NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA1191154V5

Date In: 21/9/19 - 09:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC190188 19/54	SAS e-filing		
Veh No: SJU7577M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 31/8/19 - 18:00	i-Motor Claim Form	MT/1060634-001	21/9/19 21:54
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: SMH 4736B 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

NA1906653

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:-			
OD*			
*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 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	02/09/2019 09:30
Date Of Accident	31/08/2019 11:00
Exact Location Of Accident	CTE (AYE) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU7573M
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD ZAMRE BIN AHMAD
NRIC No	S7334020I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90101211
Alternative Phone No	OFFICE-90101211
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
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	5087133690-02
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ZAMRE BIN AHMAD
NRIC No	S7334020I
Date Of Birth	16/09/1973
Occupation	INDOOR
Date Of Driving Pass	12/03/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90101211
Fax Number	
Contact Number	OFFICE-90101211
EMail Address	NOEMAIL

Address	BLK 788E WOODLANDS CRESCENT #03-208
Postcode	735788
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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: : RABIATON BINTE MOHAMED ZIN 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

REFER TO STATEMENT.

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	SMG4306B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HU TAO
NRIC/Passport Number	S7880112C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMAD ZAMRE BIN AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU7573M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	RABIATON BINTE MOHAMED ZIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU7573M
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 orpossessed 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:

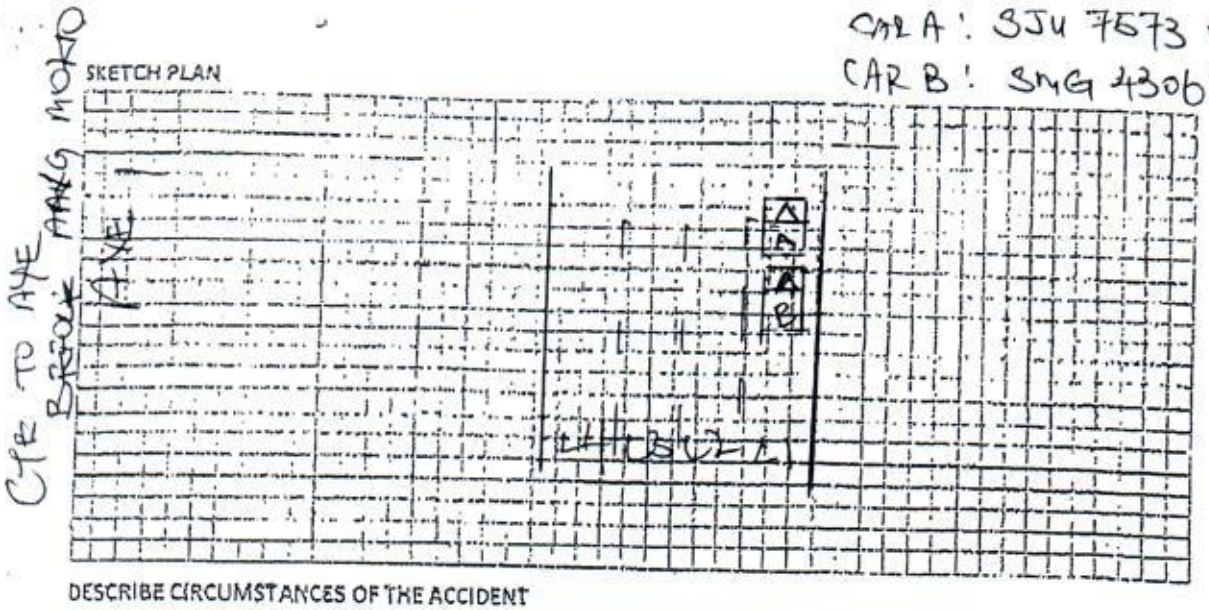
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(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.:

CAR A: SJU 7573 M.
CAR B: SMG 4306B.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED AND DATE.
I WAS TRAVELLING ALONG CTE TOWARDS AYE BEFORE AND MO KIO AVE 1 ON MY CAR BEARING SJU 7573M, SUDDENLY I FELT AN IMPACT FROM THE REAR THEN I REALISE CAR BEARING, SMG 4306B COLLIDED ON TO MY VEHICLE REAR

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 : 31/08/2019 Accident Time: 11am (24-HR-Format)

Accident Place : CTE TOWARD AYE

Vehicle Reg. No. (Car Plate No.) : SJU 7573M.

Vehicle Make/Model : HONDA STREAM

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : MOHAMAD ZAMRE BIN AHMAD S7334020I

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

DRIVER'S Name / IC No. : AS ABOVE.

DRIVER'S Date Of Birth : 16/09/1973 DRIVER'S License Pass Date 12/03/2004.

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

DRIVER'S Address : BLK 788E WOODLANDS CRESCENT #03-208

DRIVER'S Contact No./ Alt No. :1) 90101211 2)

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

Email Address : ADMIN@MYCAR.SG.

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): 02 (Female) Rabiatun Binte Mohamed Zin.

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: SMG 4306B

Vehicle Make\Model: BMW

Name Driver: HU TAO

IC No. Driver: S7880112C.

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 31/08/2019 11:00

Vehicle No.(For Motor): SJU7573M | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087133690-02		MOHAMAD ZAMRE BIN AHMAD	S7334020I	GPC	drivo CLASSIC	SJU7573M	SJU7573M	28/12/2018	27/12/2019

Continue

Policy Information

Policy No.	5087133690-02	Policyholder Name	MOHAMAD ZAMRE BIN AHMAD	Policyholder NRIC	S7334020I
Certificate No.					
Address	BLK 788E #03-208 WOODLANDS CRESCENT SINGAPORE 735788				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/12/2018	Effective Date	28/12/2018 00:00	Expiry Date	27/12/2019 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	LIU TING	Agent Tel.	84933300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 788E #03-208	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 735788
Address 4		Address Type	Singapore address	Post Code	735788
Unit No.		Related Policy Number	5087133690-02		

Insured Object: SJU7573M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1060679

Policy No.	5087133690-02	Vehicle No.	SJU7573M	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMAD ZAMRE BIN AHMAD			Policyholder NRIC	S7334020I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90101211	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	02/09/2019 21:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) BEFORE AMK AVE 1 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 788E #03-208	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 735788
Address 4		Address Type	Singapore address	Post Code	735788
Unit No.		Related Policy Number	5087133690-02		

OI Driver Info

Driver Name	MOHAMAD ZAMRE BIN AHMAD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7334020I	Driver DOB	16/09/1973
Register Date of Driver License	12/03/2004	Driver Age	45	Driving Experience	15
Contact No.(Mobile)	90101211	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 788E	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 735788
Address 4		Address Type	Singapore address	Post Code	735788
Unit No.	03-208				
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	MOHAMAD ZAMRE BIN AHMAD	Insured NRIC	S7334020I
Contact No.(Mobile)	90101211	Contact No.(Home)	63653241	Contact No.(Office)	
Email Address	mohamad_zamre_ahmad@nibg	OI Vehicle Number	SJU7573M	TP Vehicle Number	SMG4306B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SJU7573M / SMG4306B ON 31 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/09/2019 21:54	Claim Close Date		Date Received	02/09/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1060679	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	02/09/2019 21:55

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 NO Normal
Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2019 21:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2019 21:55	SAS		Normal	SAS 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2019 21:55	Photos		Normal	Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2019 21:55	Photos		Normal	Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2019 21:55	Photos		Normal	Photos 2019-9-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2019 21:54	Photos		Normal	Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2019 21:54	Photos		Normal	Photos 2019-9-2		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display In New Window | Scan and uploading