

# NATIONAL Assessment Centre Services

[cont. 1 Jan 2019]

Date In: 06/06/2019 15:37	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19009992/14	SAS e-filing		
Veh No: SLD 1275D	E-mail (within 8hrs, AIC 2hrs)		
DOA: 05/06/2019 17:40	I-Motor Claim Form	MT/1047922-001	7/6/19/1016
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars: Veh No: SJQ2235T 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:

7/6/19 GUNET TO PRINT E-BOV

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cal. 1:

Cal. 2/3

1/1/18

NA1904097

## Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: 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 2019)

6) TR: Re-inspection \$75

7) N1: Idm DA + SMRT Survey \$160

8) NTUC Additional Services:

1211

\*N3: 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: Idm Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

07-MAY-2019 18:39



## 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	06/06/2019 15:37
Date Of Accident	05/06/2019 17:40
Exact Location Of Accident	BLK 10A ( MULTISTOREY CARPARK ) BEDOK SOUTH AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1275D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUSA BIN PAIMAN
NRIC No	S1585646G
Email Address	MUSA.PAIMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98630143
Alternative Phone No	OTHERS-98630143

### Vehicle Particulars

Manufacturer	HONDA
Model	-
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	5080953167-03
Cover Note Number	

### Driver

Name of Driver	MUSA BIN PAIMAN
NRIC No	S1585646G
Date Of Birth	11/08/1963
Occupation	INDOOR
Date Of Driving Pass	15/12/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98630143
Fax Number	
Contact Number	OTHERS-98630143
Email Address	MUSA.PAIMAN@GMAIL.COM

Address	BLK 9 BEDOK SOUTH AVENUE 2 #04-528
Postcode	460009
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	CHAIN COLLISION
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	3
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

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	SJQ2235T
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH MAY LENG
NRIC/Passport Number	S1795182C
Contact Number	96530137
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFW3263X
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Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL QADIR
NRIC/Passport Number	
Contact Number	97365804
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.
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.:

6/6/2019



# SKETCH PLAN

- (A) SLD127SD
- (B) SJQ 2235T
- (C) SPW 3263X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened when no one was in the car (A). Car (A) & car (B) were stationary parked in the lots (sketched in the diagram above). When I was there, vehicle (B) had already collided to my car (A) right side.

No one was inside car (B) too.

Vehicle (C) was no where to be found.

However, a traffic police was present and told us what happened.

He even told us the car (C) which hit onto vehicle (B) ~~was~~ was outside

the multistorey carpark. I went outside to take photos of car (C).

we were advised by the traffic police to

We exchange particulars thereafter.

## 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:

6/6/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

PERSONAL PARTICULARS

Date of Accident: 05 / 6 / 2019

Time of Accident: 5 : 40 (24hrs) pm

Vehicle No: SLD 1275 D

Vehicle Make/Model: Honda Vezel

Exact Location of Accident: 10A multi-storey carpark (Bedok South Ave 2)

Owner's Name/NRIC: Musa Bin Paiman I/c No: S1585646G

Driver's Name/NRIC: Musa Bin Paiman I/c No: S1585646G

Driver's Contact: 98630143

Insurance Co & Policy No: NTUC Ins: 5080953167-03

Driver's Email Address: musa.paiman@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: hancarrepairs@gmail.com

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No

If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Koh May Leng I/c 1795182/c

Vehicle No: SJA 2235 T Mazda

Insurance Company: \_\_\_\_\_

Driver's Contact: 96530137

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): SFW 3263 X Honda Abdul Qadir (97365804)

Independent Witness (if Any): \_\_\_\_\_

Contact: \_\_\_\_\_

Preferred Workshop (if Any): \_\_\_\_\_

Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S1585646G



Name  
**MUSA BIN PAIMAN**  
موسى بن پايمن  
Race  
**JAVANESE**  
Date of Birth  
**11-08-1963** Sex  
**M**  
Country of Birth  
**SINGAPORE**

S1585646G

**REPUBLIC OF SINGAPORE** DRIVING LICENCE



Licence Number **S1585646G**  
Name  
**MUSA BIN PAIMAN**  
Birth Date: **11 Aug 1963**  
Issue Date: **22 Nov 2003**

001015284E

1023645



NRIC No. **S1585646G**



Blood Group Date of issue  
**A+ 12-06-1993**

Address  
**APT BLK 9 BEDOK SOUTH AVENUE 2  
#04-528  
SINGAPORE 1646**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	02 Jun 1984
Class 2A	Motorcycles between 201 cc and 400 cc	04 Sep 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Dec 1983
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	26 Oct 1988
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	24 Nov 1988



NP 428A



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate Number:</b> 5080953167-03	<b>Cover:</b> drive PREMIUM
1. Index mark and Registration Number of Vehicle	: SLD1275D
Chassis Number	: RU11117110
2. Name of Policyholder	: MUSA BIN PAIMAN
3. Effective Date of Insurance	: 02 Jun 2019
4. Expiry Date of Insurance	: 01 Jun 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
<b>This Policy does not cover</b>	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or speed-testing.	
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(d) Use for any purpose in connection with the Motor Trade.	
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUSA BIN PAIMAN
NAMED DRIVER (1)	: MUHAMMAD ZIKRI BIN MUSA
NAMED DRIVER (2)	: SOKMAWATI BTE SULAIMAN
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CAR TIMES INSURANCE AGENCY PTE. LTD. (00000571584)  
 Date of Issue : 06 May 2019 12:42 hrs  
 Reprint : 06 May 2019 12:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

[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="05/06/2019 17:40"/>							
Vehicle No. (For Motor)	<input type="text" value="SLD1275D"/>	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"/>	5080953167-03		MUSA BIN PAJMAN	S1585646G	GPC	drive PREMIUM	SLD1275D	SLD1275D	02/06/2019	01/06/2020
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5080953167-03	Policyholder Name	MUSA BIN PAIMAN	Policyholder NRIC	S1585646G
Certificate No.					
Address	BLK 9 #04-528 BEDOK SOUTH AVENUE 2 SINGAPORE 460009				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	06/05/2019	Effective Date	02/06/2019 00:00	Expiry Date	01/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CAR TIMES INSURANCE AGENC	Agent Tel.	68415111	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 9 #04-528	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460009
Address 4		Address Type	Singapore address	Post Code	460009
Unit No.		Related Policy Number	5080953167-03		

## Insured Object: SLD1275D

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel