

**NATIONAL Assessment Centre Services**

Date In: 27/05/2019 16:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009302/K4	SAS e-filing		
Veh No: SFS 809M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/05/2019 10:30	i-Motor Claim Form	MT/1046410-001	28/5/19 11:05
OD <input checked="" type="checkbox"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SGF6620G 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

NA1903878

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) iT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	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 willful 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 16:39
Date Of Accident	24/05/2019 10:30
Exact Location Of Accident	CTE TWDS AYE B4 BALESTIER EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS809M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD NAJIF BIN JAMALUDIN
NRIC No	S7534418Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96903149
Alternative Phone No	OTHERS-96903149

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104444096
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD NAJIF BIN JAMALUDIN
NRIC No	S7534418Z
Date Of Birth	08/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96903149
Fax Number	
Contact Number	OTHERS-96903149
EMail Address	NOEMAIL

Address	BLK 324 JURONG EAST STREET 31 #02-124
Postcode	600324
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)	2
Passenger 1	
	NAME: : NIL
	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

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	SGF6620G
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

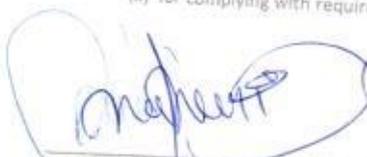
IMPORTANT NOTICE

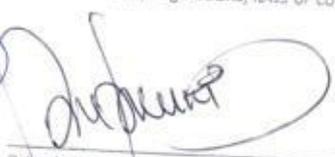
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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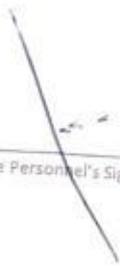
8. Consent under the Personal Data Protection Act (PDPA)

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:

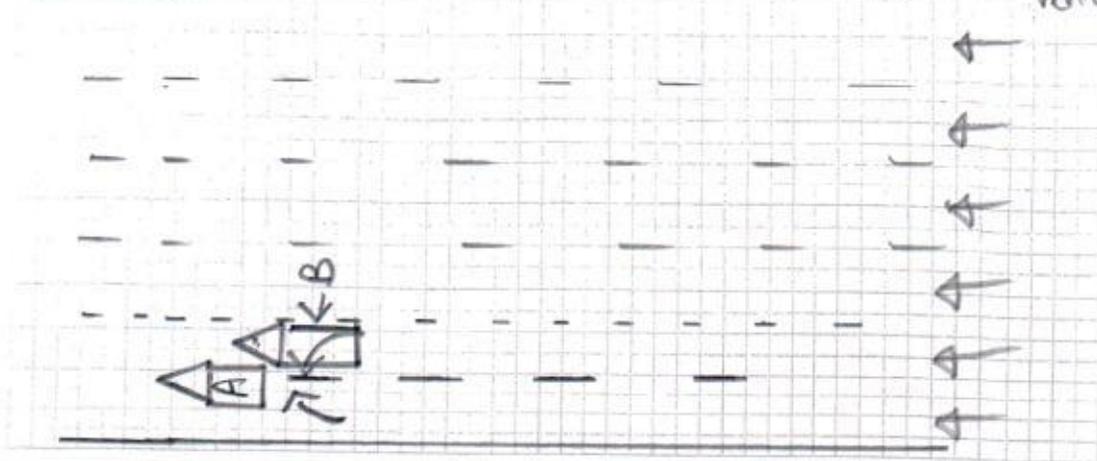
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

27/5/2019

SKETCH PLAN

CTE TOWARDS AYE BEFORE BALESTIER EXIT.

Vehicle A: SFS 809M  
Vehicle B: SF 6620G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE of the above mentioned date and time. My vehicle was almost at the merging lane when vehicle B hit me at my rear right hand side. I came down to force pictures but the other party refused to exchange particulars.

DECLARATION

We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*[Signature]* 27/5/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Given on 24/5/2019

VEHICLE NO: SFS 809 M MAKE & MODEL: HONDA STREAM

DATE OF ACCIDENT	<u>24 / 05 / 2019</u>	
TIME OF ACCIDENT	<u>10.30 AM</u> PM	
LOCATION OF ACCIDENT	<u>CTE TOWARDS AYE BEFORE BACKSTAR EXIT</u>	
Exact Purpose use during accident	<u>ON JOB</u>	
NAME OF OWNER	<u>MUHAMMAD NAJIF BIN JAMALUDIN</u>	
TELP NO	<u>96903149</u>	
NRIC		
CLAIM TYPE	<u>OD / THIRD PARTY / Reporting Only</u>	
PRIVATE HIRE	<u>YES / NO</u>	
INSURANCE CO.	<u>NTUC</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO.		
NAME OF DRIVER	<u>As above / If No:</u>	
NRIC	<u>SFS34418Z</u>	Any passengers: <u>01</u>
DATE OF BIRTH	<u>08 / 11 / 1975</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>05 / 07 / 2014</u>	
GENDER	<u>Male / Female</u>	
CONTACT NO.	Office:	Home:
ADDRESS		
DRIVER HAVE ANY OWN Vehicle	<u>NO / If yes : Reg No:</u>	
RELATIONSHIP	<u>Employee / If No:</u>	
WEATHER CONDITION	<u>Clear / Raining / Other :</u>	
ROAD SURFACE	<u>Dry / Wet / Other :</u>	
ANY INJURIES	<u>No / If yes : Who? NIL</u>	
CONTACT NO.		
POLICE REPORT	<u>No / If yes : Where?</u>	
VEHICLE B NO.	<u>SGF 6670 G</u>	Any Passenger: <u>01</u>
NAME	<u>REFUSED TO EXCHANGE PARTICULARS</u>	
CONTACT NO.		
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?	<u>YES / NO</u>	
PARTICULAR WORKSHOP	<u>Sme Motor Pte Ltd</u>	<b>6 Speed Autowerkz Pte Ltd</b>
TELP NO	<u>1 Kaki bukit ave 6 #02-15</u>	<u>68 Kaki Bukit Avenue 6</u>
CONTACT PERSON	<u>Autobay @ kaki bukit</u>	<u>#02-05 ARK @ KB, Singapore 417896</u>
FAX NO.	<u>Singapore 417883</u>	<u>Tel: 6384 7037 Fax: 6384 7039</u>
	<u>Tels : 67476106 (6 lines)</u>	<u>Email: 6speedautowerkz@gmail.com</u>

Sam. 90017628

3 8 1 2 1 1 6



NRIC No. **S7534418Z**



Date of Issue  
**18-12-2005**

Address  
**APT BLK 324 JURONG EAST STREET 31  
#02-124  
SINGAPORE 600324**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)**

CLASS	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	30 Mar 2009
Class 2A Motorcycles between 201 cc and 400 cc	08 Jun 2010
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	30 Jul 2014

NP 42EA



Licence No. S7534418Z



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7534418Z**



Name

**MUHAMMAD NAJIF BIN  
JAMALUDIN**

Race

**MALAY**

Date of birth

**08-11-1975**

Sex

**M**

Country of birth

**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7534418Z**

Name:

**MUHAMMAD NAJIF BIN  
JAMALUDIN**



Birth Date: **08 Nov 1975**

Issue Date: **21 Dec 2015**



00250529F1

SG  
50

Hello, NAC\_PAYA\_UBI\_800601

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

Policy No.  Date of Accident   
 Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104444096		MUHAMMAD NAJIF BIN JAMALUDIN	S7534418Z	GPC	drivo CLASSIC	SFS809M	SFS809M	06/10/2018	10/11/2019

▼ **Policy Information**

Policy No.	5104444096	Policyholder Name	MUHAMMAD NAJIF BIN JAMALUI	Policyholder NRIC	S7534418Z
Certificate No.					
Address	BLK 324 #02-124 JURONG EAST STREET 31 SINGAPORE 600324				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/10/2018	Effective Date	06/10/2018 00:00	Expiry Date	10/11/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 324 #02-124	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 600324
Address 4		Address Type	Singapore address	Post Code	600324
Unit No.		Related Policy Number	5104444096		

▶ **Insured Object: SFS809M**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/05/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 06 Oct 2018 TO 10 Nov 2019 In view of this amendment, an additional premium of \$257.56 (inclusive of GST) is payable under your policy.

## Claim Handling

Accident MT/1046410

Policy No.	5104444096	Vehicle No.	SFS809M	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD NAJIF BIN JAMALUDIN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96903149	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	28/05/2019 11:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/05/2019	Time of Accident hh:mm	10:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS AYE B4 BALESTIER EXIT			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
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	BLK 324 #02-124	Address 2	JURONG EAST STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104444096	

## ▼ OI Driver Info

Driver Name	MUHAMMAD NAJIF BIN JAMALUDIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7534418Z	Driver DOB
Register Date of Driver License	30/07/2014	Driver Age	43	Driving Experience
Contact No.(Mobile)	96903149	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 324	Address 2	JURONG EAST STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-124			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAM
Contact No.(Mobile)	96903149	Contact No.(Home)	656457
Email Address	BLUESZMN@GMAIL.COM	OI Vehicle Number	SFS809
Claim Description	SFS809M / SGF6620G ON 24 May 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered	28/05/2019 11:08	Preferred Workshop, Name unknown	GIA report
Report Taken By		Repair Option	Received
<input checked="" type="checkbox"/> Print AK letter			Claim Close Date
			Workshop Repairer

Save Submit

Attachment

Accident No. MT/1046410 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 28/05/2019 11:05

Path \*

- Choose File No file chosen

- Clear

Category *	Confidential
Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:08	NRIC/ Driving License	Normal	NRIC/ Driving l
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:06	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:05	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2019 11:05	Photos	Normal	Photos

Video List

Uploaded By/Date Folder Date File Name