

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 15/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19012433/13	SAS e-filing		
Veh No: SJM97216	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/07/19 1710	i-Motor Claim Form	MT/1053506-001	
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: (Tel:	Fax:)
TP Particulars:	Veh No: SJF9459B	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

NAI905348	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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		
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)		
Contact No:	6) TR : Re-inspection \$75		
Damaged Portion:	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*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	15/07/2019 11:35
Date Of Accident	14/07/2019 17:10
Exact Location Of Accident	JLN TENGKU AZIZAH TWDS JB CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9721G
Insured/Policyholder	
Name Of Registered Owner	JASVIR DANG
NRIC No	S8904772B
Email Address	JASVIRDANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91833060
Alternative Phone No	OTHERS-98370541

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	5101082781-01
Cover Note Number	

Driver

Name of Driver	ISYRAFZ MCQUEEN
NRIC No	S8808027J
Date Of Birth	01/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98370541
Fax Number	
Contact Number	
Email Address	ISYRAFZMCQUEEN@GMAIL.COM

Address	BLK 216C COMPASSVALE DRIVE #02-558
Postcode	543216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	3
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)	3
Passenger 1	NAME: : JASVIR DANG GENDER: : MALE
Passenger 2	NAME: : KAREENA 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

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:	WITH WORKSHOP
Was there any audio recorded?	NO

Details of Witness 1

Name	YONG LIN
Phone Number	92394417
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF9459B
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	PON HOONG PHUN
NRIC/Passport Number	S7975144H
Contact Number	81638771
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ6005T
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)	

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:

15/7/2019



Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/7/19

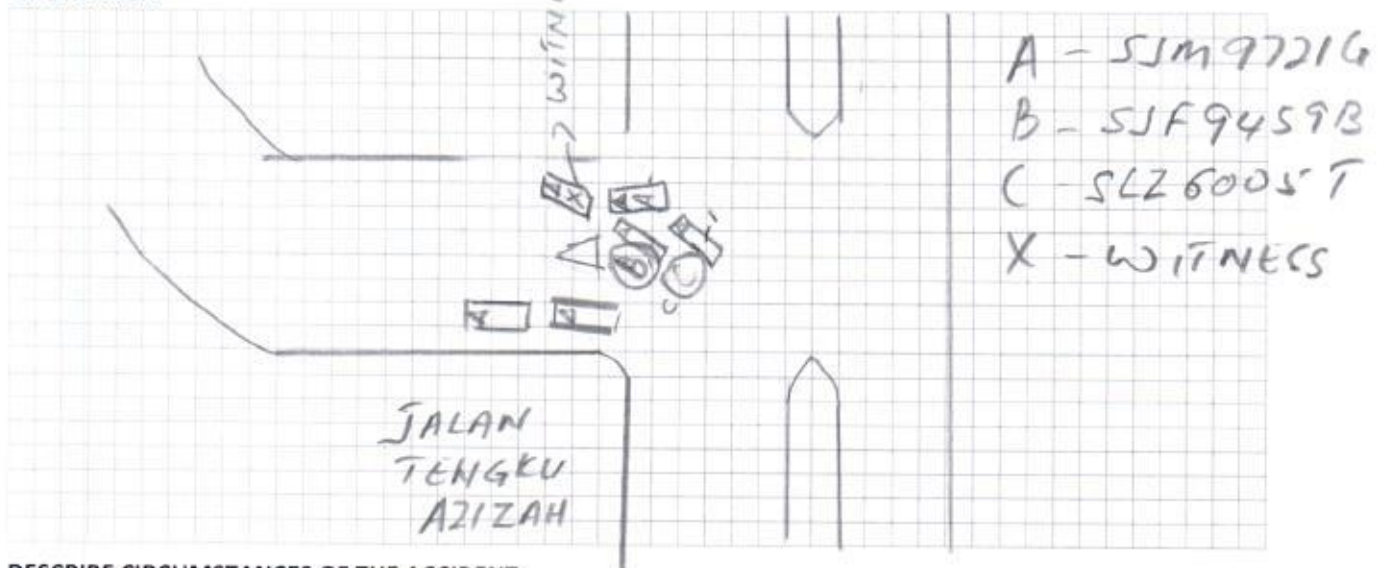


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into Jalan Tengku Azizah in Johor when a Singapore car, SJF 9459 B made an attempt to squeeze through despite being horned by SLZ 6005 T and my brother, Jasvir Singh, who was sitting in the front passenger seat, who told him not to do so. SJF 9459 B then hit SLZ 6005 T's car and proceeded to still squeeze through and hit my car - SJM 9721G. The driver at fault gave no indication of stopping ^{or acknowledging} and instead, proceeded to continue driving forward. Both cars that were hit waited awhile till the traffic had come to a standstill before approaching Mr. Poon, owner of SJF 9459 B, to acknowledge his fault. His reply to my brother was ~~that~~ "I only kiss your car" but refused to share his driving license in a flippant and defiant attitude. We then informed him to wait after the Singapore Customs to discuss the issue, when we had met at the road shoulder, he used his hand to wipe off the scratch but was not very successful. Mr. Poon shared his driving license and my brother did the same. He is a very reckless driver, ~~and~~ showed no remorse for his actions and did not even acknowledge properly or even give an intention to stop or resolve the matter but instead drove off. It should be taken seriously that he did not even provide an indication to stop and tampered with the evidence.

DECLARATION

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




Policyholder's Signature
Date & Time:

15/7/2019



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

Date & Time: 15/7/19

 15/07/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Google Maps Jalan Tengku Azizah



Image capture: May 2018 © 2019 Google

Johor Bahru, Johor

 Google

Street View - May 2018



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8808027J



Name
ISYRAFZ MCQUEEN

For LKK/NAC Use Only

Race
SIKH

Date of birth
01-03-1988

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8808027J

Name
ISYRAFZ MCQUEEN

For LKK/NAC Use Only

Birth Date: 01 Mar 1988

Issue Date: 14 Jan 2016

002518658A

4805546



NRIC No: S8808027J

For LKK/NAC Use Only

Date of issue
16-11-2012

APT BLK 216C COMPASSVALE DRIVE #02-558
SINGAPORE 543216

NRIC No: S8808027J Date: 25/10/2016

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 14 Jan 2016

For LKK/NAC Use Only

NP 428A

Licence No: S8808027J

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="14/07/2019 17:10"/>
Vehicle No. (For Motor)	<input type="text" value="SJM9721G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101082781-01		JASVIR DANG	S8904772B	GPC	drivo CLASSIC	SJM9721G	SJM9721G	01/06/2019	31/05/2020

Claim Handling

Accident MT/1053506

Policy No.	5101082781-01	Vehicle No.	SJM9721G	GST Registration No.
Certificate No.				
Policyholder Name	JASVIR DANG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91833060	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(%)	0	Private Hire

Accident Details

Report Date	15/07/2019 19:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/07/2019	Time of Accident hh:mm	17:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JLN TENGGU AZIZAH TWDS JB CUSTOM			

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 171 #02-11	Address 2	BISHAN STREET 13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-11	Related Policy Number	5101082781-01	

OI Driver Info

Driver Name	ISYRAFZ MCQUEEN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8808027J	Driver DOB
Register Date of Driver License	14/01/2016	Driver Age	31	Driving Experience
Contact No.(Mobile)	98370541	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 216C	Address 2	COMPASSVALE DRIVE	Address 3
Address 4	SINGAPORE 543216	Address Type	Singapore address	Post Code
Unit No.	#02-558			
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 type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	JASVIR
Contact No.(Mobile)	91833060	Contact No.(Home)	NTL
Email Address		OI Vehicle Number	SJM972
Claim Description	SJM9721G / SJF9459B ON 14 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	15/07/2019 19:54	GIA report	Received
		Claim Close Date	

Print AK letter

Save Submit

Attachment

▼

Accident No.

MT/1053506

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/07/2019 00:00

Path *

Category *

Confidential

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

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NO

Choose File No file chosen

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Choose File No file chosen

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Choose File No file chosen

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:54	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:54	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:54	Photos	Normal	Photos
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:53	Photos	Normal	Photos

Video List

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