

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 02/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19005770/1/3	SAS e-filing		
Veh No: YM6656D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 01/04/19 1900	i-Motor Claim Form	MT/1038497-001	
OD (TP) Reporting Only	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: SMF5064Y	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%; F: 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	Actions

NA1902528	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
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) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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	02/04/2019 09:36
Date Of Accident	01/04/2019 19:00
Exact Location Of Accident	TPE 8KM MARK TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6656D
Insured/Policyholder	
Name Of Registered Owner	FARREL TRANSPORT & TRADING PTE. LTD.
Co Reg No	201008016M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96492506

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096823303-01
Cover Note Number	

Driver

Name of Driver	MUHAMAD HANIS BIN MOHAMED SHAFFARULLA
NRIC No	S8301421J
Date Of Birth	03/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81105726
Fax Number	
Contact Number	
Email Address	HANIS_25@HOTMAIL.COM

Address	BLK 41 TEBAN GARDENS ROAD #05-347
Postcode	600041
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

I WAS TRAVELLING STRAIGHT ALONG TPE 8KM MARK TWDS CHANGI AIRPORT ON THE 3RD LANE OF A4-LANES RD. SUDDENLY I HEARD A LOUD BANG FROM MY REAR AND MY VEH JERK FORWARD, VEH(B) BEARING REG NO SMF5064Y SWERVED HER VEH TO THE RIGHT AND HIT ONTO MY REAR RIGHT PORTION OF MY VEH.

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	SMF5064Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN YUBING
NRIC/Passport Number	S6876380J
Contact Number	82282050(SON)
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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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.**
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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:

Handwritten signature 2/4/19.

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

Handwritten signature 02/04/19

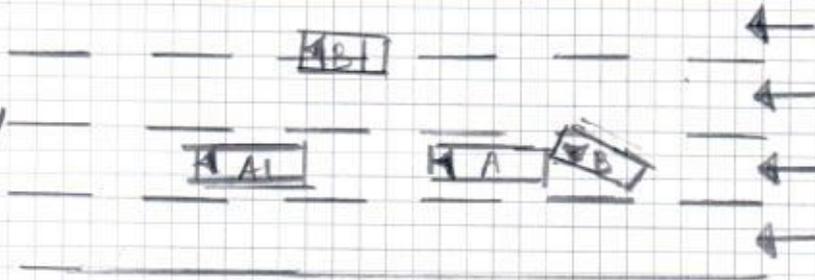
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

TPE 8 KM MARK TWIS
CHANGI AIRPORT

A - YM 6656D

B - SMF 5064Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8301421J**

Name: **MUHAMAD HANIS BIN MOHAMED SHAFFARULLA**

Birth Date: **03 Jan 1983**

Issue Date: **19 Apr 2012**

002061743A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8301421J**

Name: **MUHAMAD HANIS BIN MOHAMED SHAFFARULLA**

Race: **INDIAN**

Date of birth: **03-01-1983** Sex: **M**

Country of birth: **SINGAPORE**

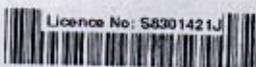




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	DESCRIPTION	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	25 Feb 2006
Class 2A	Motorcycles between 201 cc and 400 cc	14 Apr 2009
Class 2	Motorcycles > 400 cc	06 Jan 2011
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	26 Jan 2009
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	19 Apr 2012

Licence No: S8301421J



4041765



NRIC No: **S8301421J**

Date of issue: **24-04-2007**

APT BLK 41 TEBAN GARDENS ROAD #05-347
SINGAPORE 600041

NRIC No: **S8301421J** Date: **01/06/2009** No: **6139790**



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 type="radio"/>	5096823303-01		FARREL TRANSPORT & TRADING PTE. LTD.	201008016M	GFT	Comprehensive	YM6656D	YM6656D	31/10/2018	

Continue

Claim Handling

Accident MT/1038497

Policy No.	5096823303-01	Vehicle No.	YM6656D	GST Registration No.
Certificate No.				
Policyholder Name	FARREL TRANSPORT & TRADING PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96492506	Contact No.(Office)	0	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	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	02/04/2019 15:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/04/2019	Time of Accident hh:mm	19:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE 8KM MARK TWDS CHANGI AIRPORT			
Excess				
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date		01/08/20
GST Registration No.	201008016M	GST Status Verified		Yes
Modification History				

Policyholder Mailing Address				
Address 1	164 MARIAM WAY	Address 2	#04-02 BALLOTA PARK CONDOM	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-27	Related Policy Number	5096823303-01	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	MUHAMAD HANIS BIN MOHAMEI	Driver NRIC	S8301421J	Driving Experience
Register Date of Driver License	19/04/2012	Driver Age	36	Contact No.(Home)
Contact No.(Mobile)	81105726	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 41	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-347			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	FARREL
Contact No.(Mobile)	96492506	Contact No. (Home)	
Email Address		OI Vehicle Number	YM6656D
Claim Description	YM6656D / SMF5064Y ON 1 Apr 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	02/04/2019 15:27	Received	
Report Taken By	ROSLINDA	Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1038497 Claim No. 001
 Last Doc. Received Yes No Upload Date 02/04/2019 00:00

- Choose File No file chosen
- Message Read

Path *

Clear

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:27		NRIC/ Driving License	Normal	NRIC/ Driving
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:27		SAS	Normal	SAS
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:27		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:27		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:27		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:26		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:26		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:26		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:26		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:26		Photos	Normal	Photos

Video List

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