

NATIONAL Assessment Centre Services. [ref: J2003] **MMAY19034585**

Date In: 15/03/09 10:01	Job description	Date & Time Completed	Done by
Ref No: N/A / 1403/005	SAS e-filing		
Veh No: 89F 43434	E-mail (w/ins 2hrs, AIC 2hrs)		
D.O.A: 1403/005 16:05	1-Motor Claim Form	15/03/09 10:29	
OID / TI: Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: PC 78474 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

Claimant's Particulars: N/A 1901999

Item	Description	Amount	Notes
1) AR: Accidental Reporting (330)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		For claimant against INC Only (w/ef 10 Jan 2003)
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON*			
*NS: Courtesy Car / Tpt Allowance	\$1		
*NR: Repair Coordination	\$10		
*NT: Post Repair Inspection	\$25		
*ND: DV / Collect Excess Coordination	\$5		
*NI: TP (N1) / TP (N-n INC)	\$30		
*NI: Idao Mobile			
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	15/03/2019 10:01
Date Of Accident	14/03/2019 16:05
Exact Location Of Accident	LOYANG AVE TOWARDS PASIR RIS DR 3/NEW LOYANG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF4343U
Insured/Policyholder	
Name Of Registered Owner	SYAFIE BIN ADAM
NRIC No	S8136747G
Email Address	SYAFIEBINADAM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90682642
Alternative Phone No	OTHERS-90682642
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	5099365488
Cover Note Number	
Driver	
Name of Driver	SYAFIE BIN ADAM
NRIC No	S8136747G
Date Of Birth	29/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90682642
Fax Number	
Contact Number	OTHERS-90682642
Email Address	SYAFIEBINADAM@YAHOO.COM.SG

Address	BLK 607 SENJA ROAD #04-06
Postcode	670607
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)	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	PC7847Y
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE LI HUNG
NRIC/Passport Number	S1436382C
Contact Number	96826411
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

15/03/19 @ 0944h

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

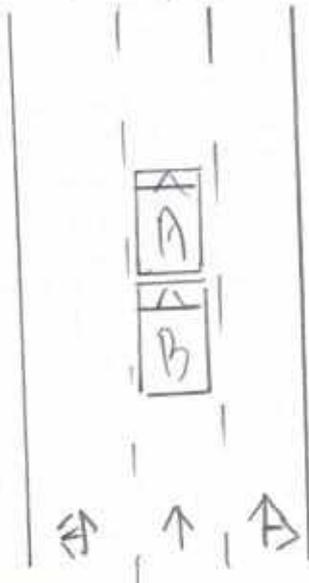
NRIC/FIN No.:

15/03/2019

Reda Hassan

SKETCH PLAN

LAYANG AVE To PASIR RIS DR 3 / NEW LAYANG LINK



A) SGF4343U
 B) PC7847Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/02/19 at about 1605 hrs, I was inside my car travelling along Layang Ave approaching junction of Pasir Ris drive 3 and New Layang Link. As it was red light at that point of time, I stopped my vehicle on the second lane. While my car was ~~at a~~ idling waiting for the traffic light to turn green, I felt a bump from the rear of my car. I came out to check and a driver namely as Lee Li Hong approached to apologize regarding the minor accident. We then drove both our vehicles towards Pasir Ris drive 3 road shoulders and exchanged particulars. He admits that he's unable to stop on time and his front part of vehicle collided onto my rear bumper. He also mentioned that he agreed to do a private settlement at this point of time.

DECLARATION

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

Policyholder's Signature

Date & Time:

15/02/19 @ 0944 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/02/2019
 Rosli Wantoos

Claim Handling

Accident MT/1036007

Policy No.	509925488	Vehicle No.	SGF4343U	GST Registration No.	
Certificate No.					
Policyholder Name	STAPIE BIN ADAM	Cover Type	BIH CLASSIC	Policyholder NRIC	S8116747G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	90662642	Special Remarks		Contact No. (Home)	
Email Address		TCR	No Yes	eCode	No
KPI	No Yes	NCO Endorsement (%)	20	eCode Reason	
NCI Protection	Yes			Private Hire	No

Accident Details

Reason Desc	15/03/2019 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	14/03/2019	Time of Accident (hh:mm)	14:05	Country of Accident	Singapore
Reporting Centre		Orange Point		ICR No.	
Accident Location	LOYANG AVE TOWARDS PASIR RIS DE 3/NEW LOYANG LINK				

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 607 #04-08	Address 2	SENJA ROAD	Address 3	SINGAPORE 570607
Address 4		Address Type	Singapore address	Post Code	570607
Unit No.	07-223	Related Policy Number	5061176302		

DI Driver Info

Driver Name	STAPIE BIN ADAM	Driver Type	Main Driver	Driver ODR	25/1/1981
Uninsured Driver Name		Driver NRIC	S8116747G	Driving Experience	11
Register Date of Driver License	04/05/2007	Driver Age	37	Contact No. (Home)	
Contact No. (Mobile)	90662642	Contact No. (Office)		Address 1	SINGAPORE 570607
Address 1	BLK 607 #04-08	Address 2	SENJA ROAD	Address 3	SINGAPORE 570607
Address 4		Address Type	Singapore address	Post Code	570607
Unit No.	07-223	Driver Vehicle No.	SGF4343U	Driver Insurer Company	NTUC
Does he own a Singapore Registered Car?	Yes - No				

Distraction			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No

Modification History

Claim 901 **Rev**

Claim Type *	OD-MK	Injured Name	STAPIE BIN ADAM	Injured NRIC	S8116747G
Contact No. (Mobile)	90662642	Contact No. (Home)	Nil	Contact No. (Office)	
Email Address	stapiebinadam@yahoo.com.sg	Vehicle Number	SGF4343U	Vehicle Number	FC18477
Claim Description	SGF4343U / PCT8477 ON 14 Mar 2019				
Referred Workshop	Yes	Insured Liability	Not at Fault	Claim Date	15/03/2019 10:28
Referred No. Finalisation		Preferred Workshop, Name and address	SIA report	Received	
Date Registered				Claim Date	
Report Taken By	W05L1 WANAB				

Save Submit

Attachment

Accident No.	MT/1036007	Claim No.	001
Last Rec. Received	Yes No	Upload Date	15/03/2019 10:29

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size (KB)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15	



NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE 9 (BUKIT MERAH)) on 13 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE 4 (BUKIT MERAH)) on 13 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH)) on 13 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH)) on 13 Mar 2019 10:29	Photos	Normal	Photos 2019-3-15
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Mar 2019 10:29	SAS	Normal	SAS 2019-3-15
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Mar 2019 10:29	NRIC Driving License	Normal	NRIC Driving License 2019-3-15

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 03 / 19) (DD/MM/YYYY), TIME: (16 : 05) (HH:MM)

LOCATION: Along Layang Ave Junction of Pasir Ris Drive 3 & New Layang Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF 4343U
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes Benz E200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Purchase items
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: SYAFIE BIN MOHAMMAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8136747E CONTACT: 90692642
c) ADDRESS: BLK 607 SENJANG RD #04-06 S(670607)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (29 / 11 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09/05/07

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: PC7847Y MODEL: TOYOTA HIACE
b) DRIVER'S NAME: Lee Li Hong
c) NRIC/FIN/PASSPORT: S1436382C CONTACT: 96826411

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)
(1)

* No of passenger
(including driver)
()

email = syafiebinadan@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8136747G



Name
SYAFIE BIN ADAM

شافي بن ادم
Race
MALAY
Date of birth 29-11-1981
Country of birth SINGAPORE

Sex
M

S8136747G

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8136747G

Name
SYAFIE BIN ADAM

Birth Date: 29 Nov 1981
Issue Date: 26 Jan 2011

001932235C



4797019

NRIC No. S8136747G



Date of issue
30-11-2011

APT BLK B07 SENJA ROAD #04-08
SINGAPORE 670607

NRIC No. S8136747G

Date: 30/03/2018

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

Class 2B	Motorcycles <= 200 CC	18 Mar 2002
Class 2A	Motorcycles between 201 CC and 400 CC	20 Mar 2003
Class 2	Motorcycles > 400 CC	27 Jul 2004
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles without clutch pedals <= 2500 kg	09 Nov 2007
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	25 Nov 2015
Class 4	Heavy motor cars and motor tractors > 2500 kg	22 Apr 2018

S / No. 8000280059

S8136747G



License No: S8136747G

NP 428A

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	14/03/2019 09:44
Vehicle No.(For Motor)	SGF4343U	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099365488		SYAFIE BIN ADAM	S8136747G	GPC	drive CLASSIC	SGF4343U	SGF4343U	29/03/2018	12/05/2019

Continue