

NATIONAL Assessment Centre Services. [ver 1 Jan 03] *MWA 19021620*

Date In: <i>28/02/2019 10:36</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC/9003740/4</i>	SAS e-filing		
Veh No: <i>SJK 2932C</i>	E-mail (w/quote 3hrs, A/C 2hrs)		
D.O.A: <i>28/02/2019 17:25</i>	I-Motor Claim Form	<i>MW/1034002-001</i>	<i>28/02/2019</i>
OID / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>11.00</i>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / WRSP		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: *SCH 9141 B* 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: *UNCL (001) 6788 6616*

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

Injury: _____

Date/Time	Assignment	Completed	Done by

NIA/901550

Claim Int. Particulars	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (w/ef 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Issue DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OID:	
	*NS: Courtesy Car / Tpr Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NI: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$5
	TP (Nil) : TP (Non INC) against Insurer	\$20
	*N12: Idax 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	28/02/2019 10:36
Date Of Accident	24/02/2019 17:25
Exact Location Of Accident	BLK 418 CHOA CHU KANG AVENUE 4 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2932C
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AZHAR BIN KHAMIS
NRIC No	S7510024H
Email Address	KHAMIS.BJAIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97567196
Alternative Phone No	OTHERS-97567196
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE
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	5059382530-05
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD AZHAR BIN KHAMIS
NRIC No	S7510024H
Date Of Birth	30/12/1948
Occupation	INDOOR
Date Of Driving Pass	25/06/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97567196
Fax Number	
Contact Number	OTHERS-97567196
EEmail Address	KHAMIS.BJAIS@GMAIL.COM

Address	BLK 422 CHOA CHU KANG AVENUE 4 #04-232
Postcode	680422
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

PLEASE REFER TO SKETCH PLAN

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	SCH9141B
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL HISHAM
NRIC/Passport Number	S8029907I
Contact Number	98811061
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

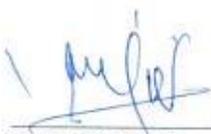
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.
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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)**

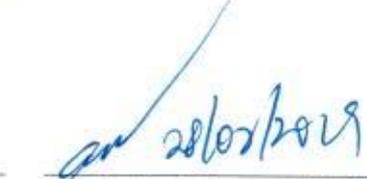
I understand, acknowledge, agree and consent that:

- (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:

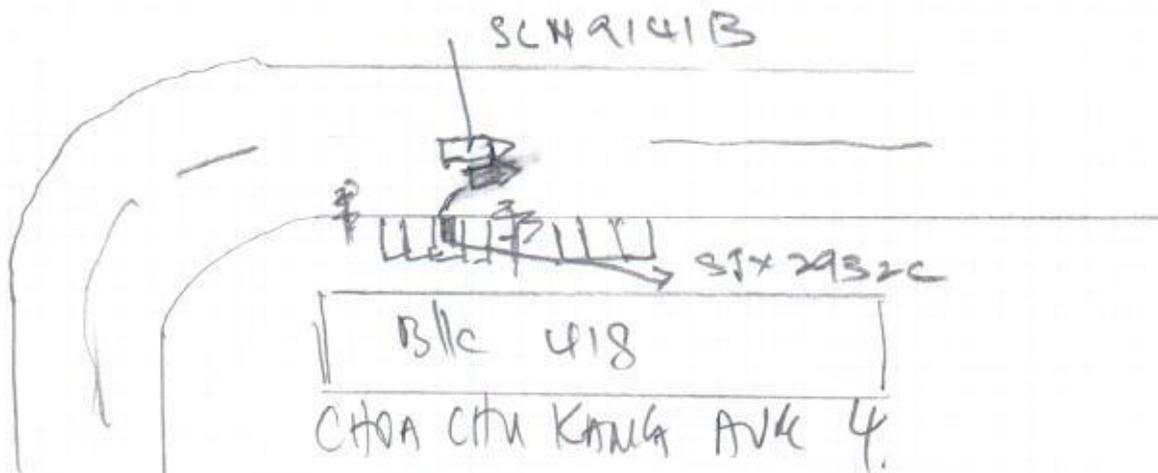


Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/2/19



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/19 @ 1125 hrs at carpark of Blk 418 Choa Chu
 Keng Ave 4. After took left, right and left I drive
 up my car Reg SIX 2932C from lot No 222 to right
 side of the carpark. Suddenly a car from my left
 knocked into my front left bumper.

No one is injured. my car was slightly
 damaged at front left bumper and the other car
 SCH 9141B slightly damaged at front right bumper as
 shown as photographs.

Both of us wanted to settle and we signed
 the mutual settlement form. I was informed that
 he wanted to settle about \$1900 (damaged
 plus his ~~salary~~ salary).

That is all

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time:

[Signature] 27/2/19
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 28/02/2019
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:

Mutual Settlement Form

When involved in a motor accident, you can choose to enter into a private settlement with the OWNER of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

It is a legally binding agreement.

1. Details of the Accident: 24/02/2019 Time: 1725hrs.
 Date (dd/mm/yyyy): 24/02/2019
 Location: Carpark B1K 418 Choa Chu Kong Ave 4
- 2a. Vehicle registration no. SLN 9141B driven by KHARUL HISYAM S8029907I
 (Name & Nric no) and owned by KHARUL HISYAM S8029907I (Name & Nric no).
- 2b. Vehicle registration no. SJX 2932C driven by KHAMIS BIN JAIS S0019572H
 (Name & Nric no) and owned by Mohd Azhar S7510024H (SON) (Name & Nric no).
3. The parties have agreed to settle this matter amicably as follows: *delete a or b as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages incurred or to be incurred as a result of the accident.

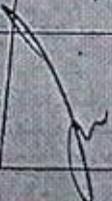
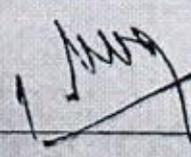
*b. Without any admission of liability, KHAMIS (party paying compensation) has paid a sum of \$ _____ which KHARUL (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

will pay upon getting quotation

to be received.

4. There are no personal injuries to the undersigned parties.

5.

	Vehicle A no.: <u>SLN 9141B</u>	Vehicle B no.: <u>SJX 2932C</u>
Name	<u>KHARUL HISYAM</u>	<u>KHAMIS BIN JAIS</u>
NRIC no.	<u>S8029907I</u>	<u>S0019572H</u>
Address	KHARUL <u>316 BUKIT BATUIC ST 32</u> <u>#12-137 S(650316)</u>	<u>422 Choa Chu Kong Ave 4</u> <u>#04-232 S(680422)</u>
Tel no.	<u>98811061</u>	<u>97567196.</u>
Signature & Date	 <u>24/9</u>	

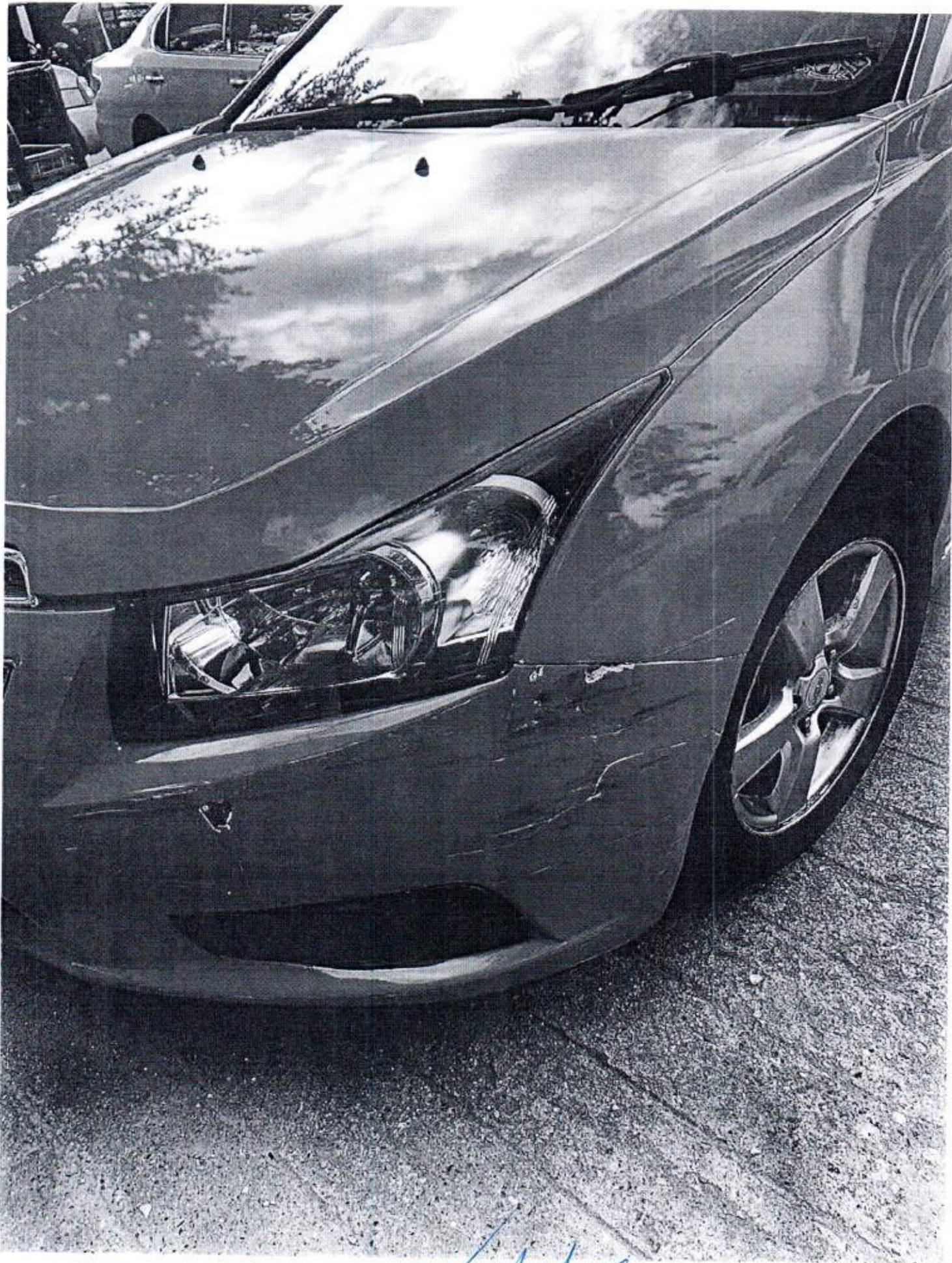
on 28/02/2019



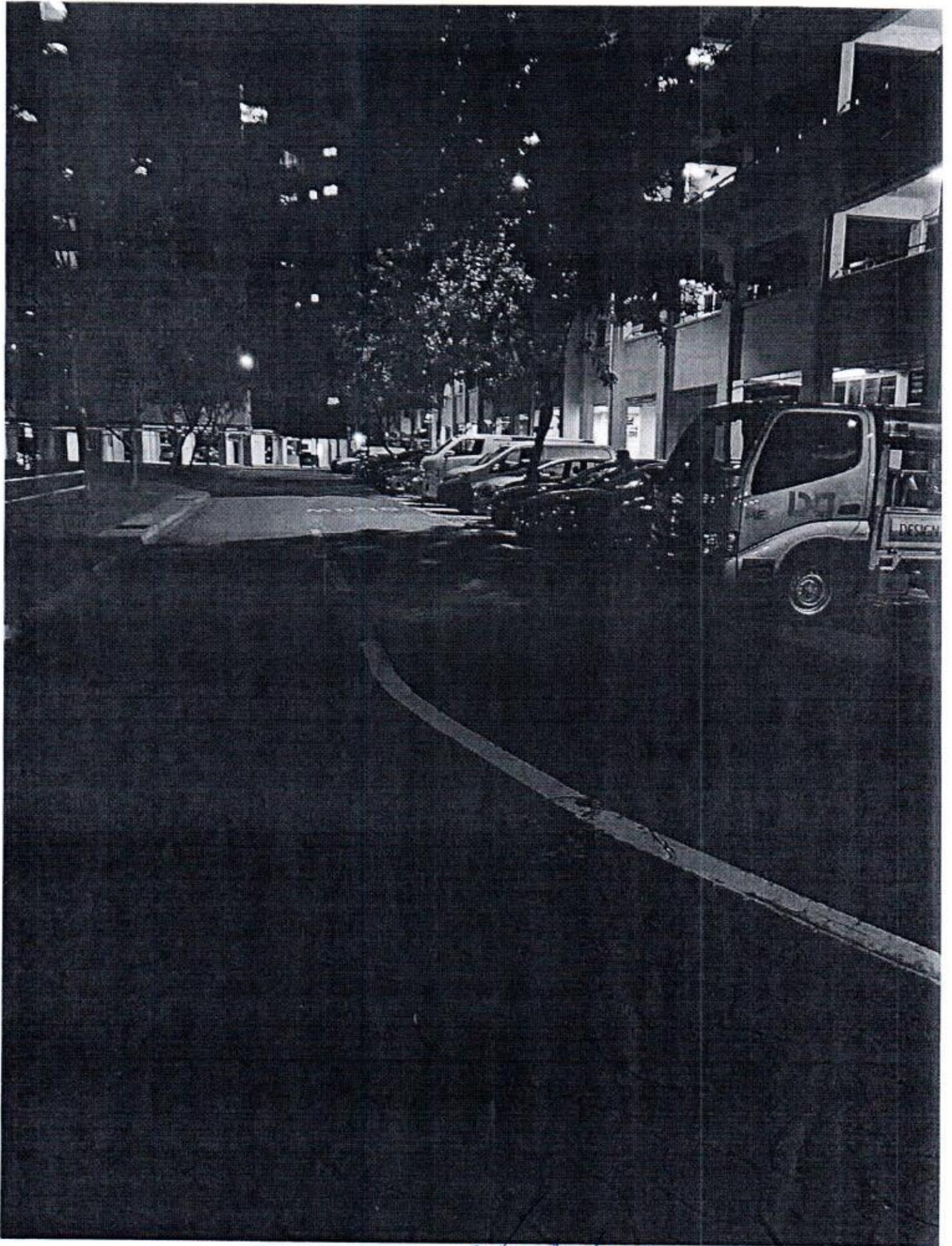
SJX 2932C

223

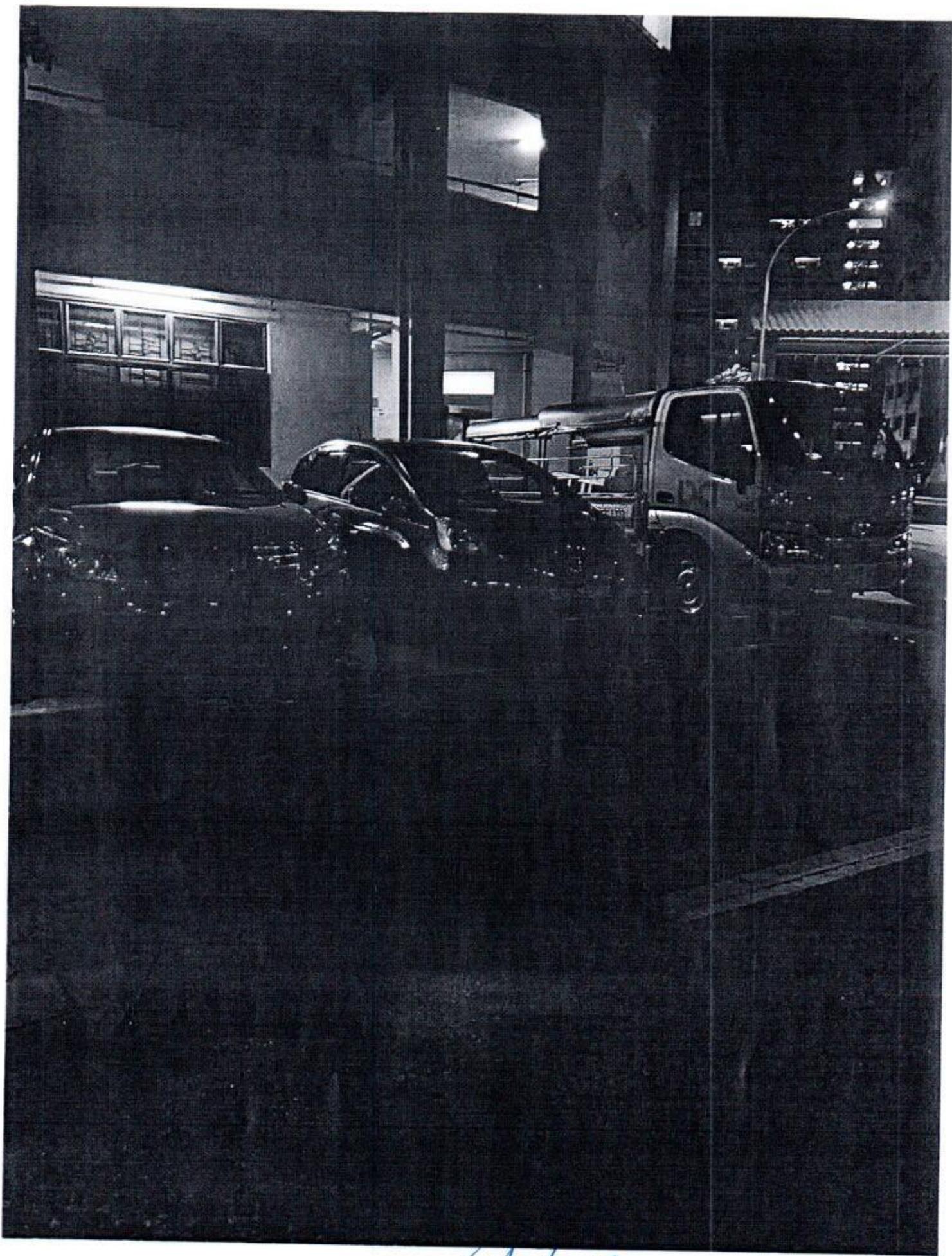
No 28/01/2019



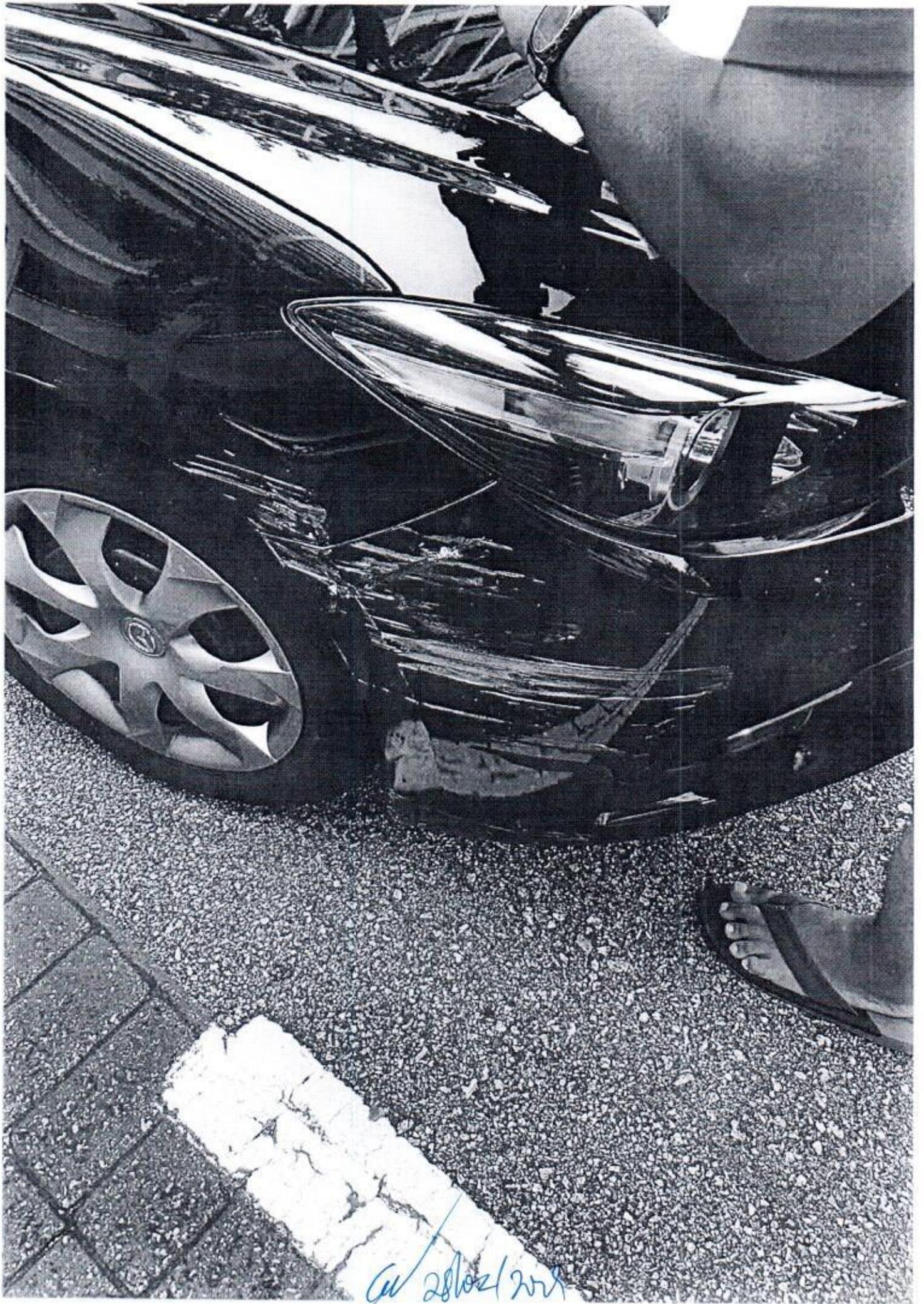
CA 28102/2019



at 28/02/2019



ca/ 28/02/2019



CA 28/02/2018



Handwritten signature in blue ink, possibly reading "Eudokimas".

Claim Handling

Accident MT/1034002

Policy No.	S099362530-05	Vehicle No.	SJK2932C	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AZHAR BIN KHAMIS			Policyholder NRIC	S7510024H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	loading	0
Contact No.(Mobile)	97567195	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	28/02/2019 10:54	Accident Report Within 24 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/02/2019	Time of Accident (hh:mm)	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 418 CHOA CHU KANG AVENUE # CARPARK				

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		

Benefita

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 184 #01-34	Address 2	JELEBU ROAD	Address 3	SINGAPORE 670184
Address 4		Address Type	Singapore address	Post Code	670184
Unit No.	04-232	Related Policy Number	S099362530-05		

OT Driver Info

Driver Name	MUHAMMAD AZHAR BIN KHAMIS	Driver Type	Main Driver	Driver DOB	13/04/1975
Unnamed driver Name		Driver NRIC	S7510024H	Driving Experience	34
Register Date of Driver License	01/01/1985	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	97567195	Contact No.(Office)		Address 3	SINGAPORE 670184
Address 1	BLK 184 #01-34	Address 2	JELEBU ROAD	Post Code	670184
Address 4		Address Type	Singapore address		
Unit No.	04-232				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJK2932C	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop **Insured Liability**

Workshop Finalisation **Preferred Repair Option** **GIA report**

Date Registered **Claim Close Date** **Date Received**

Report Taken By

Print AK letter

Attachment

Accident No.	MT/1034002	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	28/02/2019 11:00

Path *

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent? (C)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 11:00	Photos	Normal	Photos 2019-2-28	
	NAC_BUKIT_MERAH_810676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 11:00	Photos	Normal	Photos 2019-2-28	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 11:00	Photos	Normal	Photos 2019-2-28	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 10:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 10:59	SAS	Normal	SAS 2019-2-28

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"/>		

ACCIDENT STATEMENT

ACCIDENT DATE: (24/02/2019) (DD/MM/YYYY). TIME: (17:25) (HH:MM)

LOCATION: Carpark Bk 418 Choa Chu Kay Ave 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 2932C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 4645 505938230-05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CHEVROLET CRUZE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Muhammad Azhar bin Idris (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7570024C CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KHANIS BIN FARIS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0019521H CONTACT: 97567196
c) ADDRESS: Bk 422 Choa Chu Kay Ave 4 #00-232
S (680422)

*d) DATE OF BIRTH: (30/12/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/6/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
b) ROAD SURFACE: (DRY / WET / OTHERS) NO

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: SCH 9141B MODEL: Mazda
b) DRIVER'S NAME: KHAIKUL HUSHAULI
c) NRIC/FIN/PASSPORT: S8029907J CONTACT: 98811061

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)
(2)

* No of passenger
(Including driver)
()

email = khais.bjais@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO, S0019527H



Name
KHAMIS BIN JAIS

خاميس بن جيس

Race
MALAY

Date of birth Sex
30-12-1948 M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0019527H**
 Name
KHAMIS BIN JAIS

Birth Date **30 Dec 1948**
 Issue Date **17 Apr 2003**

000393776J



3726870



MIC No. **S0019527H**



Date of issue
13-06-2005

Address
**APT BLK 422 CHOA CHU KANG AVENUE 4
 #04-232
 SINGAPORE 680422**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

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

PASS DATE
25 Jun 1977

NP 428A

Licence No: S0019527H



