

NATIONAL Assessment Centre Services

[ver 1 Jan'03]

MINA 119098 273

Date In: 27/7/19 14:13	Job description	Date & Time Completed	Done by
Ref No: N/A1 MC 190 13242 /64	SAS e-filing		
Veh No: SDL 69000	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 26/7/19 18:50	I-Motor Claim Form	MT/1055283-	27/07/19 15:17
QD: <input checked="" type="checkbox"/> Reporting, Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: YP 39622 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Actions: ()

MA1905593

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

2/2:

Invoice Item	Amount (\$)	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);		3000	
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For obtaining against INC Only (ver 10 Jan 2003)			
6) TR: Re-Inspection \$75			
7) NI: Idao DA + EMRT Survey \$160			
8) NTUC Additional Services:-			
ON:			
*N5: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TE (N11): TP (Non INC) against INC \$20			
9) N12: Idao Mobile \$0			
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	27/07/2019 14:13
Date Of Accident	26/07/2019 18:50
Exact Location Of Accident	18 TEBAN GARDEN CRESCENT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDL6900C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMED NURFAZLAN BIN RAHMAN
NRIC No	S9019675H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97880931
Alternative Phone No	OFFICE-97880931
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA 2.4X
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5111078637
Cover Note Number	-
Driver	
Name of Driver	NUR HYRIE BIN RIDWAN
NRIC No	S8801135Z
Date Of Birth	13/01/1988
Occupation	INDOOR
Date Of Driving Pass	06/08/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87429452
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 447 BT PANJANG RING RD #02-541
Postcode	670447
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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: : MUHAMMED NURFAZLAN BIN RAHMAN GENDER: : MALE

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3962Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SURESSHKANTH S/O SILVARAJOO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NUR HYRIE BIN RIDWAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SDL6900C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMED NURFAZLAN BIN RAHMAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SDL6900C
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:

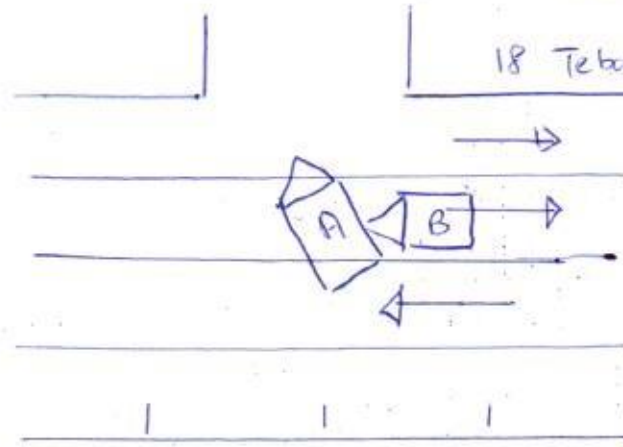


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Setsco

18 Teban Garden Crescent



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into my office, suddenly veh B going against the flow of traffic collided ~~my~~ onto my veh RH portion. Both my friend & me sustained some injuries That's all.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Personal Particulars

Date of Accident: 26/7/19 Time of Accident: 6:50 pm
Exact Location of Accident: 18 Teban Garden Crescent
Owner's Name: Muhd Nurp Azlan Bin Rahman NRIC No: S90196754 HP No: 97880931
Driver's Name: Nur Hynie Bin Ridwan NRIC No: S88611352 HP No: 87429452
Date of Birth: 13/1/1988 Driving Licence Passing Date: 6/8/2016 Occupation: Indoor / Outdoor
Address: 447 Bt Panjang Ring Rd #02-541 (670447)
Relationship of Driver with Insured: Friend Email Address: _____
Vehicle No: SDL 6900 C Make & Model: Toyota
Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 man B: 1 + 2 man C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Muhd Nurp Azlan Bin Rahman neck & back
Nur Hynie Bin Ridwan - hand neck back

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? ☒ Yes / ☐ No

Third Party Driver's Particulars

Vehicle B No: YP 3962 Z Make & Model: _____
Driver's Name: Sureshkant s/o Silvarajoo NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S 8801135Z**

Name: **NUR HYRIE BIN RIDWAN**

Birth Date: **13 Jan 1988**

Issue Date: **06 Aug 2016**

0025965311

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8801135Z**

Name: **NUR HYRIE BIN RIDWAN**

Place of Birth: **مالايا**

Gender: **مذكر**

Date of Birth: **13-01-1988**

Country of Birth: **SINGAPORE**

4693003

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

NP 428A



For LKK/NAC Use Only

APT BLK 447 BUKIT PANJANG RING ROAD
#02-541
SINGAPORE 670447



Date of Issue
30-06-2010



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 type="radio"/>	5111078637		MUHAMMED NURFAZLAN BIN RAHMAN	S9019675H	GPC	Third Party, Fire & Theft	SDL6900C	SDL6900C	10/07/2019	09/07/2020

Claim Handling

Accident MT/1055283

Policy No.	5111078637	Vehicle No.	SDL6900C	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMED NURFAZLAN BIN RAHMAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97880931	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	27/07/2019 15:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/07/2019	Time of Accident hh:mm	18:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	18 TEBAN GARDEN CRESCENT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	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 450 #03-585	Address 2	BUKIT PANJANG RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111078637	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NUR HYRIE BIN RIDWAN	Driver NRIC	S8801135Z	Driver DOB
Register Date of Driver License	06/08/2016	Driver Age	31	Driving Experience
Contact No.(Mobile)	87429452	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 447 #02-541	Address 2	BUKIT PANJANG RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-541			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

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

New

Claim Type *	OD-MX	Insured Name	MUHAMM
Contact No.(Mobile)	97880931	Contact No. (Home)	6760228
Email Address	Nurfazlan_Rahman@hotmail.co	Vehicle Number	SDL6900C
Claim Description	SDL6900C / YP3962Z ON 26 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	27/07/2019 15:16	GIA report	Received
		Claim Close Date	

Report Taken By

LIEW SHAN HUI

Print AK letter



















Save

Submit

Attachment

Accident No.	MT/1055283	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/07/2019 15:17
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select <input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2019 15:16	Photos	Normal	Photos 2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
27 Jul 2019 15:16

Photos

Normal

Photos 2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
27 Jul 2019 15:16

Photos

Normal

Photos 2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
27 Jul 2019 15:16

Photos

Normal

Photos 2

Video List

Uploaded By/Date

Folder Date

File Name



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