

NATIONAL Assessment Centre Services

[Ref: 10-103] 5/2

Date In: 01/03/2019 16:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003882/K4	SAS e-filing		
Veh No: SKR 2116.L	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 01/03/2019 05:00	I-Motor Claim Form	MT/1034422-001	4/3/19 1351
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 Pnx / Hand to Owner / Wksp		

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

TP Particulars: Veh No: SHA 3242Z, 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: (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	Action

NA 1901660

Claimant's Particulars	Invoice Preparation Checklist	Amcs Bill	Amc (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	01/03/2019 16:02
Date Of Accident	01/03/2019 05:00
Exact Location Of Accident	JUNC OF JURONG WEST AVE 1 TWDS JURONG WEST ST 52
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR2116L
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD ZAKI BIN HAMIM
NRIC No	S1615402D
Email Address	NOIK1989@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-84815856
Alternative Phone No	OTHERS-84815856
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100536486
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ZAKI BIN HAMIM
NRIC No	S1615402D
Date Of Birth	05/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1981
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84815856
Fax Number	
Contact Number	OTHERS-84815856
EEmail Address	NOIK1989@YAHOO.COM.SG

Address	BLK 410 JURONG WEST STREET 42 #02-875
Postcode	640410
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?	YES
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: : ZULKIFKE MOHAMAD ZAKI GENDER: : FEMALE
Passenger 2	NAME: : NOORWATI BINTE ISMAZL GENDER: : MALE

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

PLS REFER TO THE ATTACHED 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	SHA3242Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHEE KIAM
NRIC/Passport Number	
Contact Number	98462782
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMAD ZAKI BIN HAMIM
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKR2116L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ZULKIFKE MOHAMAD ZAKI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKR2116L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NOORWATI BINTE ISMAZL
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKR2116L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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.
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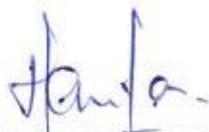
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

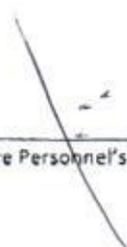
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



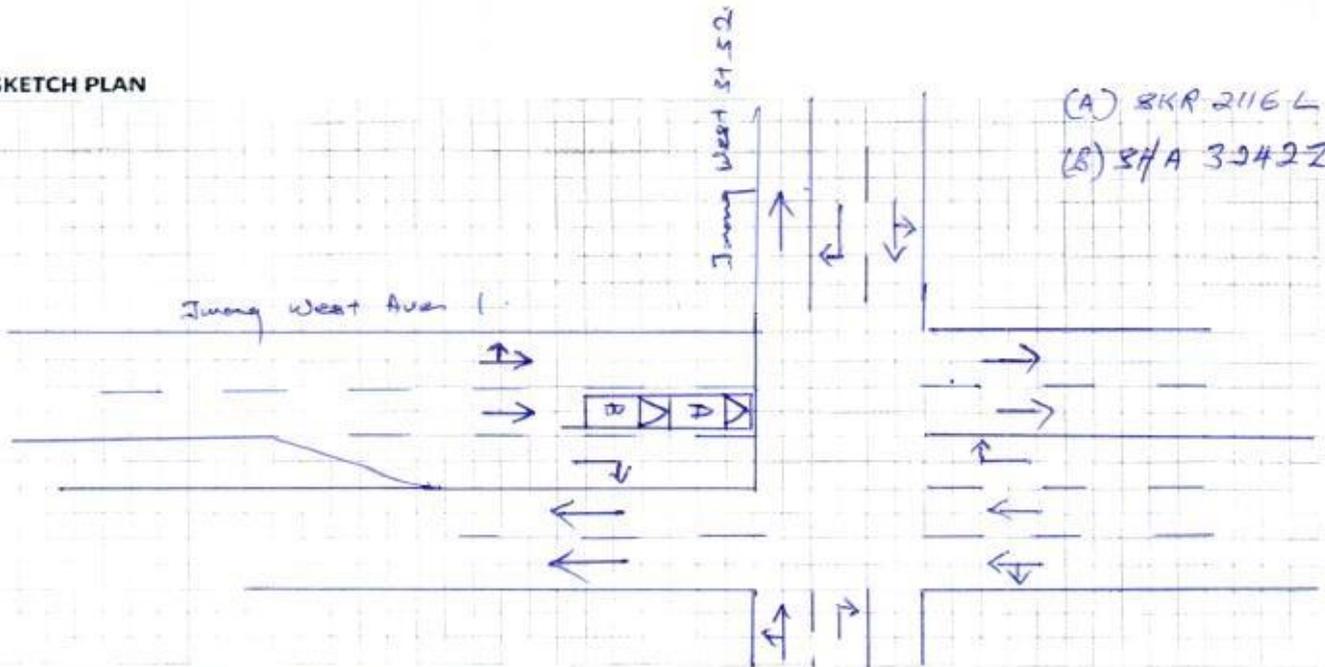
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

01/3/2019

SKETCH PLAN

(A) SKR 2116 L
(B) S/A 32422



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/03/19 at @ 0500hrs, I stopped my vehicle (SKR2116L) along ~~the~~ Jung West Ave 1 towards Jung East direction junction of Jung West St 52 due to red light on the second lane from the left. About 30 seconds later, a taxi (S/A 32422) from behind collided onto the rear portion of my vehicle.

DECLARATION

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

[Handwritten Signature]

Policyholder's Signature
Date & Time:

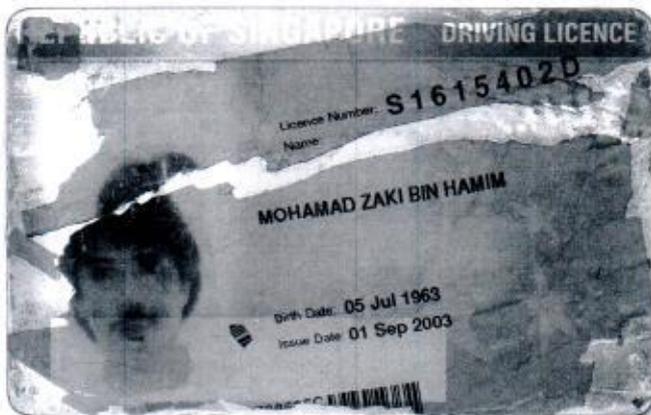
[Handwritten Signature]

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

[Handwritten Signature] 01/3/2019

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

Vehicle No.	SKR 2116 L	Model / Make	Toyota W28h.
Date of Accident	01/03/19		
Time of Accident	0500 HRS		
Location of Accident	Jurong West Ave 1 towards Jurong East junction Jurong West		ST 52.
Exact purpose use during accident	Chauffeur		
Name of Owner	Mohamad Zaki Bin Hamim		
Telephone No.	H/P: 8481 5856	Home:	Office:
NRIC	S 16 15402D		
Address	BLK 410 Jurong West St 42 #02-875 (P) 640 410		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NJC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5100536486		
Name of Driver	As Above, If No,		
NRIC		Any Passengers: 02 (IF) (IM)	
Date of birth	05/07/1963		
Occupation	Outdoor / Indoor		
Driving License Pass Date	24/08/1987		
Gender	Male - <input checked="" type="checkbox"/> Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	Owned	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	① Mohamad Zaki Bin Hamim (H/P: 8481 5856) ② zulkiflee Mohamad zaki		
Name And Contact No.	③ Noorwati Binte Ismail (H/P: 8383 8608)		
Police Report	No, If Yes, Where?		
Vehicle B No.	SHA 3042 Z	Any Passengers:	N.A.
Name of Driver	Tan Chee Kiam	Contact No.:	9846 2782
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Rear Portion		
Camera Recorder	Yes <input checked="" type="checkbox"/> No		
Email Address	noik1989@yahoo.com.sg		
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixia		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1615402D**



Name
MOHAMAD ZAKI BIN HAMIM



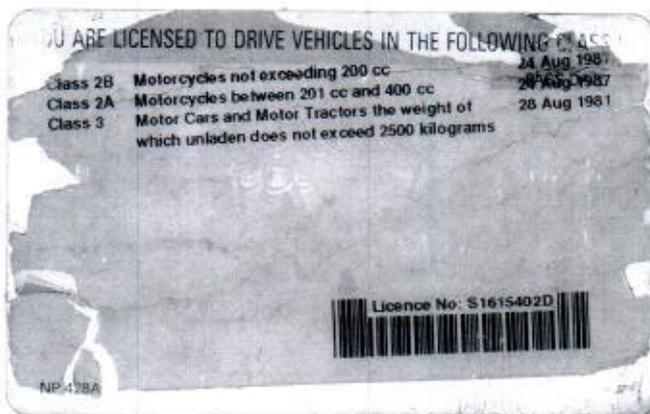
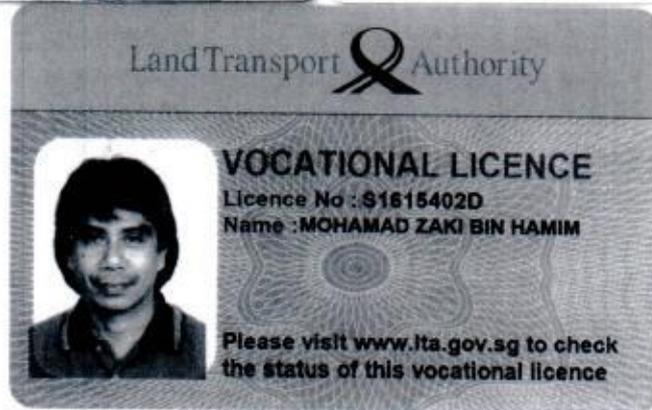
Race
MALAY

Date of birth
05-07-1963

Country/Place of birth
SINGAPORE

Sex
M

S1615402D



6093604



NRIC No. **S1615402D**



Date of issue
03-01-2019

Address
**APT BLK 410 JURONG WEST STREET 42
#02-875
SINGAPORE 640410**

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
12	TAXI VL	14/09/2018
03	BUS VL	21/07/1997
04	BUS ATTENDANT	21/07/1997



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: 5100536486

Cover : drivo CLASSIC

- | | |
|--|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SKR2116L |
| Chassis Number | : ZGE200003266 |
| 2. Name of Policyholder | : MOHAMAD ZAKI BIN HAMIM |
| 3. Effective Date of Insurance | : 09 May 2018 |
| 4. Expiry Date of Insurance | : 02 Aug 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMAD ZAKI BIN HAMIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 09 May 2018 15:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100536486		MOHAMAD ZAKI BIN HAMIM	S1615402D	GPC	drivo CLASSIC	SKR2116L	SKR2116L	09/05/2018	02/08/2019

Continue

▼ **Policy Information**

Policy No.	5100536486	Policyholder Name	MOHAMAD ZAKI BIN HAMIM	Policyholder NRIC	S1615402D
Certificate No.					
Address	BLK 410 #02-875 JURONG WEST STREET 42 SINGAPORE 640410				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/05/2018	Effective Date	09/05/2018 00:00	Expiry Date	02/08/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 410 #02-875	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640410
Address 4		Address Type	Singapore address	Post Code	640410
Unit No.		Related Policy Number	5100536486		

▶ **Insured Object: SKR2116L**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/08/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 15 Aug 2018, a 5% Loyalty discount is accorded to this Policy. In view of this amendment, an additional premium of \$229.26 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
2	16/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

Claim Handling

Accident MT/1034422

Policy No.	5100536486	Vehicle No.	SKR2116L	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMAD ZAKI BIN HAMIM			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	84815856	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	04/03/2019 13:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	01/03/2019	Time of Accident hh:mm	05:00	Country of Accident	Singapore
Reporting Centre		Orange force		JCM No.	
Accident Location	JUNC OF JURONG WEST AVE 1 TWDS JURONG WEST ST 52				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 410 #02-875	Address 2	JURONG WEST STREET 42	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5100536486		

OI Driver Info

Driver Name	MOHAMAD ZAKI BIN HAMIM	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1615402D	Driving Experience	
Register Date of Driver License	28/08/1981	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	84815856	Contact No.(Office)	0	Address 3	
Address 1	BLK 410	Address 2	JURONG WEST STREET 42	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#02-875	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MOHAMAD ZAKI BIN HAMIM	Insured NRIC	
Contact No.(Mobile)	84815856	Contact No.(Home)	65671651	Contact No.(Office)	
Email Address	toki_89@hotmail.com	DI Vehicle Number	SKR2116L	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SKR2116L / SHA3242Z ON 1 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	04/03/2019 13:53	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY				

Print AK letter

Save Submit

Attachment