

NATIONAL Assessment Centre Services:

[wef 1 Jan 05] **NA1190584**

Date In: 11/7/19-13:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC190584/24	SAS e-filing		
Veh No: 509422R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/7/19-04:35	i-Motor Claim Form	11/10/19 09:33 am	11/7/19 14:18
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Vch No: **509422R** 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: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est. 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			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Cat. 2 / 3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile \$30			
	ON*			
	*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			
	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	11/07/2019 13:53
Date Of Accident	11/07/2019 04:35
Exact Location Of Accident	JB CUSTOM TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9472R
Insured/Policyholder	
Name Of Registered Owner	ARIFFIN BIN ABDUL RAHMAN
NRIC No	S1466453Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90185598
Alternative Phone No	OFFICE-90185598

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	5104145598
Cover Note Number	

Driver

Name of Driver	MUHAMED EFFENDI BIN ARIFFIN
NRIC No	S9339563H
Date Of Birth	23/10/1993
Occupation	INDOOR
Date Of Driving Pass	12/04/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87507619
Fax Number	
Contact Number	OFFICE-87507619
EMail Address	NOEMAIL

Address	BLK 298C COMPASSVALE STREET #14-74
Postcode	543298
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS QUEUEING TO ENTER TO JB CUSTOMS. AS FRONT VEHICLE WAS STATIONARY STOPPED. AS I WANTED TO MERGED OUT A LITTLE, I TURN ON MY VEHICLE INDICATOR LIGHT. VEHICLE B WAS TOO CLOSE TO FRONT VEHICLE. WHEN MY VEHICLE INCH OUT 3 QUARTER OF THE LANE, VEHICLE B INCH FORWARD AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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	SJV1929E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO AH CHYE
NRIC/Passport Number	S6946388F
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.
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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**.
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:

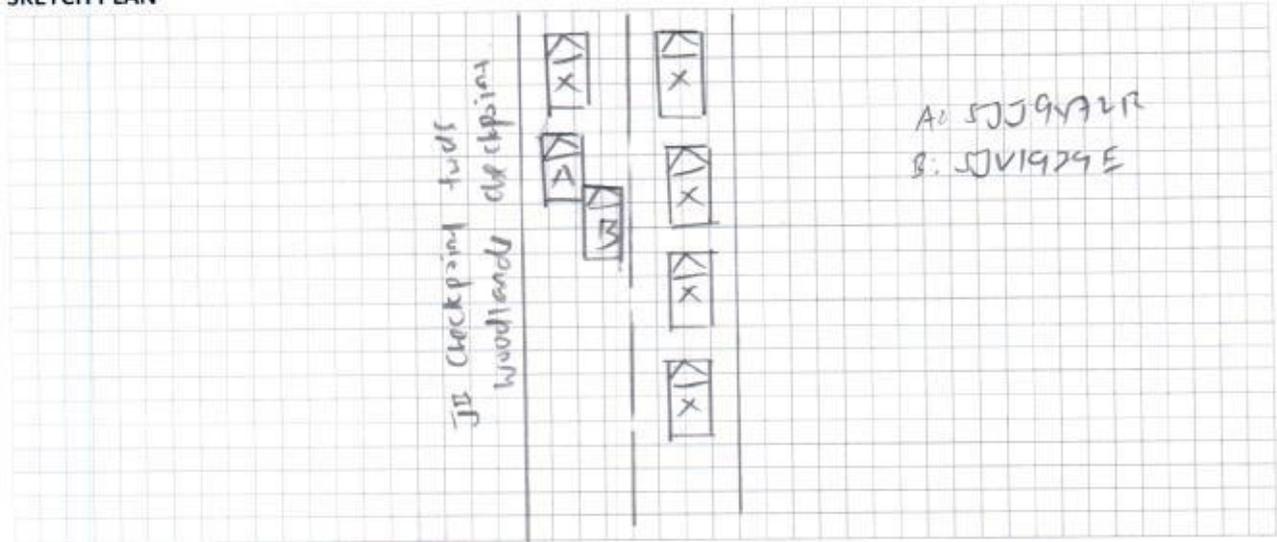


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9339563H



Name:

MUHAMED EFFENDI BIN ARIFFIN

Race:

MALAY

Date of birth:

23-10-1993

Country/Place of birth:

SINGAPORE

Sex:

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9339563H

Name:

MUHAMED EFFENDI BIN
ARIFFIN

Birth Date: 23 Oct 1993

Issue Date: 18 Mar 2015



002407072J



5401674



NRIC No. S9339563H



Date of issue:

01-12-2014

Address:

APT BLK 298C COMPASSVALE STREET
#14-74
SINGAPORE 543298

For LKK/NAC Use Only

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

C Class 2B	Motorcycles <= 200 CC	15 Aug 2013
Class 2A	Motorcycles between 201 CC and 400 CC	21 Apr 2015
Class 1	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Apr 2018

S / No. 9000306322

S9339563H

NP 428A



Licence No: S9339563H

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104145598		ARIFFIN BIN ABDUL RAHMAN	S1466453Z	GPC	drive CLASSIC	SJ9472R	SJ9472R	26/09/2018	28/09/2019

Continue

Policy Information

Policy No.	5104145598	Policyholder Name	ARIFFIN BIN ABDUL RAHMAN	Policyholder NRIC	S1466453Z	
Certificate No.						
Address	BLK 298C #14-74 COMPASSVALE STREET SINGAPORE 543298					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy Issue Date	24/09/2018	Effective Date	26/09/2018 00:00	Expiry Date	28/09/2019 23:59	
Excess Type	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	KA-HUP VEHICLES TRADING	Agent Tel.	64589997	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

Policyholder Mailing Address

Address 1	BLK 298C #14-74	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 543298
Address 4		Address Type	Singapore address	Post Code	543298
Unit No.		Related Policy Number	5104145598		

Insured Object: SJJ9472R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 26 Sep 2018, the following amendment(s) is/are made to this policy: MAIN DRIVER: ARIFFIN BIN ABDUL RAHMAN</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 26 Sep 2018 TO 28 Sep 2019 In view of this amendment, an additional premium of \$14.18 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>
2	28/03/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue Cancel

Claim Handling

Exit

Accident MT/1052933

Policy No.	S104145598	Vehicle No.	SJ39472R	GST Registration No.	
Certificate No.					
Policyholder Name	ARIFFIN BIN ABDUL RAHMAN	Policyholder NRIC	S1466453Z		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90185598	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
WPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	11/07/2019 14:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/07/2019	Time of Accident (hh:mm)	04:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	36 CUSTOM TWDS WOODLANDS CHECKPOINT				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 298C #14-74	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 543298
Address 4		Address Type	Singapore address	Post Code	543298
Unit No.		Related Policy Number	S104145598		
01 Driver Info					
Driver Name	MUHAMED EFFENDI BIN ARIFFIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9339563H	Driver DOB	23/10/1993
Register Date of Driver License	12/04/2018	Driver Age	25	Driving Experience	1
Contact No.(Mobile)	87507619	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 298C	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 543298
Address 4		Address Type	Singapore address	Post Code	543298
Unit No.	14-74				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	ARIFFIN BIN ABDUL RAHMAN	Insured NRIC	S1466453Z
Contact No.(Mobile)	96926414	Contact No.(Home)	53844098	Contact No.(Office)	
Email Address		Of Vehicle Number	SJ39472R	TP Vehicle Number	SJ31929E
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S39472R / SJ31929E ON 11 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/07/2019 14:16	Claim Close Date		Date Received	11/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print A/L letter					

Save Submit

Attachment

Accident No.	MT/1052933	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/07/2019 14:19
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/> Description *
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/> Description *
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/> Description *
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/> Description *

Please Select Normal
 Please Select Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:19	SAS	Normal	SAS 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jul 2019 14:18	Photos	Normal	Photos 2019-7-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action