

# NATIONAL Assessment Centre Services

[Ref: 1 Jan/05]

Date In: 07/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19010093/13	SAS e-filing		
Veh No: 5LF7473A	E-mail (within 8hrs, AIC 2hrs)		
DOA: 07/06/19 1010	i-Motor Claim Form	MT/1048060-801	
OD (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: XDP216L	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

NA1904285

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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 30			
	Invoice dated	Fee Charged		
	Revision dated			

## Auditors' Comments :-

Cal. 1:

Cal. 2/3:



## 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	07/06/2019 16:38
Date Of Accident	07/06/2019 10:10
Exact Location Of Accident	JUNC OF WOODLANDS AVE 8 & WOODLANDS IND PARK E3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7473A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAHNIN RENTALS
Co Reg No	53371992E
Email Address	MOHD.SHAHRIN1979@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87837754

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	5095739017-01
Cover Note Number	

### Driver

Name of Driver	MOHAMAD SHAHRIN BIN OTHMAN
NRIC No	S7913728F
Date Of Birth	25/05/1979
Occupation	INDOOR
Date Of Driving Pass	03/05/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87837754
Fax Number	
Contact Number	
Email Address	MOHD.SHAHRIN1979@GMAIL.COM

Address	BLK 617B PUNGOL DRIVE #02-805
Postcode	822617
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8216L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIVA RAMAJAYAM
NRIC/Passport Number	F7646923R
Contact Number	81150860
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.

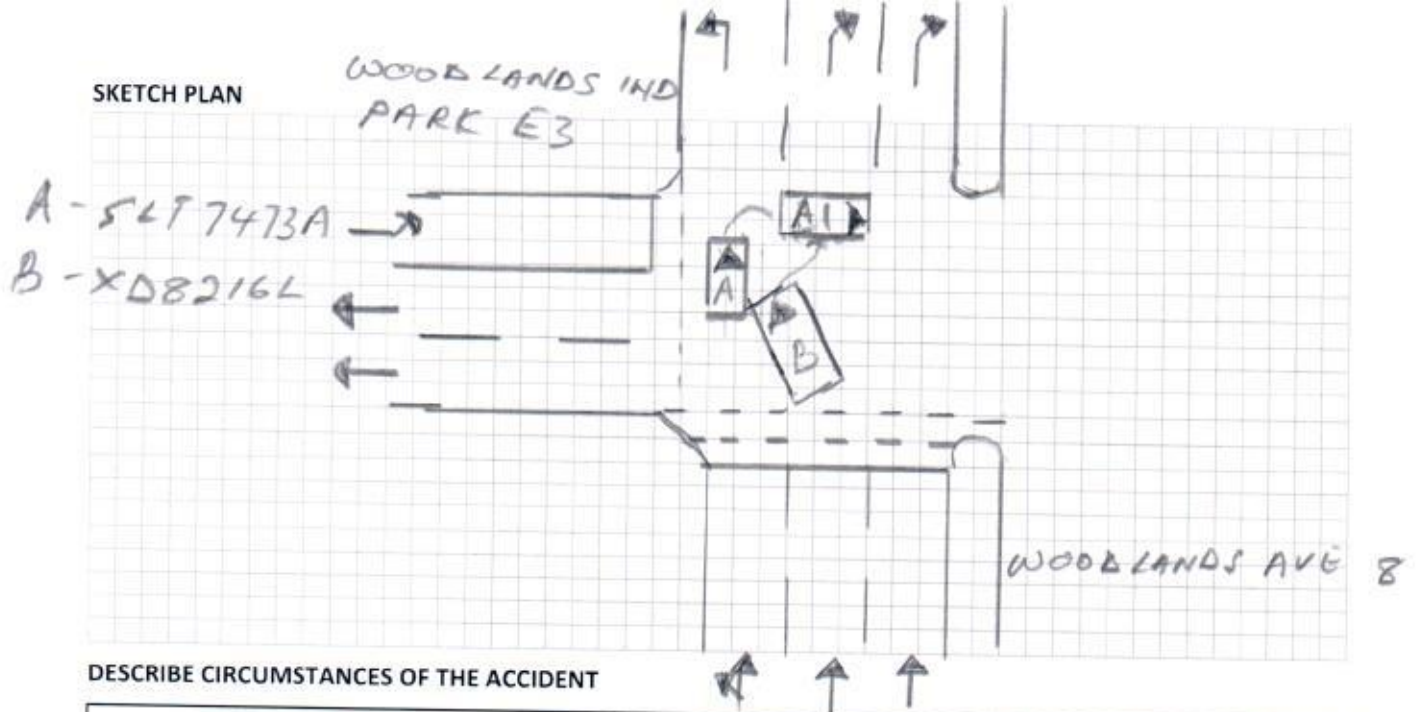


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the attached 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.:

I WAS TRAVELLING FROM WOODLANDS AVE 8 TWDS ADMIRALTY RD WEST ON THE EXTREME LEFT LANE. SUDDENLY VEH (B) BEARING REG NO XD8216L FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH. AFTER THE IMPACT MY VEH SPIN AT THE MIDDLE LANE AND THERE'S ANOTHER IMPACT HIT ON MY RIGHT SIDE PORTION OF MY VEH.



# ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 06 / 2019) (DD/MM/YYYY), TIME: (10 : 10) (HH:MM)

LOCATION: Woodlands Ave 8 near to Admiralty Road West

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT7473A  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5095739017-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Suzuki Swift RS Hybrid 1.2 L  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) Hatchback  
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

- Shahrin Rentals  
a) NAME: Mohamad Shahrin Bin عثمان (MALE) FEMALE  
b) NRIC/FIN/PASSPORT: 57913728P CONTACT: 87837754  
c) ADDRESS: 617B Punggol Drive #02-805  
S(822617)

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

## DRIVER

- a) NAME: Mohamad Shahrin عثمان (MALE) FEMALE  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\*d) DATE OF BIRTH: (25 / 05 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 yrs

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) drizzling  
b) ROAD SURFACE: (DRY / WET / OTHERS) dry

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: XD 8216 L MODEL:  
b) DRIVER'S NAME: Siva Ramajayam  
c) NRIC/FIN/PASSPORT: F 7646923R CONTACT: 8115 0860

## 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)  
(1)

\* No of passenger  
(including driver)  
( )

07/06/19  
waiting for  
company  
stamp ✓

Email = mohd-shahrin1979@gmail.com  
fax =  
video =

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7913728F**  
 Name: **MOHAMAD SHAHRIN BIN OTHMAN**

Birth Date: **25 May 1979**  
 Issue Date: **03 May 2007**

001494994A




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7913728F**

Name: **MOHAMAD SHAHRIN BIN OTHMAN**  
 محمد شهرين بن عثمان

Race: **MALAY**  
 Date of birth: **25-05-1979** Sex: **M**  
 Country of birth: **SINGAPORE**

For LKK/NAC Use Only

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

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **03 May 2007**

Licence No: **S7913728F**

NP 428A

4428864

NRIC No: **S7913728F**

Date of issue: **13-07-2009**

APT BLK 617B PUNGGOL DRIVE #02-805  
 SINGAPORE 822617

NRIC No: **S7913728F** Date: **15/01/2013** No: **7245475**





Hello, NAC\_PAYA\_UBI\_800601

[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="07/06/2019 10:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SLT7473A"/>	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"/>	5095739017-01		SHAHNIN RENTALS	53371992E	GPC	drivo CLASSIC	SLT7473A	SLT7473A	04/01/2019	08/11/2019
<input type="button" value="Continue"/>										

Accident MT/1048060

Policy No.	5095739017-01	Vehicle No.	SLT7473A	GST Registration No.
Certificate No.				
Policyholder Name	SHAHNIN RENTALS			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87837754	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(%)	10	Private Hire

### ▼ Accident Details

Report Date	07/06/2019 17:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/06/2019	Time of Accident hh:mm	10:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF WOODLANDS AVE 8 & WOODLANDS IND PARK E3			

▼ **Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unearned Driver Excess		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	07/06/2019 17:42:39 System changed GST Status Verified from No to Yes		

#### ▼ Policyholder Mailing Address

Address 1	BLK 617B #02-805	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 822617	Address Type	Singapore address	Post Code
Unit No.	02-805	Related Policy Number	5095739017-01	

## OI Driver Info

Driver Name	MOHAMAD SHAHRIN BIN OTHMAN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7913728F	Driver DOB
Register Date of Driver License	03/05/2007	Driver Age	40	Driving Experience
Contact No.(Mobile)	87837754	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 617B	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 822617	Address Type	Singapore address	Post Code
Unit No.	#02-805			
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?	Yes	No
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#### Modification History

Claim 001 OD-MX

**New**

Claim Type *	OD-MX		Insured Name	SHAHR
Contact No.(Mobile)			Contact No. (Home)	NIL
Email Address			O1 Vehicle Number	SLT747
Claim Description	SLT7473A / XD8216L ON 7 Jun 2019			
Preferred Workshop		Insured Liability	Not at Fault	
Repair No.	Preferred	Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes		Received	
Date Registered				Claim Close Date
				07/06/2019 17:47
Report Taken By				Workshop Repairer
				ROSLINDA



Save Submit

## Attachment

Accident No. MT/1048060 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 07/06/2019 00:00

Path \*

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
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 Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:46	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:46	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:44	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2019 17:43	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading