

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NA 41904728

Date In: 11/04/2019 12:37	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9006451/4	SAS e-filing		
Veh No: SJM 726C	E-mail (w/late thrs, AIG thrs)		
D.O.A: 10/04/2019 12:10	I-Motor Claim Form	MT1039789-001	11/04/2019 14:17
OID / TP: Reporting Only	I-Motor W/O (Within: OD thrs, TP thrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Participant: Vch No: SCS 2026T	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 repair.

() 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: ()

NA 1902675	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant assist INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: 1 Day DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NI: Courtesy Car / TP Allowance \$10	
	* NI: Repair Co-ordination \$20	
	* NI: Post-Repair Inspection \$5	
	* NI: DV / Collect Excess Coordination \$20	
	TP (NI) / TP (N-in INC) \$30	
	9) NI: 1 Day Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

FOR:

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	11/04/2019 12:27
Date Of Accident	10/04/2019 12:10
Exact Location Of Accident	SLIP RD FROM WOODLANDS AVENUE 3 TOWARDS BKE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM726C
Insured/Policyholder	
Name Of Registered Owner	MD MUSTAFA KAMAL B MD SHARIFF
NRIC No	S1250944H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934942
Alternative Phone No	HOME-63685048

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	5105689571
Cover Note Number	

Driver

Name of Driver	MD MUSTAFA KAMAL B MD SHARIFF
NRIC No	S1250944H
Date Of Birth	03/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1976
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96934942
Fax Number	
Contact Number	HOME-63685048
Email Address	NOEMAIL

Address	BLK 317 WOODLANDS STREET 31 #07-182
Postcode	730317
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	SIDE SWIPE
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

ON THE 10-04-2019 AT ABOUT 12:10HRS I WAS AT THE SLIP ROAD FROM WOODLANDS AVENUE 3 GOING TOWARDS BKE CITY. I WAS BESIDE A CAR SLJ2026T AND I SAW THE CAR START TO MOVE AND I ALSO MOVE WHILE I WAS LOOKING ON MY RIGHT SIDE AND I AM NOT AWARE THAT THE CAR STOP AND MY CAR HIT THE RIGHT SIDE OF THE SAID CAR.

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	SLJ2026T ✓
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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.

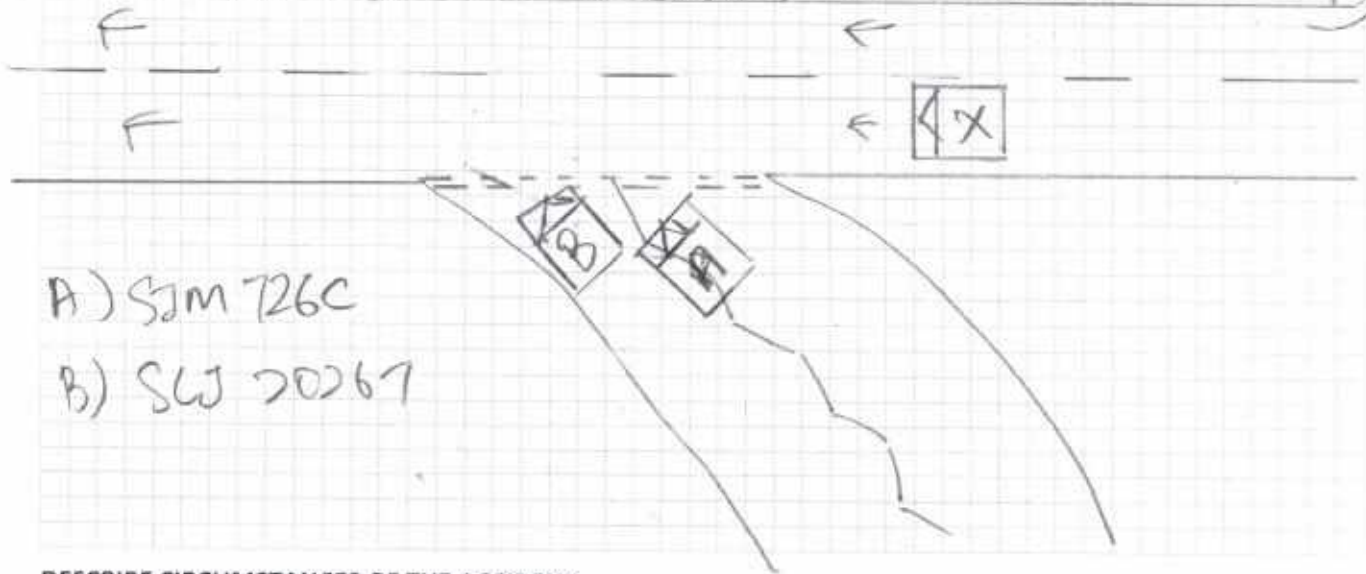
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

SLIP ROAD FROM WOODLANDS AVE 3 TOWARDS BKE (CITY)

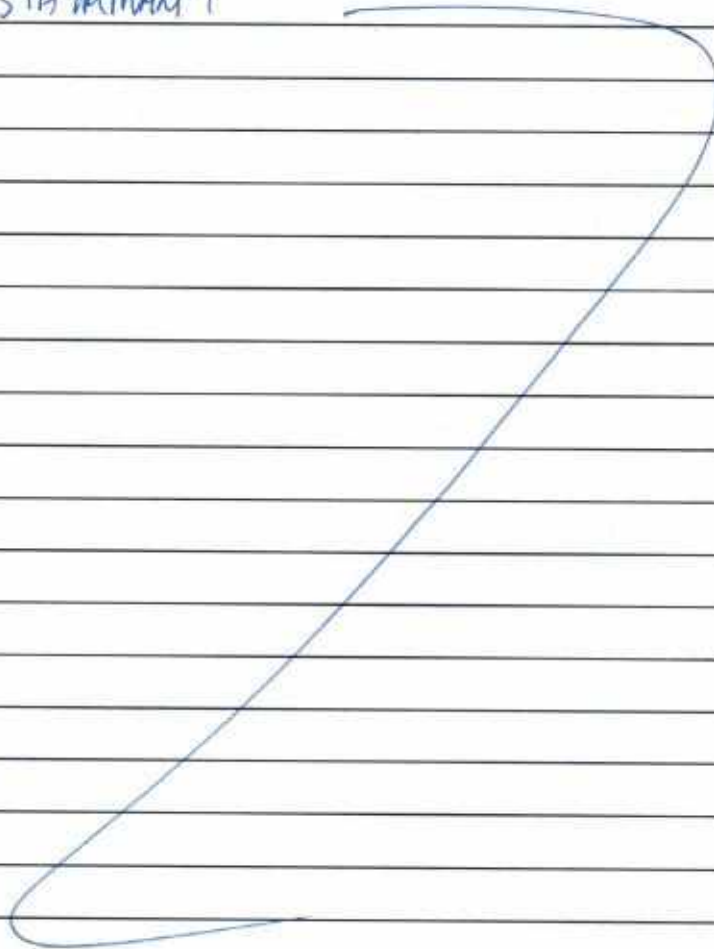


A) SJM 726C

B) SLJ 20267

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT



DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 11/4/19

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

[Signature] 11/4/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/1839789

Policy No.	EL05689573	Vehicle No.	SJM726C	GST Registration No.	
Certificate No.					
Policyholder Name	MD MUSTAFA KAMAL B MD SHARIFF			Policyholder NRIC	S1250944H
Product Code	PRIVATE CAR INSURANCE	Cover Type	SWW CLASSIC	Issuing	C
Contact No.(Mobile)	96934942	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
K/F	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	11/04/2019 14:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/04/2019	Time of Accident hh:mm	12:10	Caution at Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM WOODLANDS AVENUE 3 TOWARDS BKE (CCTV)				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 317 #07-162	Address 2	WOODLANDS STREET 31	Address 3	SINGAPORE 730317
Address 4		Address Type	Singapore address	Post Code	730317
Unit No.		Related Policy Number	S105689573		

01 Driver Info

Driver Name	MD MUSTAFA KAMAL B MD SHARIFF	Driver Type	Main Driver	Driver DOB	03/12/1957
Unnamed driver Name		Driver NRIC	S1250944H	Driving Experience	18
Register Date of Driver License	01/07/2000	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	96934942	Contact No.(Office)		Address 1	SINGAPORE 730317
Address 1	BLK 317 #07-162	Address 2	WOODLANDS STREET 31	Address 3	SINGAPORE 730317
Address 4		Address Type	Singapore address	Post Code	730317
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJM726C	Driver Insurer Company	NTUC

Declaration					
Any injury?	Yes = No				

Modification History

Claim 001 New

Claim Type *	DD-PR	Insured Name	MD MUSTAFA KAMAL B MD SHAR	Insured NRIC	S1250944H
Contact No.(Mobile)	96934942	Contact No.(Home)	96934942	Contact No.(Office)	NTU
Email Address		Vehicle Number	SJM726C	TP Vehicle Number	SJM726C
Claim Description	SJM726C / SJM726C ON 10 Apr 2019				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	11/04/2019 14:12	Claim Close Date		Date Received	11/04/2019 00:00
Report Taken By	ROSLI WANAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1029789	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/04/2019 14:17
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	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:17	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:16	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:16	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:16	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:16	Photos	Normal	Photos 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:16	SAS	Normal	SAS 2019-4-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 14:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11

Video Link

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1250944H



MOHAMED MUSTAFA KAMAL
BIN MOHAMED SHARIFF
محمد مصطفى كمال بن محمد شريف

Race
MALAY
Date of Birth
03-12-1957
Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1250944H



MOHAMED MUSTAFA KAMAL
BIN MOHAMED SHARIFF

Birth Date: 03 Dec 1957
Issue Date: 06 Apr 2003

000351796E

2271739



NRIC No. S1250944H



Blood Group: A+ Date of issue: 13-08-1994

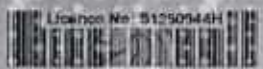
Address:
APT BLK 317 WOODLANDS STREET 31
#07-182
SINGAPORE 2573

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

CLASS	VEHICLE CLASS	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	27 May 1975
Class 2A	Motorcycles between 201 cc and 400 cc	27 May 1975
Class 2	Motorcycles exceeding 400 cc	27 May 1975
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Jun 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Apr 1980

MP 428A

Licence No: S1250944H



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/04/2019 14:34"/>
Vehicle No. (For Motor)	<input type="text" value="SJM726C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S105689571		MD MUSTAFA KAMAL B MD SHARIFF	S1250944H	GPC	drivo CLASSIC	SJM726C	SJM726C	21/11/2018	18/12/2019