

NATIONAL Assessment Centre Services. MAA 49071902

Date In: 03/06/2009 11:59	Job description	Date & Time Completed	Done by
Ref No: N/A / 49071902 9784/4	SAS e-filing		
Veh No: SIT 4368 P	E-mail (within 2hrs, AIC 2hrs)		
DOA: 01/06/2009 12:45	I-Motor Claim Form	03/06/2009	12:45
OID: TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Whsp		

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

TP Particulars: Vch No: SCP9702Y, 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 repairer.

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

MA1904246	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2009)	
Est. 1:	6) TR: Re-inspection \$75	
2/3:	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NW: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non-INC) against INC \$20	
	9) NI: Idas Mobile \$0	
	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	03/06/2019 11:59
Date Of Accident	01/06/2019 12:45
Exact Location Of Accident	SIMS AVENUE TOWARDS NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4368P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	ASRIBINHAMZAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87545752
Alternative Phone No	OFFICE-87545752

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107027300
Cover Note Number	

### Driver

Name of Driver	ASRI BIN HAMZAH
NRIC No	S8020328D
Date Of Birth	10/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87545752
Fax Number	
Contact Number	OTHERS-87545752
EMail Address	ASRIBINHAMZAH@GMAIL.COM

Address	BLK 731 WOODLANDS CIRCLE #07-09
Postcode	730731
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 - CROSS JUNCTION
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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SLP9702Y
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHERN LOA
NRIC/Passport Number	
Contact Number	97656982
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

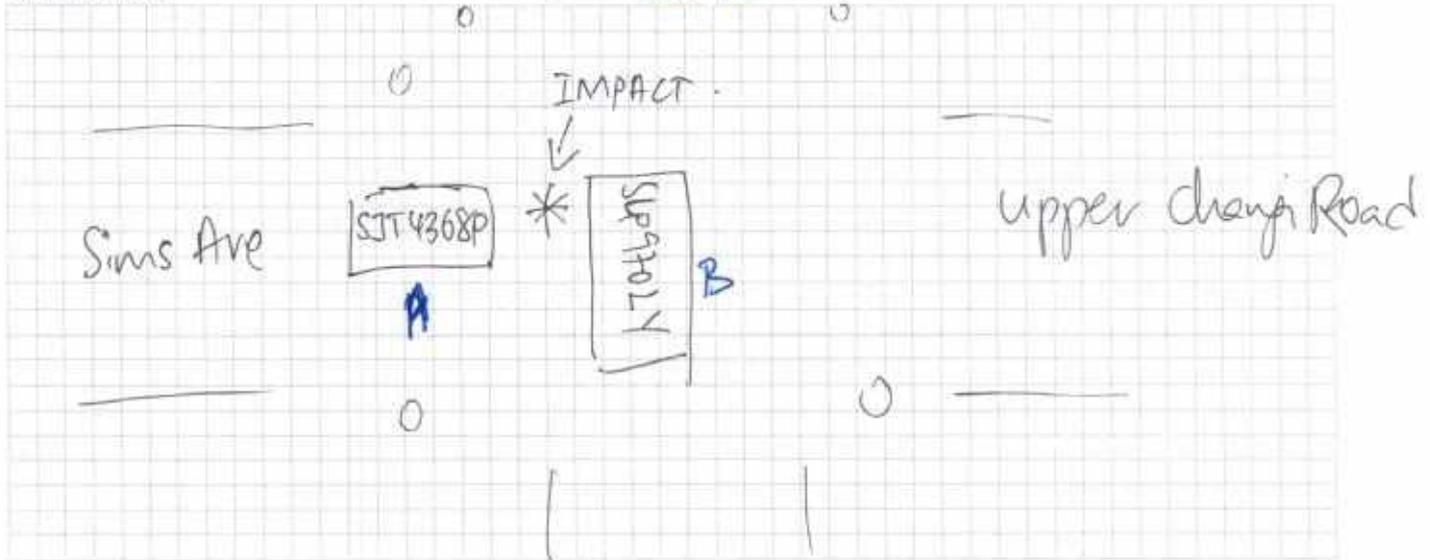


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Resh*  
NRIC/FIN No.: *W3/AB*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SIG LAP ROAD

On 01/06/19 @ 1245pm as I was driving toward upper Changi Road from Sims Ave. I knocked on vehicle Number SLP 97024 on the rear right. I notice my light was green. my car suffer damage to the front. SLP 97024 suffer damage to the back right of his vehicle. No1 was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 03/06/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Claim Handling**

Accident HT/1047288

Policy No.	310792700	Vehicle No.	SJT4368P	GST Registration No.	NA
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.	Driver Type	Third Party	Policyholder NRIC	201709236H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	87545753	Special Remark		Contact No. (Home)	
Email Address		TCA	- No Yes	eCode	No
eCN	- No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private mva	Yes

**Accident Details**

Report Date	03/06/2019 12:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	01/06/2019	Time of Accident (hh:mm)	12:45	Country of Accident	Singapore
Reporting Centre		Grange Force		ICP No.	
Accident Location	SIRS AVENUE TOWARDS NEW UPPER CHANGI ROAD				

**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	Yes	GST Registration Date	01/09/2017
GST Registration No.	201709236H	GST Status Verified	Yes
Modification History	01/06/2019 12:42:15 System changed GST Registration No. from NA to 201709236H 02/06/2019 12:42:13 System changed GST Registration Date from 01/01/2015 to 01/09/2017 03/06/2019 12:47:15 System changed GST Status verified from No to Yes		

**Policyholder Mailing Address**

Address 1	60 LEO CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore Address	Post Code	408569
Unit No.		Related Policy Number	E10982223		

**OS Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/07/1960
Unnamed Driver Name	ASRI BDN HAMZAH	Driver NRIC	S6020328D	Driving Experience	3
Register Date of Driver License	16/06/2016	Driver Age	38	Contact No. (Home)	
Contact No. (Mobile)	87545753	Contact No. (Office)		Address 1	SINGAPORE 730731
Address 1	BLK 731 #07-03	Address 2	WOODLANDS CIRCLE	Address 3	
Address 4		Address Type	Foreign address	Post Code	730731
Unit No.	07-03				
Does he own a Singapore registered car?	Yes - No	Driver Vehicle No.	SLP9702Y	Driver Insurer Company	NTUC

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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**Notification History**

Claim 901 **NEW**

Claim Type *	OD-MX	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709236H	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	8682644	
Email Address		OS Vehicle Number	SJT4368P	TP Vehicle Number	SLP9702Y	
Claim Description	SJT4368P / SLP9702Y ON 1 Jun 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Partially at Fault			
GAIA No Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GAIA report	Received	
Date Registered		Claim Close Date	03/06/2019 12:45	Date Received	03/06/2019 00:00	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

**Attachment**

Accident No.	HT/1047288	Claim No.	001																																				
Last Doc. Received	Yes - No	Upload Date	03/06/2019 12:46																																				
Path *	<table border="1"> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> </tr> </table>			Category *	Confidential	Urgency *	Description *	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	Choose File	No file chosen	Clear	Please Select	Choose File	No file chosen	Clear	Please Select
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**Attachment List**

Attachment	Updated By/Date	Category	Urgency	Description	Req Sent (CZ)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jun 2019 12:46	Photos	Normal	Photos 2019-6-3	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jun 2019 12:46	Photos	Normal	Photos 2019-6-3	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jun 2019 12:46	Photos	Normal	Photos 2019-6-3	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 12:46	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 12:46	Photos	Normal	Photos 2019-6-3
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 12:45	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-3
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-3
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-3
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 12:45	SAS	Normal	SAS 2019-6-3

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

# ACCIDENT STATEMENT

ACCIDENT DATE: (01/06/2019) (DD/MM/YYYY), TIME: (12:45) (HH:MM)

LOCATION: Sim Ave → New upper Changi Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 4368P  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HYUNDAI AVANIE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
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: SRS AUTO HOLDING PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Asri Bin Hamzah (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S60203280 CONTACT: 87545752  
c) ADDRESS: B/731 WOODLANDS CIRCUIT #01-09

\*d) DATE OF BIRTH: (10/04/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/06/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hi mate

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: SLP 9702 Y MODEL: Toyota  
b) DRIVER'S NAME: LEE Chern LOA  
c) NRIC/FIN/PASSPORT: S7913671L CONTACT: 97656982

## 9. THIRD PARTY VEHICLE

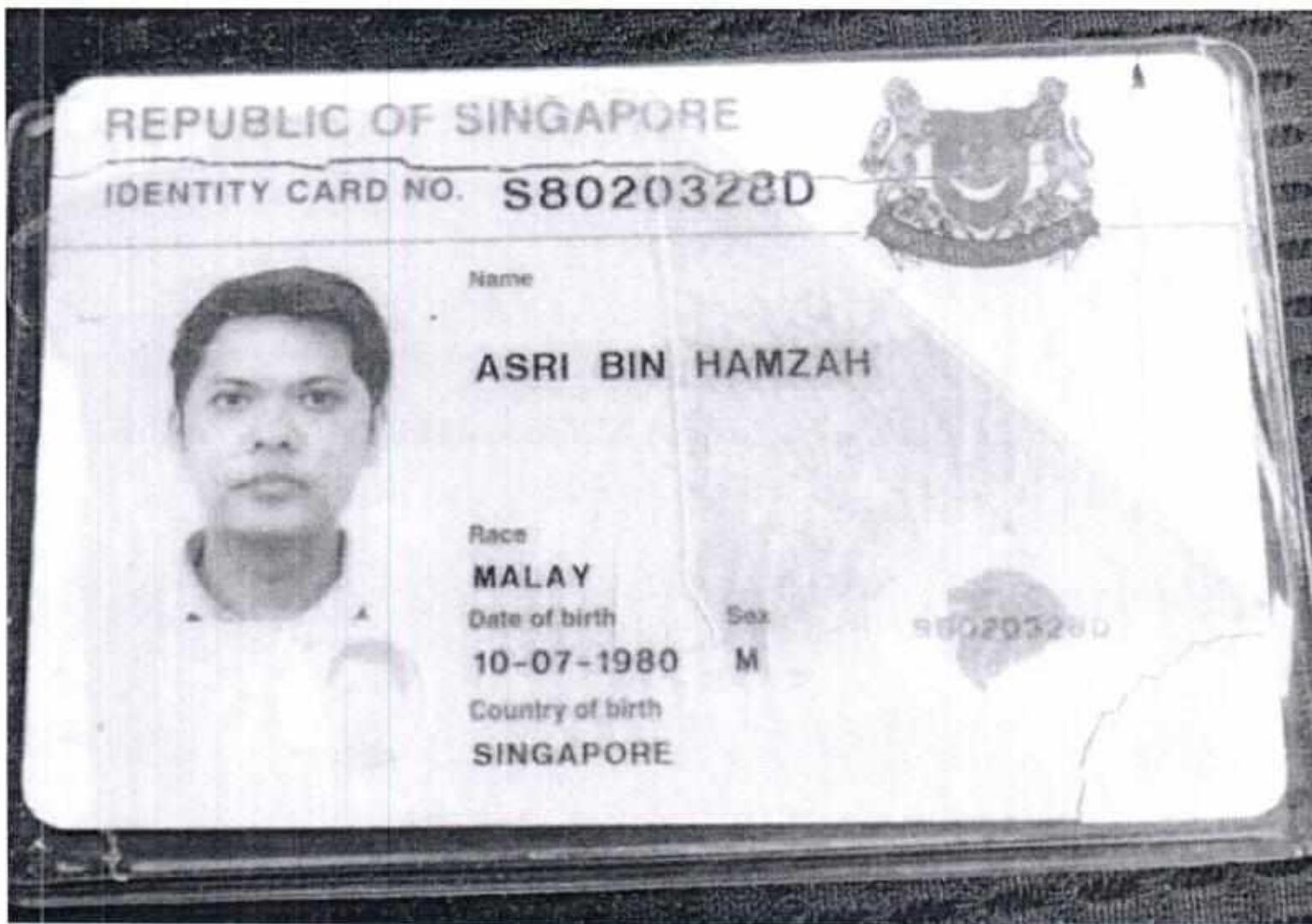
- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(3)

\* No of passenger  
(including driver)  
( )

email = asribinhamzah@gmail.com  
VIDEO



For LKK/NAC Use Only



4301003



NRIC No. S8020328D

Date of issue  
01-11-2008

APT BLK 731 WOODLANDS CIRCLE #07-09  
SINGAPORE 730731

NRIC No: S8020328D      Date: 22/02/2018

*For LKK/NAC Use Only*

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8020328D**  
Name  
**ASRI BIN HAMZAH**

Birth Date: 10 Jul 1960  
Issue Date: 21 Nov 2003

001014430C



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

CLASS	DESCRIPTION	EXPIRES
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	21 Nov 2007
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	16 Jan 2016

S / No. 9000248923

Licence No: S8020328D

NP 428A

For LKK/NAC Use Only

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107027300		SRS AUTO HOLDINGS PTE. LTD.	201709236H	GPC	Third Party	SJT4368P	SJT4368P	14/01/2019	11/10/2019

Continue