

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 30/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009630/13	SAS e-filing		
Veh No: SJX 773H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/05/19 1530	i-Motor Claim Form	MT/1046899-002	
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: (Tel:	Fax:
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TP Particulars:	Veh No: 5HC8929H	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

NA1904028	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 30/05/2019 16:55
 Date Of Accident 29/05/2019 15:30
 Exact Location Of Accident JUNC OF LOR J TELOK KURAU & TELOK KURAU RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX773H
Insured/Policyholder
 Name Of Registered Owner MUSLIM KIDNEY ACTION ASSOCIATION (MKAC ASSOCIATION
 Co Reg No T04SS0068D
 Email Address INFO@MKAC.SG
 Mobile Phone No
 Alternative Phone No OFFICE-64407390

Vehicle Particulars

Manufacturer TOYOTA
 Model COROLLA ALTIS
 Exact Purpose for which vehicle was being used at time of accident WORKING
 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 5071916692-03
 Cover Note Number

Driver

Name of Driver FOO TOON KIM
 NRIC No S0202971E
 Date Of Birth 07/08/1952
 Occupation OUTDOOR
 Date Of Driving Pass 31/07/1974
 Driving Experience 44 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96348846
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address 122 TELOK KURAU RD
 Postcode 423806
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 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: : AMEERALI ABDEALI
 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 FROM LOR J TELOK KURAU FILTERING OUT TO TELOK KURAU RD. WHEN MY VEH FILTER OUT INTO THE YELLOW BOX, MY VEH HIT ONTO THE LEFT SIDE PORTION OF VEH(B) BEARING REG NO SHC8929H.

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 SHC8929H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver SEEM CHARN BENG
 NRIC/Passport Number S1476057A
 Contact Number 81261270
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.:

LOR J TELOK KURAU

SKETCH PLAN

A-SJX773H

B-SHC8929H

TELOK KURAU
RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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
IDENTITY CARD NO. S0202971E

Name
FOO TOON KIM

符敦欽

Race
CHINESE

Date of Birth
07-08-1952

Sex
M

Country of Birth
SINGAPORE



1401113

NRIC No. S0202971E

Blood Group
B+

Date of issue
03-11-1993

122 YELOK KURAU ROAD
SINGAPORE 423806

NRIC No. S0202971E

Date: 14/07/2009

No. 0223436



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0202971E

Name: FOO TOON KIM

Birth Date: 07 Aug 1952

Issue Date: 21 Jun 2003

000587734G



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

CLASS	VEHICLE CLASS	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Jul 1974

NP 428A

Licence No: S0202971E



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"/>	5071916692-03		MUSLIM KIDNEY ACTION ASSOCIATION (MKAC ASSOCIATION)	T04SS0068D	GPC	drive CLASSIC	SJX773H	SJX773H	12/06/2018	11/06/2019

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	T04SS0068D
Owner ID Type:	Club/Association/Organisation
Owner Name:	MUSLIM KIDNEY ACTION ASSOCIATION (MKAC ASSOCIATION)
Registered Address:	122 TELOK KURAU ROAD SINGAPORE 423806
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SJX773H
Previous Vehicle No.:	-
Effective Date of Ownership:	19 Jun 2015
Original Regn Date:	12 May 2010
Registration Date:	12 May 2010
Year of Manufacture:	2010
Vehicle Type:	Passenger (Co) Company Car (Single Rate)
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	MR053ZEE106173488
Engine No.:	3ZZ4993431
Engine Capacity / Power Rating:	1598 cc / -
Maximum Power Output:	80.0 kW (107 bhp)
Propellant:	Petrol
Max Unladen Weight:	1195 kg
Maximum Laden Weight:	1630 kg
Open Market Value:	\$16,716.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 May 2020
Minimum PARF Benefit:	\$8,358.00
No. of Transfers:	1
IU Label No.:	1123713059
COE No.:	2010060101000081R
COE Expiry Date:	11 May 2020
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$26,102.00 / -
Actual QP Paid:	\$26,102.00
QP (Regn Cat):	\$26,102.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$26,102.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$16,716.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category A.

Print

OK

Save as PDF

Claim Handling

Accident MT/1046899

Policy No.	5071916692-03	Vehicle No.	SJX773H	GST Registration No.
Certificate No.				
Policyholder Name	MUSLIM KIDNEY ACTION ASSOCIATION (MKAC ASSOCIATION)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	30/05/2019 16:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/05/2019	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TELOK KURAU ROAD X TK LOR 3			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		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	30/05/2019 16:02:10 System changed GST Registered from Yes to No 30/05/2019 16:02:10 System changed GST Registration No. from NA to null 30/05/2019 16:02:10 System changed GST Registration Date from 01/01/2015 to null		

▼ Policyholder Mailing Address

Address 1	122 TELOK KURAU ROAD	Address 2	SINGAPORE 423806	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5071916692-04	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUSLIM
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJX773
Claim Description	SJX773H / SHC8929H ON 29 May 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/05/2019 17:45
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1046899	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2019 00:00
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:45	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:45	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:45	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2019 17:44	Photos	Normal	Photos

Video List

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