

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA1904857

Date In: 08/04/2019 20:34	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1904857	E-mail (Vehicle 1st, A/C 2nd)		
Veh No: SU 36615	I-Motor Claim Form	MT1039862-001	09/04/2019
D.O.A: 08/04/2019 15:00	I-Motor W/O (Within OD 2hrs, TP 4hrs)		10:42
QID: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkup / INC Assgn Wkup / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SU 98152	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 reprior.		
( ) 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: \_\_\_\_\_


NA1902641		
Driver/Owner:	1) AR: Accidental Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$10/245	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*NI: Courtesy Car / TP Allowance \$1	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (Nil) / TP (on INC) \$10	
	9) NI: Idas 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	08/04/2019 20:24
Date Of Accident	08/04/2019 15:00
Exact Location Of Accident	COLLEGE ROAD TURNING LEFT TO AYE JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3661S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROHA BINTE SARMITEN
NRIC No	S6925662G
Email Address	SHAKILAHABUNAIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96947978
Alternative Phone No	OTHERS-96947978

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME FROM WORK
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088063544-02
Cover Note Number	

### Driver

Name of Driver	ROHA BINTE SARMITEN
NRIC No	S6925662G
Date Of Birth	20/08/1969
Occupation	INDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96947978
Fax Number	
Contact Number	OTHERS-96947978
EMail Address	SHAKILAHABUNAIM@GMAIL.COM

Address	BLK 657B JURONG WEST STREET 65 #04-652
Postcode	642657
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 - U-TURN
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	SJQ9815Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TIEN WHATT
NRIC/Passport Number	S1441308A
Contact Number	96373881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :



## SKETCH PLAN

### 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. 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: 8/4/19  
4:18 pm

Driver's Signature

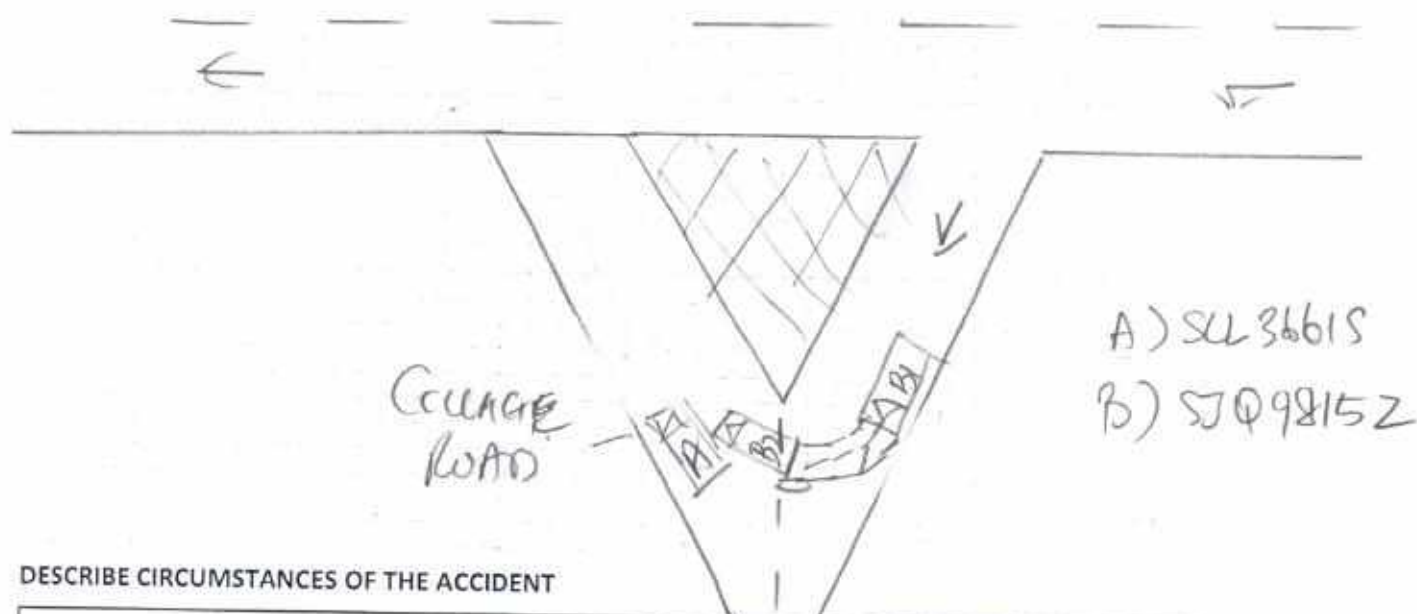
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

COUAGE ROAD TURNING LEFT TO AYK (DUPONG)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/4/19 at 3 p.m, while I was driving towards  
AYK, out of sudden a white car plate no. SJQ 9815Z  
knocked my car. SL3661S from THE REAR

DECLARATION

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

Kan  
Policyholder's Signature  
Date & Time:

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

09/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Claim Handling

Accident HT/1039342

Policy No.	308063544-02	Vehicle No.	SL13661S	GET Registration No.	
Certificate No.					
Policyholder Name	ROHA BINTE SARMITEN			Policyholder NRIC	S6925662G
Product Code	PRIVATE CAR INSURANCE	Cover Type	BIKO PREMIUM	Leading	0
Contact No.(Mobile)	96947978	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Exemption(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	09/04/2019 10:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	09/04/2019	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Damage Force		SCM No.	
Accident Location	COLLEGE ROAD TURNING LEFT TO AVE JURONG				
<b>Excess</b>					
Own Damage Excess	0.00	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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 657B #04-652	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 642657
Address 4		Address Type	Singapore address	Post Code	642657
Unit No.		Related Policy Number	308063544-02		
<b>OT Driver Info</b>					
Driver Name	ROHA BINTE SARMITEN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6925662G	Driver DOB	10/08/1963
Register Date of Driver License	01/01/2007	Driver Age	69	Driving Experience	12
Contact No.(Mobile)	96947978	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 657B #04-652	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 642657
Address 4		Address Type	Singapore address	Post Code	642657
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SL13661S	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ROHA BINTE SARMITEN	Insured NRIC	S6925662G
Contact No.(Mobile)	96947978	Contact No. (Home)		Contact No. (Office)	
Email Address	RCAT_TORRES@LIVE.COM	OT Vehicle Number	SL13661S	TP Vehicle Number	SJQ98132
Claim Description	SL13661S / SJQ98132 ON 8 Apr 2019				
Preferred Workshop		Insured Liability	Partially at Fault		
Submit No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/04/2019 10:41	Claim Close Date		Date Received	09/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

## Attachment

Accident No.	HT/1039342	Claim No.	001
Left Doc. Received	Yes	Upload Date	09/04/2019 10:42
Path *			
Choose File	No file chosen	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	Msg Sent (CD)
	NAC_BUKIT_MERAH_800676K NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9	
	NAC_BUKIT_MERAH_800678K NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9	
	NAC_BUKIT_MERAH_800676K NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	Photos	Normal	Photos 2019-4-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	SAS	Normal	SAS 2019-4-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 10:42	NRTC/ Driving License	Normal	NRTC/ Driving License 2019-4-9

Video List

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



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 8 / 4 / 19 ) (DD/MM/YYYY), TIME: ( 3 p.m. ) (HH:MM)

LOCATION: Collage Road, Turning left to AYE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 3661S  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5688063544-02  
 d) POLICY TYPE: ( COMPREHENSIVE ) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: NISSAN Qashqai  
 f) TYPE: ( SALOON ) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: ( PRIVATE ) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going back home from work  
 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: Roha Binte Samitan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6925662G CONTACT: 96947978  
 c) ADDRESS: Blk 657B, #04-652, Jurong West street 65  
Singapore 642657

\* 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: ( 20 / 8 / 1969 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS: 2/3/2007

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: as above

5. a) WEATHER CONDITION: ( CLEAR ) / RAINING / OTHERS

b) ROAD SURFACE: ( DRY ) / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SIG 9815Z  
 b) DRIVER'S NAME: Ng Tien whatt MODEL: Toyota  
 c) NRIC/FIN/PASSPORT: S1441308A CONTACT: 96373881

## 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)  
(3)

\* No of passenger  
 (including driver)  
( )

Email = shakilahabunqaim@gmail.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6925662G



ROHA BINTE SARMITEN

Race  
JAVANESE  
Date of Birth  
20-08-1969 Sex  
F  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6925662G

Name

ROHA BINTE SARMITEN

Birth Date: 20 Aug 1969

Issue Date: 02 Mar 2007



1800077

NRIC No: S6925662G



Binet Group: Date of Issue  
O+ 18-03-1994

APT BLK 657B JURONG WEST STREET 65 #04-652  
SINGAPORE 642857  
NRIC No: S6925662G Date: 23/07/2015

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 02 Mar 2007



NP 425A

## 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: 5088063544-02

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLL3661S**  
Chassis Number : **SJNFEAJ11U1894953**
2. Name of Policyholder : **ROHA BINTE SARMITEN**
3. Effective Date of Insurance : **22 Feb 2019**
4. Expiry Date of Insurance : **21 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)	: 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ROHA BINTE SARMITEN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 26 Dec 2018 11:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive