

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 05/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011895/13	SAS e-filing		
Veh No: SJQ23244	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 04/07/19 0910	i-Motor Claim Form	MT/1052100 - 001	
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: (CARWAY) Tel: () Fax: ()

TP Particulars: Veh No: SLN73406 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)

Remarks:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		

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	05/07/2019 09:27
Date Of Accident	04/07/2019 09:10
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ2324U
Insured/Policyholder	
Name Of Registered Owner	HENDRA DJUNAIDY BIN AMAT SAHAR
NRIC No	S8216639D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82014792
Alternative Phone No	OTHERS-82014792

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	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	5109216485
Cover Note Number	

Driver

Name of Driver	SITI RAHILAH BINTE MOHAMED RUMLAN
NRIC No	S8426511Z
Date Of Birth	21/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82014792
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 615A EDGEFIELD PLAINS #06-327
Postcode	821615
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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: : NORDIANA BINTE MA'AROF GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190704/7011

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	SLN7340G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SITI RAHILAH BINTE MOHAMED RUMLAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJQ2324U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NORDIANA BINTE MA'AROF
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SJQ2324U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 4/7/19.

 05/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

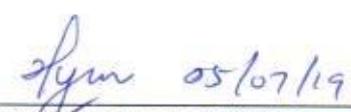
pls refer to the police report: 7/20190704/7011

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: 4/7/19.


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



GEMS

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Woodlands Avenue 12

Map of Company

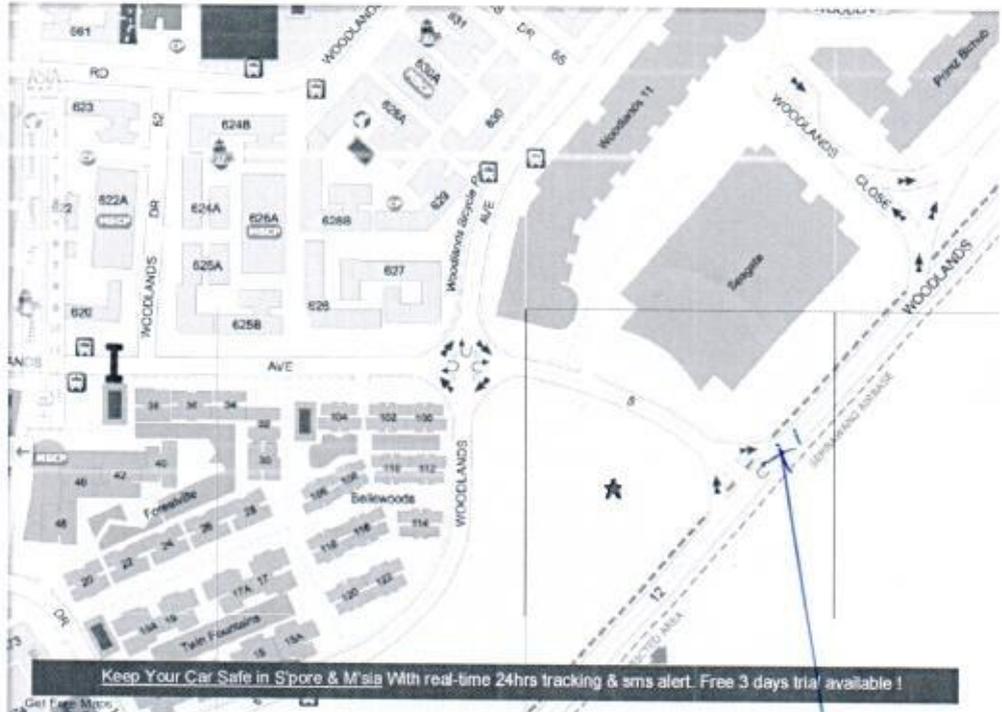
Woodlands Avenue 12

Map Directions

- Map
- Building Directory
- What's Nearby
- Get Tips
- Getting Here



5 Things You Shouldnt Do If Hes Cheating On You



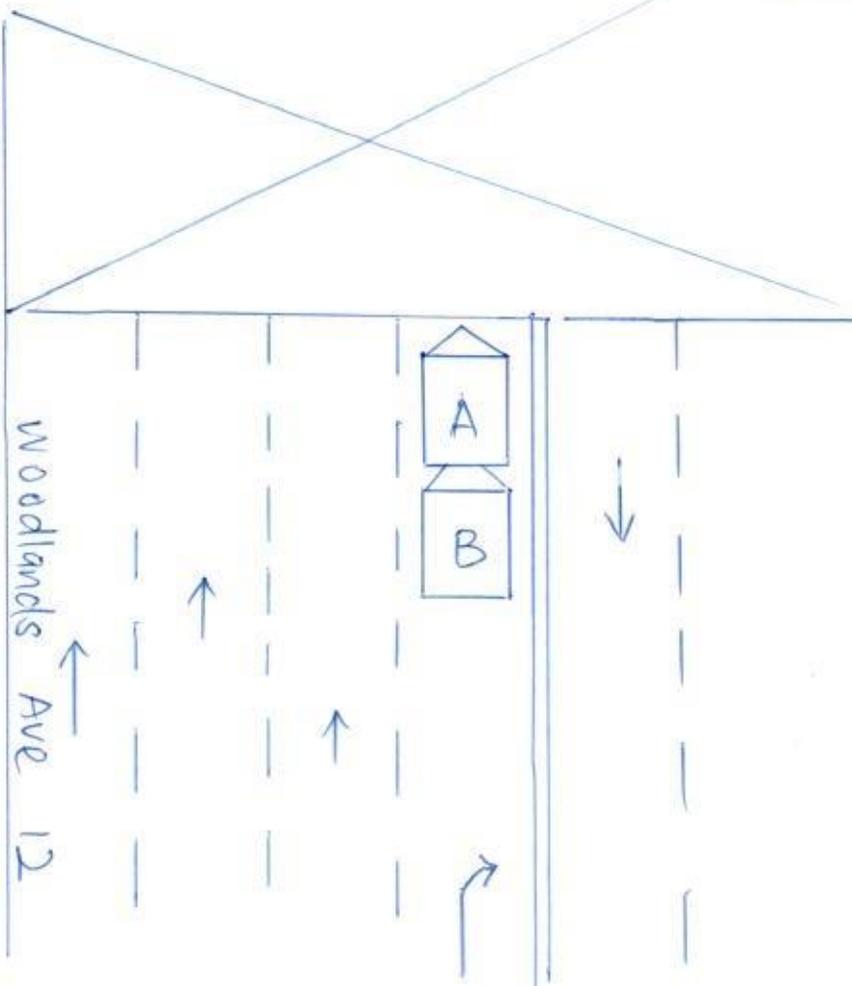
Keep Your Car Safe in S'pore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Accident site

Woodlands Ave 5

A - SJQ 2324 U

B - SLN 7340 G



[Signature]
 584265117

Accident Statement

On 4th of July 2019, at around 0910Hrs, my vehicle (SJQ2324U) was stationary at the junction of Woodlands Ave 12 and Woodlands Ave 5. While waiting for the traffic lights to turn "Green", suddenly a vehicle (SLN7340G) hit onto the rear of my vehicle. I want to state that my vehicle was stationary when the accident happened. I'm making a third party claim.



Name: Siti Rahilah Binte Mohamed Rumlan
NRIC: S8426511Z



**SINGAPORE
POLICE FORCE**



T/20190704/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190704/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2019 16:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SITI RAHILAH BINTE MOHAMED RUMLAN			Address: APT BLK 615A EDGEFIELD PLAINS #06-327 SINGAPORE 821615		
ID Type / ID No.: NRIC NO / S8426511Z			Contact No.:		Mobile: 82014792
Nationality: SINGAPORE CITIZEN			Email: baby_gerl16@yahoo.com		
Sex: Female	Age: 34	Date of Birth: 21/09/1984	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2019 09:10	Type of Location: T-Junction
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ2324U	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190704/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190704/7011

CONTINUATION OF REPORT

Passenger			
Name	NORDIANA INTE MA'AROF <i>(PASSENGER)</i>	ID No.	S8300130E
Related Vehicle	SJQ2324U (Car)	Contact No.	92200959
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	SITI RAHILAH BINTE MOHAMED RUMLAN	ID No.	S8426511Z
Related Vehicle	SJQ2324U (Car)	Contact No.	82014792
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL <i>SCISSOR</i>

Brief Details.

On 04/7/2019 at around 0910hrs, my vehicle was stationary at the traffic lights junction of Woodlands Ave 12 and Woodlands Ave 5. While waiting for the traffic lights to turn "green", suddenly a vehicle (SLN7340G) hit onto the rear of my vehicle. I want to state that my vehicle was stationary when the accident happened.



**SINGAPORE
POLICE FORCE**



T/20190704/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190704/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
STEPHANIE, CHEUNG TSZ YING
Contact No.: 90020518

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
04/07/2019 16:14

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8426511Z



Name

SITI RAHILAH BINTE MOHAMED
RURLAN

سیتی رهیلہ بنت محمد روملان

Race

BOYANESE

Date of birth

21-09-1984

Country/Place of birth

SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8426511Z

Name

SITI RAHILAH BINTE
MOHAMED RURLAN

Birth Date: 21 Sep 1984

Issue Date: 14 Dec 2004

For LKK/NAC Use Only



5379317



NRIC No. S8426511Z



For LKK/NAC Use Only

Date of issue
07-11-2014

Address

APT BLK 615A EDGEFIELD PLAINS
#06-327
SINGAPORE 821615

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

PASS DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers,
exclusive of the driver; and motor tractors
/vehicles \leq 2500 kg

14 Dec 2004

For LKK/NAC Use Only



Licence No. S8426511Z

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8216639D



Name

HENDRA DJUNAIDY BIN AMAT
SAHAR

For LKK/NAC Use Only

Race

JAVANESE

Date of birth

26-05-1982

Sex

M

S8216639D

Country of birth

SINGAPORE

5046679



NRIC No S8216639D



For LKK/NAC Use Only

Date of issue

07-06-2012

Address

APT BLK 615A EDGEFIELD PLAINS
#06-327
SINGAPORE 821615

Claim Handling

Accident MT/1052100

Policy No.	5109216485	Vehicle No.	SJQ2324U	GST Registration No.
Certificate No.				
Policyholder Name	HENDRA DJUNAIDY BIN AMAT SAHAR			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	82014792	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	05/07/2019 17:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/07/2019	Time of Accident hh:mm	09:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS AVE 12			

▼ 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	BLK 615A #06-327	Address 2	EDGEFIELD PLAINS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109216485	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SITI RAHILAH BINTE MOHAMED	Driver NRIC	S8426511Z	Driver DOB
Register Date of Driver License	14/12/2004	Driver Age	34	Driving Experience
Contact No.(Mobile)	82014792	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 615A	Address 2	EDGEFIELD PLAINS	Address 3
Address 4	SINGAPORE 821615	Address Type	Singapore address	Post Code
Unit No.	#06-327			
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HENDR
Contact No.(Mobile)	82014791	Contact No. (Home)	
Email Address	HENDRAILA@YAHOO.COM.SG	OI Vehicle Number	SJQ232
Claim Description	SJQ2324U / SLN7340G ON 4 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
		Claim Close Date	05/07/2019 17:33

Report Taken By

ROSILINDA

Workshop
Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1052100 Claim No. 001
 Last Doc. Received Yes No Upload Date 05/07/2019 00:00

- Choose File No file chosen
- Message Read

Path *

Category *

Confidential

- Clear

- Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:33	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:32	Photos	Normal	Photos

Video List

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