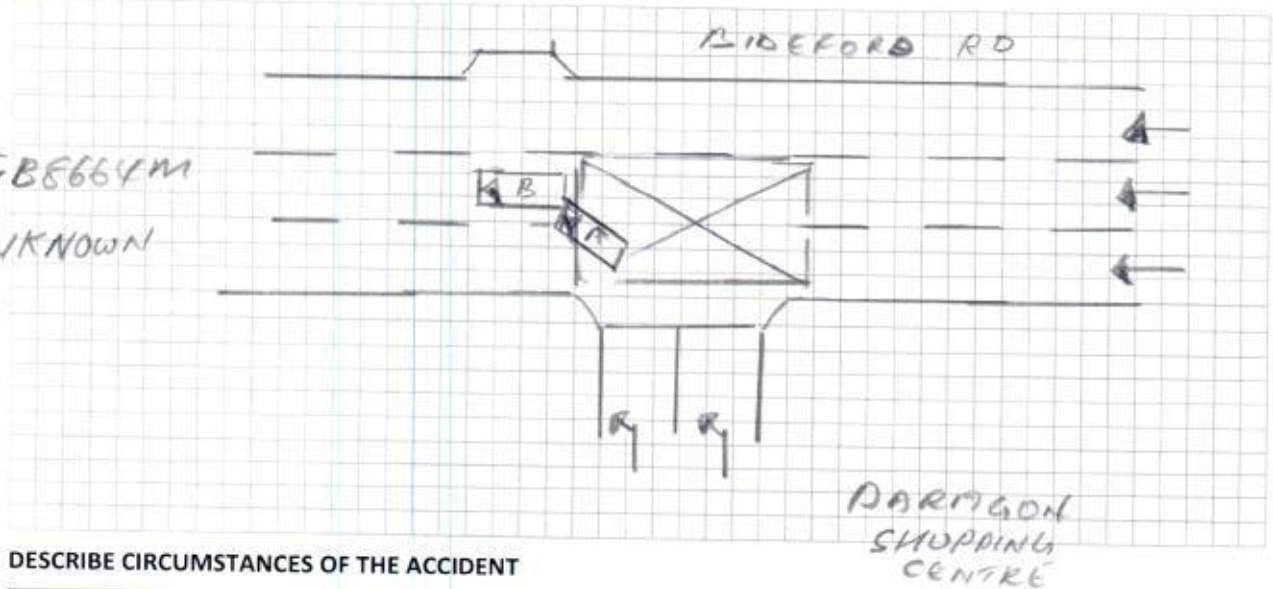
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

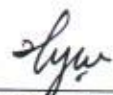
DECLARATION

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6901332E



Name
MUHAMAD RAHIM BIN SOED

Race
MALAY
Date of birth
08-01-1969
Country of birth
SINGAPORE

Sex
M



4882737

M
1616

NRIC No. S6901332E



Date of issue
30-07-2012

APT BLK 139 TAMPINES STREET 11 #04-64
SINGAPORE 521139

NRIC No: S6901332E • Date: 08/05/2018

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S6901332E
Name: MUHAMAD RAHIM BIN SOED

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	25/05/2018



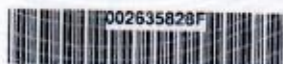
REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S6901332E

Name
MUHAMAD RAHIM BIN SOED

Birth Date: 08 Jan 1969
Issue Date: 06 Dec 2016



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	17 Dec 2004
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	24 Sep 2009
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	



NP 428A

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="25/02/2019 14:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SGB8664M"/>	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"/>	5099832831		MUHAMAD RAHIM BIN SOED	S6901332E	GPC	Third Party, Fire & Theft	SGB8664M	SGB8664M	12/04/2018	29/06/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1033577

Policy No.	5099832831	Vehicle No.	SGB8664M	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMAD RAHIM BIN SOED			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97209491	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	25/02/2019 17:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/02/2019	Time of Accident hh:mm	14:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PARAGON SHOPPING CENTRE(BIDEFORD RD)			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess	0.00	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 139 #04-64	Address 2	TAMPINES STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5099832831	

▼ OI Driver Info

Driver Name	Muhamad Rahim Bin Soed	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6901332E	Driver DOB
Register Date of Driver License	24/09/2009	Driver Age	50	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 139	Address 2	TAMPINES STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-64			
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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

Insured Name

MUHAM

97209491

Contact No.

N1L

O1

Vehicle Number

SGB866

SGB8664M / UNKNOWN ON 25 Feb 2019

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

25/02/2019 17:18

Claim Close Date

ROSLINDA

Workshop Repairer

Save Submit

Attachment



Accident No.	MT/1033577	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/02/2019 00:00																																			
Path *		Category * <table border="1"> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> </tr> </table>		Choose File	No file chosen	Clear	Please Select	NO	Choose File	No file chosen	Clear	Please Select	NO	Choose File	No file chosen	Clear	Please Select	NO	Choose File	No file chosen	Clear	Please Select	NO	Choose File	No file chosen	Clear	Please Select	NO	Choose File	No file chosen	Clear	Please Select	NO	Choose File	No file chosen	Clear	Please Select	NO
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Message Read																																						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 17:18	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window	Scan and uploading
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