

# NATIONAL Assessment Centre Services (wef 1 Jan 2011)

Date In: 16/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014271/13	SAS e-filing		
Veh No: 5CD7929L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/08/19 2105	i-Motor Claim Form	MT/1058025 - 001	
OD <input checked="" type="radio"/> 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: GZ9102K	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

NA1906102	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (N-in INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	16/08/2019 09:46
Date Of Accident	14/08/2019 21:05
Exact Location Of Accident	PIE(CHANGI) B4 BEDOK RESERVOIR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD7929L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HASNI BINTE MOHAMED TAHIR
NRIC No	S1713376D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93898469
Alternative Phone No	OTHERS-91645439
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101614158-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	HAJI MOHAMED TAHIR @ TAHIR BIN SALLEH
NRIC No	S1840519I
Date Of Birth	22/03/1933
Occupation	INDOOR
Date Of Driving Pass	02/12/1967
Driving Experience	51 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91645439
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 707 BEDOK NORTH ROAD #04-3398
Postcode	470707
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	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

I WAS TRAVELLING STRAIGHT ALONG PIE(CHANGI) B4 BEDOK RESERVOIR RD EXIT ON THE EXTREME LEFT LANE. AT FIRST VEH(B) FROM MY RIGHT LANE ON SIGNAL LEFT SO I SLOWED DOWN MY VEH. WHEN I SAW THE VEH B SWITCH OFF THE SIGNAL I PROCEED TO MOVED OFF, SUDDENLY VEH B SWERVED HIS VEH AND GRAZED ONTO MY RIGHT SIDE PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ9102K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOH MUI SEAH
NRIC/Passport Number	S1696560Z
Contact Number	94759167
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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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

P1E(CHANGI) BY BEDOK RESERVOIR RL  
EXIT

A-5C07929L  
B-GZ9102K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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.:

**NOTICE OF REPORTING**

This is to confirm that **Haji Mohamed Tahir @Tahir Bin Salleh**, NRIC: **S1840519L**, has reported to the Police a non-injury traffic accident which occurred at **PIE(Changi) before Bedok Reservoir Road exit** on **14/08/2019** at **2105hrs** involving the following vehicles:

SLD7929L – Silver Honda Vezel

GZ9102K

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

**Eunos NPP**  
Block 629 Bedok Reservoir Road  
#01-1620 Singapore 470629  
Tel: 1800-4439999



Rank / Name of Issuing officer: **SSgt Ng Zheng Yang**

Date: **15/08/2019**

Time: **2130hrs**

S/D Ref: **36**

Police Post/ Unit: **Eunos NPP**



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S18405191



Name  
HAJI MOHAMED TAHIR  
@TAHIR BIN SALLEH

Race  
MALAY

Date of Birth  
22-03-1933 M

Country of Birth  
MALAYSIA



For LKK/NAC Use Only

2959059



NRC No. S18405191

For LKK/NAC Use Only

Blood Group  
O+

Date of issue  
13-05-1997

Address  
APT BLK 707 BEDOK NORTH ROAD  
#04-3398  
SINGAPORE 470707

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S18405191

Name  
HAJI MOHAMED TAHIR  
@TAHIR BIN SALLEH

For LKK/NAC Use Only

Issue Date 22 Mar 1933

Issue Date 28 Apr 2018




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

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 02 Dec 1967

For LKK/NAC Use Only

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1713376D



Name  
HASNI BINTE MOHAMED  
TAHIR

For LKK/NAC Use Only

Race  
MALAY

Date of Birth  
08-02-1965 F

Country of Birth  
SINGAPORE



1436609



NRC No. S1713376D

For LKK/NAC Use Only

Blood Group  
A+

Date of issue  
17-11-1993

Address  
APT BLK 707 BEDOK NORTH ROAD  
#04-3398  
SINGAPORE 1647



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="14/08/2019 21:05"/>
Vehicle No.(For Motor)	<input type="text" value="SLD7929L"/>	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"/>	5101614158-01		HASNI BINTE MOHAMED TAHIR	S1713376D	GPC	drivo CLASSIC	SLD7929L	SLD7929L	29/06/2019	28/06/2020

## Claim Handling

Accident MT/1058025

Policy No.	5101614158-01	Vehicle No.	SLD7929L	GST Registration No.
Certificate No.				
Policyholder Name	HASNI BINTE MOHAMED TAHIR			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93898469	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	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	16/08/2019 18:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/08/2019	Time of Accident hh:mm	21:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE(CHANGI) B4 BEDOK RESERVOIR RD EXIT			

## ▼ 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

Coverage		Sum Insured	
Transport Allowance		99999999.99	

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 707 #04-3398	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101614158-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	HAJI MOHAMED TAHIR @ TAHIR	Driver NRIC	S18405191	Driver DOB
Register Date of Driver License	02/12/1967	Driver Age	86	Driving Experience
Contact No.(Mobile)	91645439	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 707	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-3398			
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
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## Modification History

Claim 001 OD-MX

New

Claim Type \*

OD-MX

Insured Name

HASNI

Contact No.(Mobile)

93898469

Contact No. (Home)

644815

Email Address

hasni.tahir@gmail.com

O1 Vehicle Number

SLD792

Claim Description

SLD7929L / GZ9102K ON 14 Aug 2019

Preferred Workshop  
Region

Yes

Insured Liability  
Preferred Repair

Preferred Workshop, Name unknown

GIA report

Received



Date Registered

Option

16/08/2019 18:06

Claim  
Close  
Date

Report Taken By

ROSLINDA

Workshop  
Repairer☒ Print AK letter

Save

Submit

## Attachment

Accident No.

MT/1058025

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/08/2019 00:00

Path \*

Category \*

Confidential

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

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## Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Des.

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on  
16 Aug 2019 18:06

NRIC/ Driving License

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16 Aug 2019 18:06

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16 Aug 2019 18:05

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## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading