

NATIONAL Assessment Centre Services

Date In: 01/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008871/13	SAS e-filing		
Veh No: SKX5158M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/05/19 1820	i-Motor Claim Form	MT/1045396-001	
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: (6 SPEED AUTOWORKZ Tel: Fax:)
TP Particulars: Veh No: GU3975Z 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

NA1903784	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	21/05/2019 14:07
Date Of Accident	20/05/2019 18:20
Exact Location Of Accident	TAMPINES NORTH DRIVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5658M
Insured/Policyholder	
Name Of Registered Owner	MAIMUNAH BINTE BORHAN
NRIC No	S1423436E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87427726
Alternative Phone No	OTHERS-87427726

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	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	5104965616
Cover Note Number	

Driver

Name of Driver	MAIMUNAH BINTE BORHAN
NRIC No	S1423436E
Date Of Birth	17/10/1960
Occupation	INDOOR
Date Of Driving Pass	07/10/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87427726
Fax Number	
Contact Number	OTHERS-87427726
Email Address	NOEMAIL

Address	BLK 986A BUANGKOK CRESCENT #09-46
Postcode	531986
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	GU3975Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL RAZAK BIN ARIFFIN
NRIC/Passport Number	
Contact Number	98530857
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MAIMUNAH BINTE BORHAN
------	-----------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SKX5658M

YES

NO

SKETCH PLAN

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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.
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:

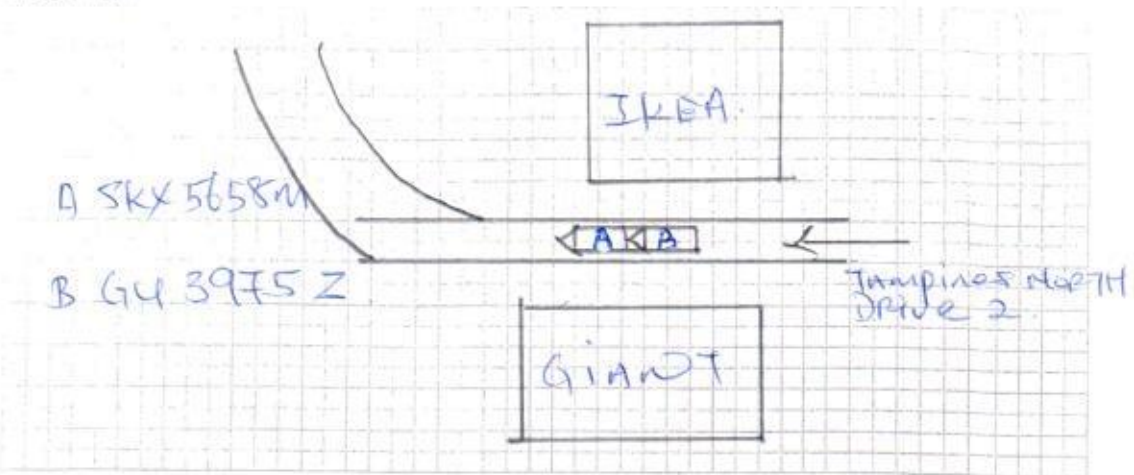
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20th May 2019 at around 6:20pm I was driving my vehicle SKX5658M along Tampines North Drive 2. I was driving slowly towards the round about. Suddenly vehicle (B) G4 3975 Z hit onto my rear of my vehicle.

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:

 21/05/19
Reporter/Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident occur in front
of 1 Kea Home Furniture
at Tempines roundabout
at 6.20 pm.

Car G4 39752 hit
the back of SKX 5658M.

John

John
87427726

9853085

VEHICLE NO: SKX5658M MAKE & MODEL: Honda Vnu

DATE OF ACCIDENT	20 / 5 / 2019	
TIME OF ACCIDENT	6.20 AM / PM	
LOCATION OF ACCIDENT	Tampines North Drive 2	
Exact Purpose use during accident		
NAME OF OWNER	MAIMUNAH BINTE BORHAN	
TELP NO	87427726	
NRIC	S1423436 E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.	NTUC	
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	S104965616	
NAME OF DRIVER	<u>As above</u> If No:	
NRIC	<u>as above</u> Any passengers:	
DATE OF BIRTH	17 / 10 / 1960	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	07 / 10 / 1997	
GENDER	Male / <u>Female</u>	
CONTACT NO.	<u>as above</u> Office: Home:	
ADDRESS	BLK 986A BUAGKONG CRECENT #09-46 (331986)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> If yes: Reg No:	
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> If yes: Who? MAIMUNAH BINTE BORHAN	
CONTACT NO.	87427726	
POLICE REPORT	<u>No</u> If yes: Where?	
VEHICLE B NO.	G4 39752 Any Passenger:	
NAME	ABDUL RAZAK BIN ARIFFIN	
CONTACT NO.	98530857	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ Kaki Bukit	
FAX NO.	Singapore 417883	
	Tel: 67476106 (6 lines)	
	6 Speed Autowerkz Pte Ltd	
	68 Kaki Bukit Avenue 6	
	#02-05 ARK @ KB, Singapore 417896	
	Tel: 6384 7037 Fax: 6384 7039	
	Email: 6speedautowerkz@gmail.com	

REPUBLIC OF SINGAPORE

Licence Number: **S1423436E**

Name: **MAIMUNAH BINTE BORHAN**

Birth Date: **17 Oct 1960**

Issue Date: **03 Oct 2003**

000887180A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1423436E**



MAIMUNAH BINTE BORHAN

Male

MALAY

Date of Birth: **17-10-1960**

Country of Birth: **SINGAPORE**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
07 Oct 1997



NP 428A

1044673



NRIC No. **S1423436E**



Blood Group: **A** Date of issue: **20-06-1993**

APT BLK 986A BUANGKAY CRESCENT #09-46
SINGAPORE 531986
NRIC No. **S1423436E**

Date: **01/07/2011** No: **6808810**

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5104965616
The Policyholder	: MAIMUNAH BINTE BORHAN BLK 986A #09-46 BUANGKOK CRESCENT SINGAPORE 531986

Period of Insurance	: 26 Oct 2018 To 25 Oct 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,292.25

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: MAIMUNAH BINTE BORHAN		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/VEZEL	Capacity	: 1500cc
Registration Number	: SKX5658M	Registration Year	: 2015
Chassis Number	: RU11107387	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: TECK WEI CREDIT PTE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue	: 26 Oct 2018 16:40 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Hello, NAC_PAYA_UBI_800601

[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="20/05/2019 18:20"/>
Vehicle No.(For Motor)	<input type="text" value="SKX5658M"/>	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 type="radio"/>	5104965616		MAIMUNAH BINTE BORHAN	S1423436E	GPC	drive CLASSIC	SKX5658M	SKX5658M	26/10/2018	25/10/2019

Claim Handling

Accident MT/1045396

Policy No.	5104965616	Vehicle No.	SKX5658M	GST Registration No.
Certificate No.				
Policyholder Name	MAIMUNAH BINTE BORHAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87427726	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	21/05/2019 19:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/05/2019	Time of Accident hh:mm	18:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES NORTH DRIVE 2			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed 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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 986A #09-46	Address 2	BUANGKOK CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104965616	

▼ OI Driver Info

Driver Name	MAIMUNAH BINTE BORHAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1423436E	Driver DOB
Register Date of Driver License	07/10/1997	Driver Age	58	Driving Experience
Contact No.(Mobile)	87427726	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 986A	Address 2	BUANGKOK CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-46			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MAIMUNAH
Contact No.(Mobile)	91481699	Contact No.(Home)	NIL
Email Address	nurmb@singnet.com.sg	OI Vehicle Number	SKX5658M
Claim Description	SKX5658M / GU3975Z ON 20 May 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop (refer below)	
Date Registered	21/05/2019 19:46	GIA report	Received
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No. MT/1045396 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 21/05/2019 00:00

Path *

Category *

Confidential

[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[Choose File](#) No file chosen[Message Read](#)[Clear](#)[Please Select](#) ▼

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:44	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:44	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2019 19:43	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

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