

**NATIONAL Assessment Centre Services** (wef 1 Jan 05)

Date In: <b>19/09/09</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC19014351/13</b>	SAS e-filing		
Veh No: <b>504283K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>18/08/09 0150</b>	i-Motor Claim Form	<b>m7/1058543-001</b>	
OD: <b>(TP)</b> 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: <b>PC5749K</b>	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

<b>NA1906132</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TP : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2/3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	<b>OD:</b>		
	*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	



## 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	19/08/2019 09:28
Date Of Accident	18/08/2019 01:50
Exact Location Of Accident	SERVICE RD INTO PRINSEP ST NEAR CHURCH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU1283K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAINURIBAH BINTE ABDUL MOIS
NRIC No	S1583552D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91179774
Alternative Phone No	OTHERS-86144107

### Vehicle Particulars

Manufacturer	BMW
Model	318i
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

### 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	5108504360
Cover Note Number	

### Driver

Name of Driver	AMALI AKMAL BIN ZAINAL
NRIC No	S8606961Z
Date Of Birth	08/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86144107
Fax Number	
Contact Number	
E Mail Address	AMALI5844@GMAIL.COM

Address	BLK 132 PASIR RIS ST 11 #02-277
Postcode	510132
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	COLLISION - HEAD TO REAR
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

MY VEH WAS STATIONARY AT THE SERVICE RD INTO PRINSEP ST NEAR CHURCH AT THE STOP LINE TO GIVE WAY FOR ONCOMING VEH. WHEN THERE WAS NO ONCOMING VEH, I PROCEED TO MOVE OFF AND WHEN I SAW VEH B FROM THE PRINSEP ST REVERSED, I HORNED AT HIM TO WARN THE DRIVER BUT THE DRIVER KEEP ON REVERSING AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

#### 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	PC5749K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH ENG GUAN
NRIC/Passport Number	S1689519I
Contact Number	91238881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

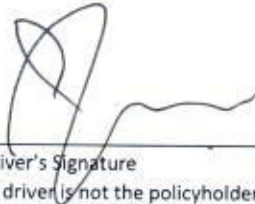
### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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:

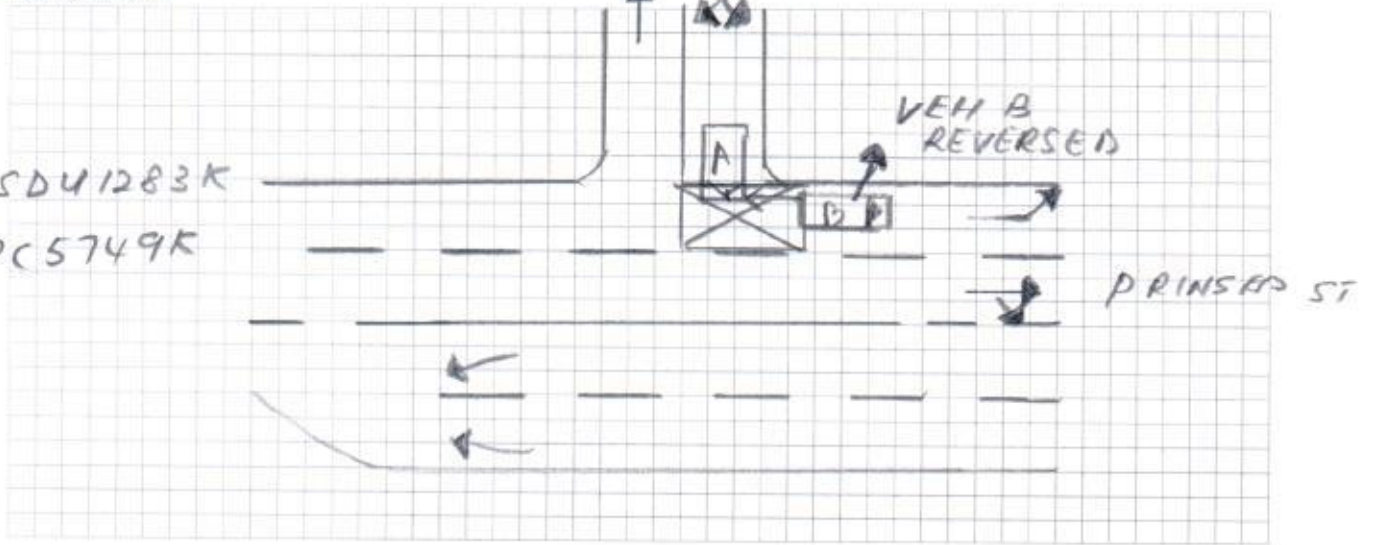
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SERVICE RD

SKETCH PLAN

A - SDU1283K

B - PC5749K



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:

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

*[Signature]* 19/08/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:


Duf

I Goh Eng Guan of IC NO 31689519 F  
vehicle number PE5749 K reversed and  
hit vehicle number SDU 1783 K, driven by  
Amali Akmal Bin Zainal of IC NO 38606961 Z  
Vehicle was hit on the front ~~right side~~  
left side, and did incur damage to the  
bumper. Time was about ~~0600~~ 0150 am.

Duf


Duf

Goh Eng Guan  
31689519 F

  
Amali Akmal Bin Zainal  
38606961 Z



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S8606961Z




Name  
 AMALI AKMAL BIN ZAINAL

امالي اكمل بن زائيل  
 For LKK/NAC Use Only

Name  
 MALAY

Date of Birth 08-03-1986 Sex M  
 Country of Birth SINGAPORE

S8606961Z




REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S8606961Z  
 Name: AMALI AKMAL BIN ZAINAL

For LKK/NAC Use Only


Birth Date: 08 Mar 1986  
 Issue Date: 18 Oct 2004



001293607K



A9001100



NRIC No: S8606961Z

For LKK/NAC Use Only

Blood Group: O+ Date of Issue: 16-03-2001

APT BLK 132 PASIR RIS STREET 11 #02-277  
 SINGAPORE 510132

NRIC No: S8606961Z Date: 26/03/2010 No: 6471408



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

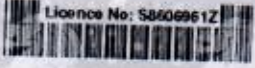
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

PASS DATE: 18 Oct 2004

For LKK/NAC Use Only

NP 426A

Licence No: S8606961Z



Land Transport & Authorisation

PDVL/TDVL  
33 888 8888  
282920

**VOCATIONAL LICENCE**  
Licence No / 8845861Z  
Name - ASALI AKMAL BIN ZAMAL

**For LKK/NAC Use Only**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	01/03/2019

**For LKK/NAC Use Only**





Hello, NAC\_BUKIT\_MERAH\_800676

[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"/>	5108504360		ZAINURIBAH BINTE ABDUL MOIS	S1583552D	GPC	Third Party, Fire & Theft	SDU1283K	SDU1283K	01/04/2019	31/03/2020

**Claim Handling**

**Accident MT/1058543**

Policy No.	5108504360	Vehicle No.	SDU1283K	GST Registration No.
Certificate No.				
Policyholder Name	ZAINURIBAH BINTE ABDUL MOIS			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91179774	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	20/08/2019 12:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/08/2019	Time of Accident hh:mm	01:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SERVICE RD INTO PRINSEP ST NEAR CHURCH			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver Is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	1,500.00	

**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 132 #02-277	Address 2	PASIR RIS STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108504360	

**O1 Driver Info**

Driver Name	AMALI AKMAL BIN ZAINAL	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8606961Z	Driver DOB
Register Date of Driver License	18/10/2004	Driver Age	33	Driving Experience
Contact No.(Mobile)	86144107	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 132	Address 2	PASIR RIS STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-277			
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	ZAINURIBAH
Contact No.(Mobile)	91179774	Contact No.(Home)	678546
Email Address	zainuribah@gmail.com	O1 Vehicle Number	SDU1283K
Claim Description	SDU1283K / PC57498K ON 18 Aug 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	20/08/2019 12:52	GIA report	Received
		Claim Close Date	



Report Taken By

ROSLINDA

Workshop  
Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1058543 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 20/08/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Message Read	Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:52	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:52	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:52	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:52	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:52	Photos	Normal	Photos

Video List

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