

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

MANA19052379

Date In: 22/04/2018 12:25	Job description	Date & Time Completed	Done by
Ref No: NGA/MC400705714	SAS e-filing		
Veh No: SGD 710E	E-mail (Update 3hrs, AIC 3hrs)		
D.O.A: 22/04/2018 18:40	I-Motor Claim Form	MT/1047346001	28/04/2018 14:13
OT: (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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGD 1166.U	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 repair.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	
Repairing House () / ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
Date of Injury: ()	
Location: ()	
Witness: ()	
Police: ()	
Insurance: ()	
Other: ()	

NA1902981	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / TPR Allowance \$1
	*NG: Repair Coordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TE (NI): TP (N-in INC) \$20
	*NI: Idao 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	23/04/2019 12:25
Date Of Accident	22/04/2019 18:40
Exact Location Of Accident	ALONG TOH TUCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD710E
Insured/Policyholder	
Name Of Registered Owner	NURLY BTE SUDIN
NRIC No	S1663835H
Email Address	RAMSIS_XYZ@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96743412
Alternative Phone No	OTHERS-90302023

Vehicle Particulars

Manufacturer	HONDA
Model	INSIGHT
Exact Purpose for which vehicle was being used at time of accident	GOING TO FETCH WIFE
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	5069755670-04
Cover Note Number	

Driver

Name of Driver	DOL RANI BIN HAJI JALIL
NRIC No	S2165062E
Date Of Birth	13/09/1956
Occupation	INDOOR
Date Of Driving Pass	20/12/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96743412
Fax Number	
Contact Number	OTHERS-90302023
EMail Address	RAMSIS_XYZ@YAHOO.COM

Address	BLK 230 JURONG EAST STREET 21 #08-683
Postcode	600230
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 - HEAD TO REAR
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	SGD1166U
Vehicle Make/Model/Colour	LEXUS
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

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

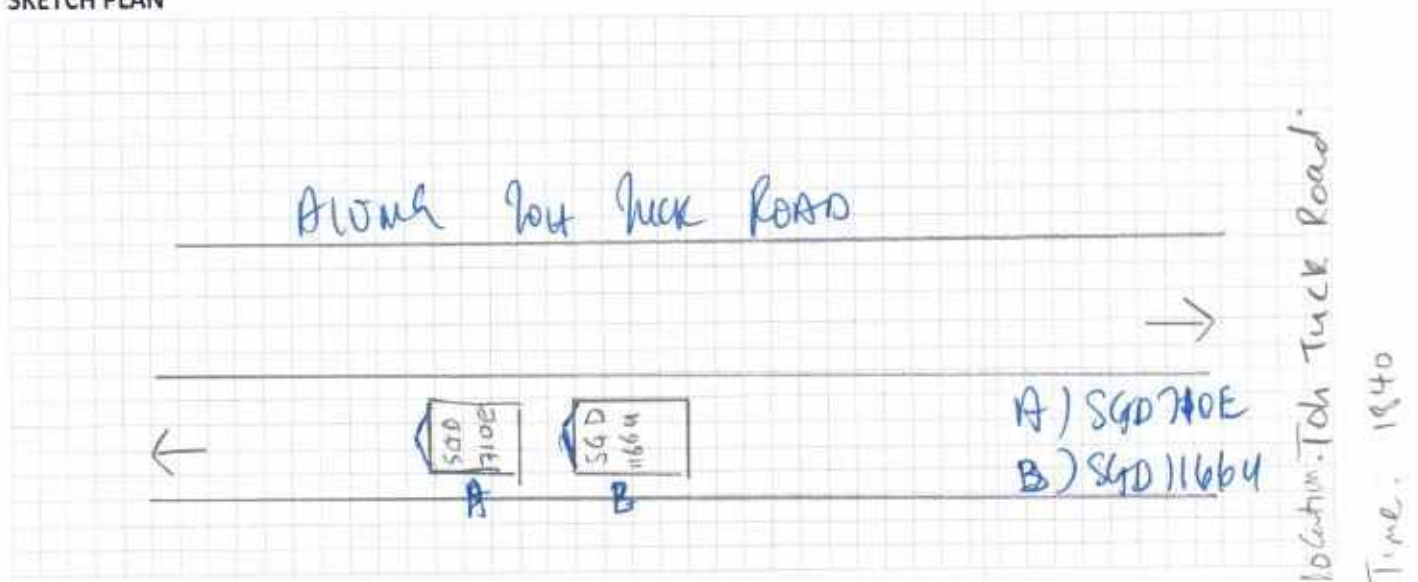
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I ON 22/4/2019 traveling along Joh Truck Road to
 fetch my wife from work at about 1840, I stopped
~~the car brake~~ ^{the} behind a car, the I heard
 a bang ~~behind~~ behind my car and a jerk. I looked
 the the rear mirror and noticed that a car
 SGD 11664 hit my rear car bumper. I drove to
 the side road to settle with the driver.

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.:

Claim Handling

Accident NT/1041346

Policy No.	5069755878-04	Vehicle No.	SG0710E	GST Registration No.	
Certificate No.				Policyholder NRIC	S1663615H
Policyholder Name	MURLY STE SUDON	Cover Type	Drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	96743412	Special Remarks		eCode	No *
Email Address		TCA	+ No 795	eCode Reason	
APK	+ No Yes	NCD Endorsement(%)	50	Private Hire	No
NCD Protection	Yes				

Accident Details

Report Date	23/04/2019 14:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/04/2019	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TON TUCK ROAD				

Excess

Own damage Excess	600.00	Additional Excess	9	Windscreen Excess	100.00
Uninsured Driver Excess	\$00.00	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		Yes	
GST Registration No.		GST Status Verified			
Modification History					

Policyholder Mailing Address

Address 3	BLK 230 #05-683	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600230
Address 4		Address Type	Singapore address	Post Code	600230
Unit No.		Related Policy Number	5069755878-04		

GT Driver Info

Driver Name	(Unnamed Driver)	Driver Type	Unnamed Driver	Driver DOB	12/09/1956
Unnamed driver Name	ISOL RANT BIN HAJI JALIL	Driver NRIC	S1160062F	Driving Experience	30
Register Date of Driver License	20/12/1988	Driver Age	62	Contact No. (Home)	
Contact No. (Mobile)	90302023	Contact No. (Office)		Contact No. (Home)	
Address 3	BLK 230 #05-683	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600230
Address 4		Address Type	Foreign address	Post Code	600230
Unit No.	08-683				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SG0710E	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		
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Modification History

Claim 001 New

Claim Type *	CO-MK	Insured Name	MURLY STE SUDON	Insured NRIC	S1663615H
Contact No. (Mobile)	NIL	Contact No. (Home)	9606857	Contact No. (Office)	62680922
Email Address		GT	SG0710E	TP Vehicle Number	SG01166V
Claim Description	SG0710E / SG01166V ON 22 Apr 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Report No. Finalisation	Yes	Report Option	Preferred Workshop, Name unknown	Claim Date	23/04/2019 14:11
Date Registered				Date Received	23/04/2019 00:00
Report Taken By	ROSLI WAHAB				
Print AX letter					

Save Submit

Attachment

Accident No.	NT/1041346	Claim No.	001
Last Dtt. Received	Yes No	Upload Date	23/04/2019 14:13
Path *			
Choose File	No file chosen	Clear	Category *
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	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(1) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23	
	NAC_BUKIT_MERAH_800676(1) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23	
	NAC_BUKIT_MERAH_800676(1) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	Photos	Normal	Photos 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	SAS	Normal	SAS 2019-4-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Apr 2019 14:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-23

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 22/04/2019 (DD/MM/YYYY), TIME: 18:40 (HH:MM)

LOCATION: Toh Tuck Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 710 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5069 755670-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA INSIGHT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going to fetch wife
 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: Nurly bte Arden (MALE / FEMALE) FEMALE
 b) NRIC/FIN/PASSPORT: S1663835H CONTACT: 96743412
 c) ADDRESS: X 08-683, Bld 230, Jurong East St 21
(600230)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DOL Raim bin Haji fah L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2165062/E CONTACT: 90302023
 c) ADDRESS: X 08-683, Bld 230, Jurong East St 21
(600230)

* d) DATE OF BIRTH: 13/09/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17 mar 2003

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: SGD 11664 MODEL: Lexus
 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 passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

Email = ram55-xyz@yahoo.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2165062E



Name

DOL RANI BIN HAJI JALIL

Race

MALAY

Date of birth

13-09-1956

Country of birth

MALAYSIA

Sex

M



4777579

NRIC No. S2165062E



Date of issue

03-10-2011

Address

APT BLK 230 JURONG EAST STREET 21
#08-583
SINGAPORE 600230

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

PASS DATE

Class 5 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 20 Dec 1988



NP 429A

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: 5069755670-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGD710E**
Chassis Number : JHMZE2850BS213339
2. Name of Policyholder : NURLY BTE SUDIN
3. Effective Date of Insurance : 05 Mar 2019
4. Expiry Date of Insurance : 04 Mar 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NURLY BINTE SUDIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : ABWIN PTE LTD (00000614234)
Date of Issue : 20 Feb 2019 15:24 hrs
Reprint : 20 Feb 2019 15:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive