

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 25/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011230/13	SAS e-filing		
Veh No: SLV3752X	E-mail (w/ 8hrs, AIC 2hrs)		
DOA 14/06/19 1915	i-Motor Claim Form	MT/1049463-	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:
TP Particulars:	Veh No: SHC 6275Z	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

NA1904777	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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:-			
QC Checked by (Engr-In-Charge):	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			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	25/06/2019 17:52
Date Of Accident	14/06/2019 19:15
Exact Location Of Accident	TAMPINES AVE 7 SLIP RD INTO TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3752K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SYED SAGAFF BIN SYED IDRUS ALJOFERI
NRIC No	S1583134J
Email Address	ALJOFERI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96389399
Alternative Phone No	OTHERS-96389399

### Vehicle Particulars

Manufacturer	BMW
Model	523i
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098299029-01
Cover Note Number	

### Driver

Name of Driver	SYED SAGAFF BIN SYED IDRUS ALJOFERI
NRIC No	S1583134J
Date Of Birth	14/10/1963
Occupation	INDOOR
Date Of Driving Pass	24/12/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96389399
Fax Number	
Contact Number	OTHERS-96389399
Email Address	ALJOFERI@GMAIL.COM

Address	109 SEAGULL WALK
Postcode	486704
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	AFTER RAIN
Road Surface	WET

#### 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:	NOT ACTIVATE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6275Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUHAMMAD HAFIDZ BIN KHALID
NRIC/Passport Number	S7702643F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



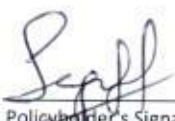
## SKETCH PLAN

### 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.**
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:

24/6/2019

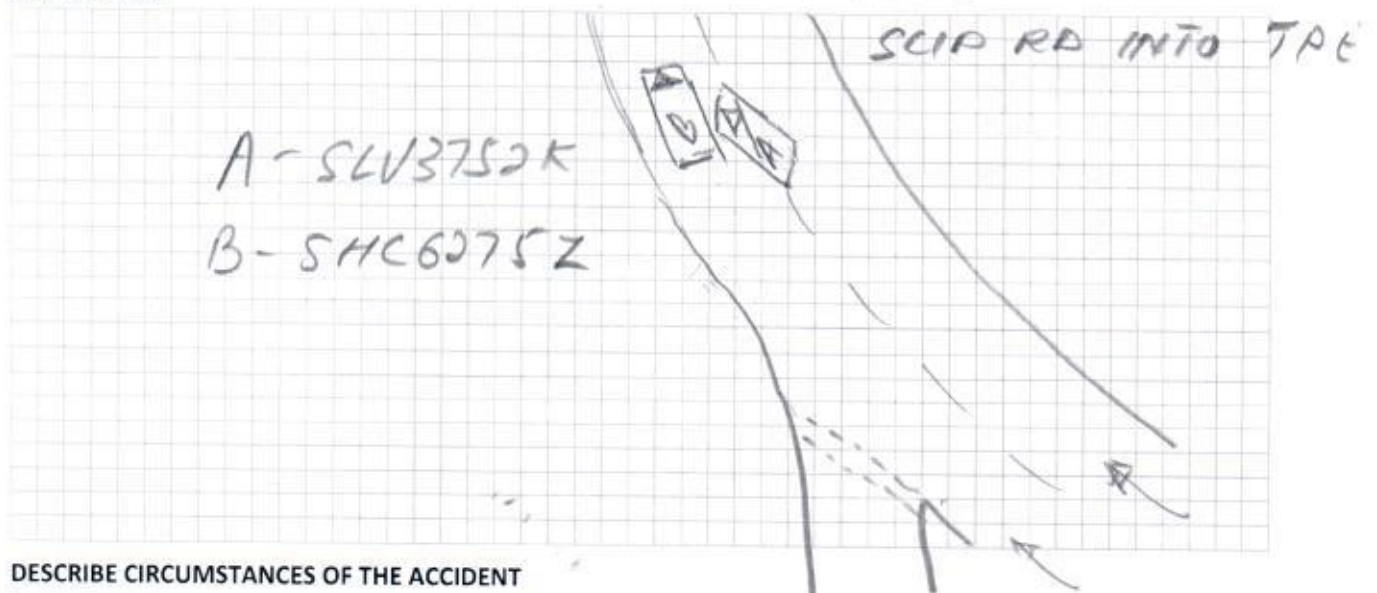
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

24/6/2019

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

 25/06/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I WAS TRAVELLING FROM TAMPINES AVE 7 SLIP INTO TPE ON THE EXTREME RIGHT LANE. INFRT OF MY LANE THERE WAS A ROAD WORKS AND I FILTERED MY VEH TO THE LEFT LANE. WHILE CHANGING LANE MY VEH WAS HIT BY VEH(B) BEARING REG NO SHC6275Z. THERE WAS NO INJURIES TO BOTH PARTIES.



# ACCIDENT STATEMENT

ACCIDENT DATE: 14/6/2019 (DD/MM/YYYY), TIME: 07:15 (HH:MM)

LOCATION: Steeve Rd off Tarpines Ave 7

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV3752K  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 523i  
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: Syed Sagoff bin Syed Idrus Alpfari (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1583134J CONTACT: \_\_\_\_\_  
c) ADDRESS: 109, Seagull Walk

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

### DRIVER

- a) NAME: Syed Sagoff bin Syed Idrus Alpfari (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1583134J CONTACT: 96389399  
c) ADDRESS: 109, Seagull Walk SC486704

\*d) DATE OF BIRTH: 14/10/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6 years

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS clear after rain)  
b) ROAD SURFACE: (DRY / WET / OTHERS Wet)

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: SHC 62752 MODEL: Kia  
b) DRIVER'S NAME: Muhammad Hafid bin Khalid  
c) NRIC/FIN/PASSPORT: S7702643F CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

camera not activate

email = alpfari@gmail.com

fax =

video =

24/06/19  
waiting for  
veh

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1583134J

Name: SYED SAGAFF BIN SYED IDRUS ALJOFERI

Birth Date: 14 Oct 1963

Issue Date: 24 Dec 2013

0022593278

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1583134J

Name: SYED SAGAFF BIN SYED IDRUS ALJOFERI

سید سگاف بن سید عیدروس الجفري

Race: ARAB

Date of birth: 14-10-1963

Sex: M

Country of birth: SINGAPORE

4873313

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

EFFECTIVE DATE: 24 Dec 2013

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

NP 428A

Licence No: S1583134J

For LKK/NAC Use Only

4873313

NRIC No: S1583134J

Date of issue: 21-08-2012

100 SEAGULL WALK  
SINGAPORE 486704

NRIC No: S1583134J

Date: 12/01/2017



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 checked="" type="radio"/>	5098299029-01		SYED SAGAFF BIN SYED IDRUS ALJOFERI	S15831341	GPC	drive CLASSIC	SLV3752K	SLV3752K	28/04/2019	27/04/2020

Our Ref: MT/CA/TP/001/1049463-001/CY/VU

18 Jun 2019

SYED SAGAFF BIN SYED IDRUS ALJOERI  
109 SEAGULL WALK  
SINGAPORE 486704

Dear Policyholder

**CLAIM NUMBER: MT/1049463-001**

**ACCIDENT INVOLVING SLV3752K / SHC6275Z on 14 Jun 2019**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



## Claim Handling

## Accident MT/1049463

Policy No.	5098299029-01	Vehicle No.	SLV3752K	GST Registration No.
Certificate No.				
Policyholder Name	SYED SAGAFF BIN SYED IDRUS ALJOFFER			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 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	18/06/2019 11:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/06/2019	Time of Accident hh:mm	20:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP OF TAMPINES AVE 7 INTO TPE/CHANGI			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	109 SEAGULL WALK	Address 2	SINGAPORE 486704	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-253	Related Policy Number	S110017550	

## ▼ OI Driver Info

Driver Name	SYED SAGAFF BIN SYED IDRUS ALJOFFER	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1583134J	Driver DOB
Register Date of Driver License	24/12/2013	Driver Age	55	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	109 SEAGULL WALK	Address 2	SINGAPORE 486704	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-253			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	SYED S
Contact No.(Mobile)	96389399	Contact No. (Home)	NIL
Email Address	ALJOFFER1@GMAIL.COM	OI Vehicle Number	SLV375
Claim Description	SLV3752K / SHC6275Z ON 14 Jun 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			25/06/2019 18:16
			Claim Close Date

Report Taken By

ROSLINDA

Workshop  
Repairer

Print AK letter

Save

Submit

## Attachment

Accident No.	MT/1049463	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/06/2019 00:00
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:16	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:16	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2019 18:15	Photos	Normal	Photos

## Video List

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