

# NATIONAL Assessment Centre Services.

[Part 1 Jan'03]

MNA 119068094

Date In: 27/5/19 10:17	Job description	Date & Time Completed	Done by
Ref No: NAI 119068094 9243/64	SAS e-filing		
Veh No: SJP 3822Y	E-mail (within 3hrs, AIC 2hrs)		
TPA: 2515/19 13:10	I-Motor Claim Form	MT/1046325-001	27/5/19 19:49
CH: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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 Particulars: Veh No: SKM 7283 E INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

( )

( )

( )

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( )

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( )

MA1903956

Claimants / Driver/Owner:	1) All: Accident Reporting (\$30)	3000
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
DATE:	6) TR: Re-inspection \$73	
	7) NT: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NT: Idas Mobile \$30	
	10) NS: Courtesy Car / Tpt Allowance \$3	
	11) NG: Repair Coordination \$10	
	12) NT: Post Repair Inspection \$23	
	13) ND: DV / Collect Liens Coordination \$3	
	14) TP (N11) / TP (Ssn INC) against INC \$20	
	15) NT: 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	27/05/2019 10:17
Date Of Accident	25/05/2019 13:10
Exact Location Of Accident	CANBERRA LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3822Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOVALE EMPIRE
Co Reg No	53360959C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91999690

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104355147
Cover Note Number	-

### Driver

Name of Driver	SALLEH BIN HUSSIN
NRIC No	S6918222D
Date Of Birth	31/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96609841
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 503 JELAPANG RD #05-366
Postcode	670503
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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

I WAS TRAVELLING ALONG CANBERRA LINK TOWARDS SEMBAWANG MRT ON THE FIRST LANE, VEH B (BEARING NO SKM7283E) WHICH WAS IN FRONT OF ME STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

#### 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	SKM7283E
Vehicle Make/Model/Colour	
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

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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

A= 53P 3822Y  
B= SKM 7283E

Canberra link towards Sembawang Mrt

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:




**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S6918222D**  
 Name **SALLEH BIN HUSSIN**

Birth Date **31 May 1969**  
 Issue Date **04 Nov 2003**

1000976270E



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S6918222D**

Name **SALLEH BIN HUSSIN**

Race **MALAY**  
 Date of Birth **31-05-1969**  
 Country of Birth **SINGAPORE**

Sex **M**





**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No **S6918222D**  
 Name **SALLEH BIN HUSSIN**

Issue Date **31/1/2012**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

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

PASS DATE **19 Nov 2001**

Licence No: **S6918222D**

NP 428A

2603280

NRIC No: **S6918222D**

Blood Group **B+** Date of issue **29-03-1995**


Address **APT 914 503 JELAPANG ROAD #05-166 SINGAPORE 570503**

NRIC No: **2285295** Date: **14-03-1991**



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	19/02/2004



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text" value="5104355147"/>	Date of Accident	<input type="text" value="25/05/2019 10:15"/>
Vehicle No.(For Motor)	<input type="text" value="SJP3822Y"/>	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"/>	5104355147		AUTOVALE EMPIRE	53360959C	GPC	Third Party	SJP3822Y	SJP3822Y	10/10/2018	09/10/2019



## Claim Handling

Accident MT/1046325

Policy No.	5104355147	Vehicle No.	SJP3822Y	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOVALE EMPIRE	Cover Type	Third Party	Policyholder NRIC	533601
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91999690	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

## ▼ Accident Details

Report Date	27/05/2019 19:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	25/05/2019	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CANBERRA LINK				

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	18 BOON LAY WAY	Address 2	#10-165 TRADEHUB 21	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	609964
Unit No.	04-6587	Related Policy Number	5108152964		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/05/1970
Unnamed driver Name	SALLEH BIN HUSSIN	Driver NRIC	56918222D	Driving Experience	17
Register Date of Driver License	19/11/2001	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	96609841	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 503 #05-366	Address 2	JELAPANG ROAD	Post Code	670501
Address 4		Address Type	Singapore address		
Unit No.	05-366	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AUTOVALE EMPIRE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	SJP3822Y
Claim Description	SJP3822Y / SKM7283E ON 25 May 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	27/05/2019 19:48
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1046325	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

27/05/2019 19:49

Path \*

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

Category *		Confidential	Urgency *
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:49	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:49	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:49	Photos	Normal	Photos 2019-5-27
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:49	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:49	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:49	Photos	Normal	Photos 2019-5-27

## Video List

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