

NATIONAL Assessment Centre Services.

(part 1 of 2)

NA419042566

Date In: 02/04/2019 10:18	Job description	Date & Time Completed	Done by
Ref No: NA419042566	SAS e-filing		
Veh No: SA 8834J	E-mail (4 days 2hrs, A/C 2hrs)		
D.O.A: 13/03/2019 00:00	1-Motor Claim Form	13/03/2019 00:00	02/04/2019 10:27
OID: TP - 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: ()	Veh No: ()	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 ()	

() 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: ()

NA19024E1	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	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:	
	9) NI: Idao Mobile	
QC Checked by (Engi-In-Charge):	10) NI: Idao Mobile	
	11) NI: Idao Mobile	
	12) NI: Idao Mobile	
	13) NI: Idao Mobile	
	14) NI: Idao Mobile	
	15) NI: Idao Mobile	
	16) NI: Idao Mobile	
	17) NI: Idao Mobile	
	18) NI: Idao Mobile	
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	27) NI: Idao Mobile	
	28) NI: Idao Mobile	
	29) NI: Idao Mobile	
	30) NI: Idao Mobile	

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 10:18
Date Of Accident	13/03/2019 00:00
Exact Location Of Accident	KALLANG CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA8834J
Insured/Policyholder	
Name Of Registered Owner	FARAH NORASHIKIN BINTE MOHAMMED JAMIL
NRIC No.	S8531312F
Email Address	FARRAE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94512437
Alternative Phone No	OTHERS-94512437
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
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	5097724032-01
Cover Note Number	
Driver	
Name of Driver	FARAH NORASHIKIN BINTE MOHAMMED JAMIL
NRIC No	S8531312F
Date Of Birth	14/10/1985
Occupation	INDOOR
Date Of Driving Pass	11/02/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94512437
Fax Number	
Contact Number	OTHERS-94512437
EEmail Address	FARRAE@GMAIL.COM

Address	BLK 293A BUKIT BATOK STREET 21 #10-512
Postcode	651293
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

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**.
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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:

11/1/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

UNKNOWN
NO COLLISION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am not aware of any accident on 13 Mar at Kallang Carpark. I called NTUC Income on 1 April to check on my No-Claim-Discount (NCD) and I was told that a 3rd party claim has been made against my ^{insurance} ~~my~~ I would like to declare my non-involvement in an accident on 13 Mar.

DECLARATION

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

Policyholder's Signature

Date & Time: 1/4/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02/04/2019

Kevin Lim

Claim Handling

Accident MT/1036851

Policy No.	IRV7724032-01	Vehicle No.	SLA88343	GST Registration No.	
Cardholder No.					
Policyholder Name	FARAH NORASHKIN BINTE MOHAMMED JAHIL	Driver Type	Drive CLASSIC	Policyholder NRIC	S85113129
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Issuing	C
Contact No. (Mobile)	NA	Special Remarks		Contact No. (Home)	
Email Address		TCA	No Yes	eLink	No
KPI	No Yes	WCO Settlement(%)	12	eCode Reason	
NCD Protection	No			Private Rm	Not available
Accident Details					
Report Date	26/03/2019 09:47	Accident Report within 24 hrs	Yes	Accident Type	Collision Property
Date of Accident	13/03/2019	Time of Accident (hr:min)	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KALLANG CARPARK				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 46 #B1-230	Address 2	TEHRAN GARDENS ROAD	Address 3	SINGAPORE 600046
Address 4		Address Type	Singapore address	Post Code	600046
Unit No.	B1-230	Related Policy Number	IRV7724032-01		
O2 Driver Info					
Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-ME	Insured Name	FARAH NORASHKIN BINTE MOH	Insured NRIC	S85113129
Contact No. (Mobile)		Contact No. (Home)	NA	Contact No. (Office)	
Email Address		GT		TP	
Claim Description		Vehicle Number	SLA88343	Vehicle Number	
Insured Workshop			SLA88343 - ON 13 Mar 2019	Name of Insured Workshop	
Insured Liability	NA at Fault				
Insured Repair Option	Preferred Workshop, Name unknown	GTA report	Received		
Date Registered	02/04/2019 10:05	Claim Date	02/04/2019 10:05	Data Received	02/04/2019 00:00
Report Taken By	BOSLI WAHAB				
Print Ak letter					

Save Submit

Attachment

Accident No.	MT/1036851	Claim No.	002
Last Doc. Received	Yes No	Upload Date	02/04/2019 10:27
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map View?	A
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:27	SAS	Normal	SAS 2019-4-2		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:27	NRIC Driving License	Normal	NRIC Driving License 2019-4-2		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2		



NAC_BUKIT_MERAH_80067N NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2
NAC_BUKIT_MERAH_80067E NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2
NAC_BUKIT_MERAH_80067M NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2
NAC_BUKIT_MERAH_80067K NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2
NAC_BUKIT_MERAH_80067G NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2
NAC_BUKIT_MERAH_80067J NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2
NAC_BUKIT_MERAH_80067H NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2
NAC_BUKIT_MERAH_80067L NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2019 10:09	Photos	Normal	Photos 2019-4-2

William K. Lint

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 3 / 2019 (DD/MM/YYYY), TIME: 00 : 00 (HH:MM)

LOCATION: FAUANT CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 8834J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091124032
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / ~~TRUCK~~ / 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: FARAH NORASITHIKUM (MALE / FEMALE) FEMALE
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 94512437
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 14 / 10 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11/01/2012

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

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

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)

(1)

* No of passengers
 (including driver)

()

* No of passengers
 (including driver)

()

email = farrae@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8531312F



Name

FARAH NORASHIKIN BINTE
MOHAMMED JAMIL

Race

MALAY

Date of birth

14-10-1985

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8531312F

Name

FARAH NORASHIKIN BINTE
MOHAMMED JAMIL

Birth Date 14 Oct 1985

Issue Date 11 Feb 2012



002042024A

5618284



NRIC No S8531312F



Date of issue

02-07-2016

APT BLK 293A BUKIT BATOK STREET 21 #10-612
SINGAPORE 651293

NRIC No: S8531312F

Date: 23/09/2018

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive 11 Feb 2012
of the driver; and other motor vehicles <= 2500kg



License No: S8531312F

NP 428A

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: 5097724032-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJA8834J**
Chassis Number : **ZC715401865**
2. Name of Policyholder : **FARAH NORASHIKIN BINTE MOHAMMED JAMIL**
3. Effective Date of Insurance : **27 Jan 2019**
4. Expiry Date of Insurance : **26 Jan 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: FARAH NORASHIKIN BINTE MOHAMMED JAMIL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 18 Dec 2018 10:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive