NATIONAL Assessment Centre Services (wef 1 Jan'05) MNDI1909871

Date In: 11/7/19 - 20:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1901232/24	SAS e-filing		
Veh No: SLC1986P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 9/7/19 - 21:50	i-Motor Claim Form	M7/1053017-001	11/7/19 2046
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: SLX6202B 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

NA1905138

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : 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 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/07/2019 20:12

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 witholding 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 20:03
Date Of Accident	09/07/2019 21:50
Exact Location Of Accident	CTE (SLE) BEFORE JALAN BAHAGIA EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV1956P
Insured/Policyholder	
Name Of Registered Owner	ABDUL LAJIS BIN ISMAIL
NRIC No	S1367662C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97826474
Alternative Phone No	OFFICE-97826474
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	5083226890-02
Cover Note Number	
Driver	
Name of Driver	RAFIZ BIN ABDUL LAJIS
NRIC No	S8523991J
Date Of Birth	17/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2006
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84212463
Fax Number	
Contact Number	OFFICE-84212463
EMail Address	NOEMAIL

Address	BLK 231 COMPASSVALE WALK #02-440
Postcode	540231
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	NO 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	1
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)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX6202B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	92702185
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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5. Any false reporting may be referred to the Police for investigation.
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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 insured(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.

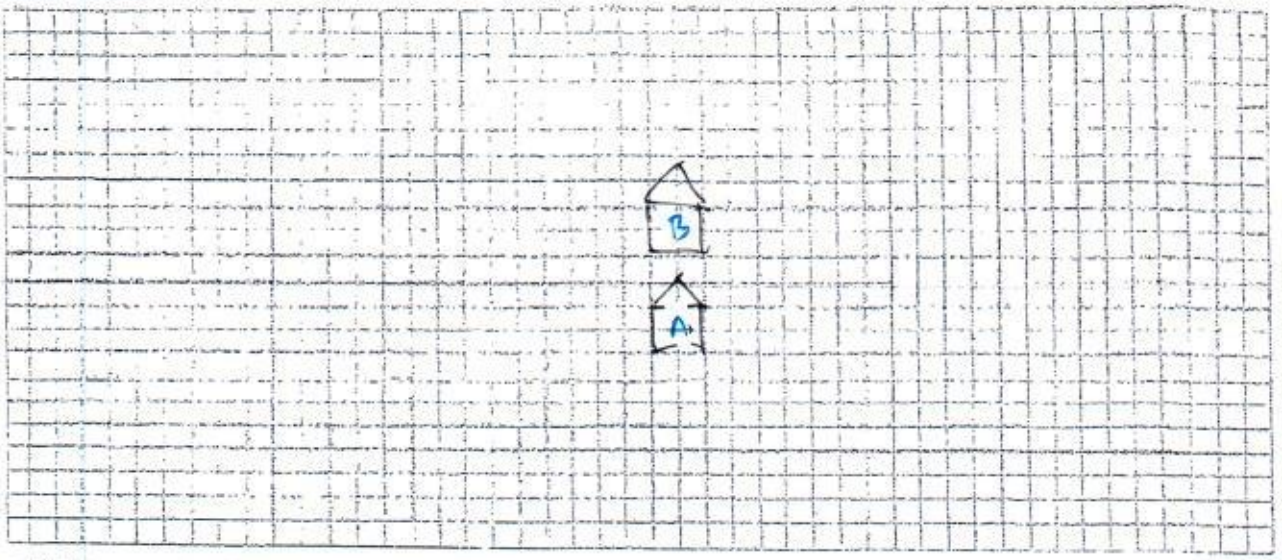
Policyholder's Signature
Date & Time:

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

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

A - SKV1956D
B - SLX6202B

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9 July 2019 at around 9.50pm at Cte towards SLE before dln bahagia, the car - B (SLX6202B) suddenly slow down ~~door~~ and I also slow down and stop as the traffic is heavy, But suddenly the car infront of ~~mg~~ me get down and said I bang his car from the back but there wasen't any damage on my vehicle and I have make sure that I have stop in ~~the~~ time and did not cause any accident in that event.

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.:

Date of Accident : 9 JULY 2019 Accident Time: 9.50 PM (24-HR-Format)

Accident Place : CTE (SLE) before Jalan Berhagia Exit

Vehicle Reg. No. (Car Plate No.) : SKV 1956 D

Vehicle Make/Model : HYUNDAI ELANTRA

Insurance Company : NTUC Policy No. 5083226849-00

Owner or Company Name /IC No. : Abdul Hajis Bin Ismail S 1367672C.

Owner or Company Contact No. : 97826474 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : RAFIZ BIN ABDUL HAJIS

DRIVER'S Date Of Birth : 17/08/1985 DRIVER'S License Pass Date _____

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: _____

DRIVER'S Address : BLK 231 COMPASSVALE WALK #02-440 S(540231)

DRIVER'S Contact No./ Alt No. :1) 84212463 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1.

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLX 6202B

Vehicle Make\Model: HONDA VAZEL

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: 92702185

Vehicle Reg. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8523991J

Name

RAFIZ BIN ABDUL LAJIS

Race

MALAY

Date of birth

17-08-1985

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8523991J

Name

RAFIZ BIN ABDUL LAJIS

Birth Date 17 Aug 1985

Issue Date 27 Jul 2006

001435158K

5979221

NRIC No. S8523991J

Date of Issue

13-07-2018

Address

APT BLK 231 COMPASSVALE WALK
#02-440
SINGAPORE 540231

For LKK/NAC Use Only

LICENSED TO DRIVE VEHICLES ... E FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	27 Jul 2006

Licence No: S8523991J

NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

› Change Language › Change Password › Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKV1956P

Date of Accident 09/07/2019 21:50

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5083226890-02		ABDUL LAJIS BIN ISMAIL	S1367662C	GPC	drivo CLASSIC	SKV1956P	SKV1956P	01/09/2018	31/08/2019

Continue

Policy Information

Policy No.	5083226890-02	Policyholder Name	ABDUL LAJIS BIN ISMAIL	Policyholder NRIC	S1367662C
Certificate No.					
Address	BLK 231 #02-440 COMPASSVALE WALK SINGAPORE 540231				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/08/2018	Effective Date	01/09/2018 00:00	Expiry Date	31/08/2019 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	LOO TZE KUEN (LU ZIKUN)	Agent Tel.	97668316	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 231 #02-440	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 540231
Address 4		Address Type	Singapore address	Post Code	540231
Unit No.		Related Policy Number	5083226890-02		

Insured Object: SKV1956P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

- Exit

Accident MT/1053017

Policy No.	S083226890-02	Vehicle No.	SKV1956P	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL LAJIS BIN ISMAIL			Policyholder NRIC	S1367662C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97826474	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NCD
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	11/07/2019 20:14	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	09/07/2019	Time of Accident hh:mm	21:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) BEFORE JALAN BAHAGIA EXIT				

Excess

Own damage Excess	600.00	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 Registration No.		GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	BLK 231 #02-440	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 540231
Address 4		Address Type	Singapore address	Post Code	540231
Unit No.		Related Policy Number	S083226890-02		

OI Driver Info

Driver Name	RAFIZ BIN ABDUL LAJIS	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8523991J	Driver DOB	17/08/1985
Register Date of Driver License	27/07/2006	Driver Age	33	Driving Experience	12
Contact No.(Mobile)	84212463	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 231	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 540231
Address 4		Address Type	Singapore address	Post Code	540231
Unit No.	02-440				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ABDUL LAJIS BIN ISMAIL	Insured NRIC	S1367662C
Contact No.(Mobile)	97826474	Contact No.(Home)	63841698	Contact No.(Office)	
Email Address		OI Vehicle Number	SKV1956P	TP Vehicle Number	SLX6202B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SKV1956P / SLX6202B ON 9 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/07/2019 20:16	Claim Close Date		Date Received	11/07/2019 00:00
Report Taken By	Jackson				

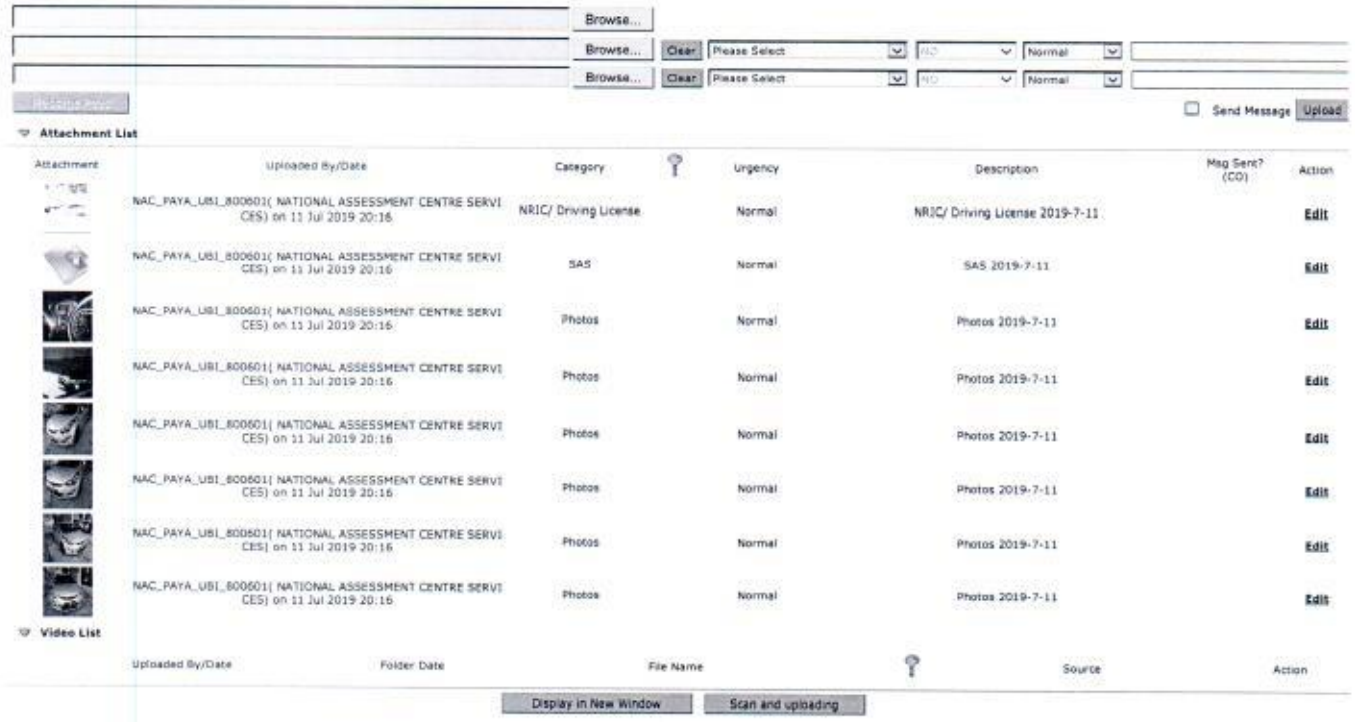
☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1053017	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	11/07/2019 20:16

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
		Clear	Please Select	NO	Normal	


Browse...
Browse...
Clear
Please Select
Normal
Browse...
Clear
Please Select
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CD)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2019 20:16
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-7-11
Edit
SAS
SAS 2019-7-11
Photos
Photos 2019-7-11
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading