

NATIONAL Assessment Centre Services.

(with 1 Jan 2005)

MAH9046718

Date In: 28/03/2019 17:28	Job description	Date & Time Completed	Done by
Ref No: MAH9046718	SAS e-filing		
Veh No: SMH 7603 T	E-mail (to John Shire, AIC 2hrs)		
D.O.A: 26/03/2019 11:00	I-Motor Claim Form	MM/1037790002	28/03/2019 12:49
OID: TP: Reporting Only	I-Motor W/O (With: 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: SHC 13957	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 ()	

() 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:	

MAH902284	Invoice	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / TP Allowance \$5	
	* NR: Repair Coordination \$20	
	* NI: Post Repair Inspection \$25	
	* NV: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non-INC) \$20	
	9) NI: 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	28/03/2019 17:28
Date Of Accident	26/03/2019 11:00
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7603T
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	KM41BILL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91069565
Alternative Phone No	OFFICE-91069565
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107811517
Cover Note Number	
Driver	
Name of Driver	MUSTHAFA KAMAL BIN ZULKIFLI
NRIC No	S8916749C
Date Of Birth	20/05/1989
Occupation	INDOOR
Date Of Driving Pass	22/10/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91069565
Fax Number	
Contact Number	OTHERS-91069565
Email Address	KM41BILL@GMAIL.COM

Address	BLK 215 CHOA CHU KANG CENTRAL #02-178
Postcode	680215
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	SHC1395T
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**.
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: 28/3/19


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

SKETCH PLAN

PIPE TOWARDS CHONGI XIANG SHUAN ROAD

A) SMH 7603T

B) SHC 13957



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26/03/2019 AT ABOUT 11:00HRS I WAS AT PIPE TOWARDS CHONGI XIANG SHUAN TRAFFIC WAS HEAVY SUDDENLY THE TAXI SHC 13957 FROM THE BACK I COULD NOT BRAKE ON TIME & HIT THE REAR OF THE SAID TAXI

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 28/3/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 28/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1037790

Policy No.	5107811517	Vehicle No.	SMH7603T	GST Registration No.	201709236H
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.			Policyholder NRIC	201709236H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	28/03/2019 11:11	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	28/03/2019	Time of Accident (hh:mm)	10:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	201709236H	GST Status Verified	Yes
Modification History	28/03/2019 11:12:35 System changed GST Registration No. from NA to 201709236H 28/03/2019 11:12:35 System changed GST Registration Date from 01/01/2015 to 01/09/2017 28/03/2019 11:12:35 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	65 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408169
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	5108473888		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709236H
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	88482448
Email Address		OT		TP Vehicle Number	SHC1395T
Claim Description		Vehicle Number	SMH7603T	Name of Preferred Workshop	
Preferred Workshop		SMH7603T / SHC1395T ON 26 Mar 2019			
Balance No.		Insured Liability	Fully at Fault	GIA report	Received
Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered					
Report Taken By		28/03/2019 16:53	Claim Close Date		Date Received 28/03/2019 00:00
		ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

Print AK letter

Save Submit

Attachment

Accident No.	MT/1037790	Claim No.	002
Last Doc. Received	* Yes No	Upload Date	28/03/2019 17:49
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 17:49	SAS	Normal	SAS 2019-3-28	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-28	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-28	



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:53	Photos	Normal	Photos 2019-3-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:53	Photos	Normal	Photos 2019-3-28
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Mar 2019 16:52	Photos	Normal	Photos 2019-3-28

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 3 / 11 (DD/MM/YYYY), TIME: 11 : 00 (HH:MM)

LOCATION: PIE NEAR STEVENS ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 7603T
 b) INSURANCE COMPANY: MMU
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: workmate
 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: SER BUNO HADILL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUSTAFA KAMAL BIN ZULKIFLI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8916749C CONTACT: 91069565
 c) ADDRESS: B1K 215 1 Chua Chu Kang Central #02-178 S'pore 680215

* d) DATE OF BIRTH: 20 / 05 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23/10/2011

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

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: SHC 1395T MODEL: _____
 b) DRIVER'S NAME: DRIVER
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email = km41bill@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8916749C

Name

MUSTHAFA KAMAL BIN
ZULKIFLI

Race

MALAY

Date of birth

20-05-1989

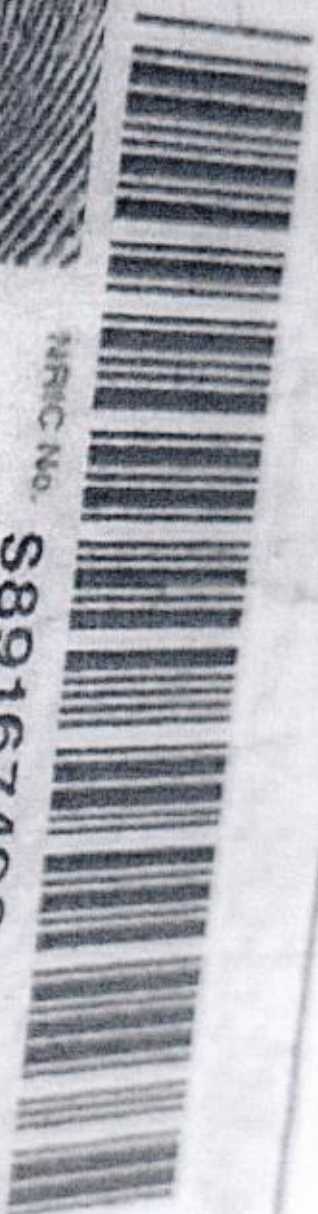
Sex

M

Country of birth

SINGAPORE





3541019

NRIC No.

S8916749C



Date of Issue

20-05-2004

Address

APT BLK 215 CHOA CHU KANG CENTRAL
#02-178
SINGAPORE 680215

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 8 9 1 6 7 4 9 C**

Name: **MUSTHAFA KAMAL BIN ZULKIFLI**

Birth Date: **20 May 1989**

Issue Date: **04 Nov 2016**



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

26/03/2019 16:27

Vehicle No.(For Motor)

SMH7603T

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"/>	5107811517		SRS AUTO HOLDINGS PTE. LTD.	201709236H	GPC	Third Party	SMH7603T	SMH7603T	26/02/2019	07/09/2019