

# NATIONAL Assessment Centre Services. (wef 1 Jan 2005) X/A/19041331

Date In: 30/03/2005 10:36	Job description	Date & Time Completed	Done by
Ref No: NA/19041331	SAS e-filing		
Veh No: SF4 MI E	E-mail (within 2hrs, AIC 2hrs)		
DOA 26/03/2005 15:20	I-Motor Claim Form		
OD / TP: <u>Reporting Only</u>	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: SFR-18965	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 ( ) / Non-INC ( )	Date:	Time:	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

X/A/1902288	Invoice No: 1902288	Amount (\$)	Balance (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2005)		
2nd 1:	6) TR: Re-inspection \$75		
2 / 3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non INC) against INC \$20		
	9) NI: Idao 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	30/03/2019 10:36
Date Of Accident	24/03/2019 15:20
Exact Location Of Accident	BLOCK 504 HOUGANG AVENUE 8 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU7771E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAJI AGUS BIN ABDULLAH
NRIC No	S0198476D
Email Address	HAJIAGUS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81217076
Alternative Phone No	OTHERS-81217076

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067328639-04
Cover Note Number	

### Driver

Name of Driver	HAJI AGUS BIN ABDULLAH
NRIC No	S0198476D
Date Of Birth	17/02/1949
Occupation	INDOOR
Date Of Driving Pass	21/09/1968
Driving Experience	50 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81217076
Fax Number	
Contact Number	OTHERS-81217076
Email Address	HAJIAGUS@GMAIL.COM

Address	BLK 504 HOUGANG AVENUE 8 #02-710
Postcode	530504
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	COLLIDED INTO PARKED VEHICLE
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	SFR1896J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97875234
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

AS 30/3/19

Policyholder's Signature  
Date & Time:

AS

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

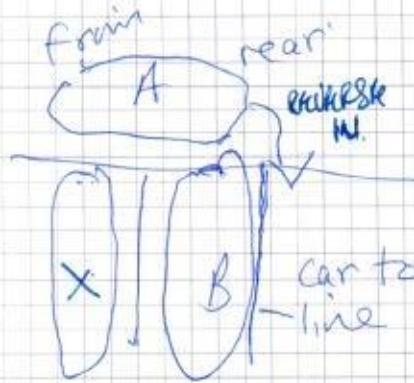
an 30/03/2019

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

SKETCH PLAN

BLK 504 HOUGHONS AVENUE 8 OF THE CARPARK

A) SFR 771E  
B) SFR 1896J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I reversed my car to go into the lot. The parking lot line the car was in was too near and I got a call to buy something. So I drove. I was not aware of the incident

DECLARATION

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

Policyholder's Signature

Date & Time: 30/3/19

9:22am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/03/2019

Reshwan



## Claim Handling

Accident MT/1037326

Policy No.	5067328639-04	Vehicle No.	SFU7771E	GST Registration No.
Certificate No.				
Policyholder Name	HAJI AGUS BIN ABDULLAH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		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	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	25/03/2019 16:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/03/2019	Time of Accident hh:mm	15:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 504 HOUGANG AVE 8 CARPARK			

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
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	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 504 #02-710	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5067328639-04	

## ▼ 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	HAJI AGU
Contact No.(Mobile)	81217076	Contact No. (Home)	63863711
Email Address		OI Vehicle Number	SFU7771E
Claim Description	SFU7771E / SFR1896J ON 24 Mar 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/03/2019 10:32
			ROSLI WAHAB

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1037326	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/03/2019 10:55
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:55	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:55	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Mar 2019 10:32	Photos	Normal	Photos 2

## Video List

Uploaded By/Date	Folder Date	File Name
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		



# ACCIDENT STATEMENT

ACCIDENT DATE: (24/03/19) (DD/MM/YYYY), TIME: (15:21) (HH:MM)

LOCATION: H637 Lot 20

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFUT771E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5067328639-04  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Camry  
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: Haji Agus Bin Abdullah (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0198476D CONTACT: 81217076  
c) ADDRESS: Apt B1K 504 Hougang Ave 8 #02-710  
S530504

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (17/02/1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SFR1896J MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT: 97875234

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
(including driver)  
( )


\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

email = hajiagus@gmail.com  
VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0198476D




Name  
HAJI AGUS BIN ABDULLAH

Race  
CHINESE

Date of Birth  
17-02-1949

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0198476D

Name  
HAJI AGUS BIN ABDULLAH

Birth Date 17 Feb 1949

Issue Date 04 Mar 2014




2455838



NRIC No. S0198476D



Blood Group B+ Date of issue 07-10-1994

APT BLK 504 HOUGANG AVENUE 8 #02-710  
SINGAPORE 530504

NRIC No: S0198476D Date: 05-01-2006 (R) No: 5382155


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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Sep 1968

NP 428A

Licence No: S0198476D



## 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:** 5067328639-04

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SFU7771E**  
Chassis Number : **MR053BK4107003258**
2. Name of Policyholder : **Haji Agus Bin Abdullah**
3. Effective Date of Insurance : **12 Feb 2019**
4. Expiry Date of Insurance : **11 Feb 2020**
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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: <b>Haji Agus Bin Abdullah</b>
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: <b>MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS</b>

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)

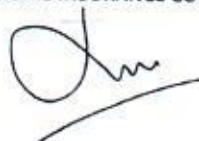
Agency : **LECO AUTOMOBILE PTE LTD (00000571429)**  
Date of Issue : **06 Dec 2018 12:17 hrs**  
Reprint : **06 Dec 2018 12:17 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive