

NATIONAL Assessment Centre Services (April 2009)

Date In: 07/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19015862/13	SAS e-filing		
Veh No: SJL70575	E-mail (within 8hrs, AIC 2hrs)		
DOA: 06/09/19 2215	i-Motor Claim Form	MT/1061459	-001
OD TP: <u>Reporting Only</u>	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: <i>SCM8928P</i> INC () / Non-INC ()
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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:-	
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() **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
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(1) No. Inc. 6788 0010	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		

2) QC Check / Post Repair Inspection	()		
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3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury : _____

Injury:	

Date/Time	Actions
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	Amount Due to Claimant	Amt (\$)	Amt (\$)
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NA 1906795	Invoice Preparation Checklist	1st Bill	Add Bill
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Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100);	INC (\$80)	

Driver/Owner:	3) TF : Towing Fee	\$40/\$45	
	4) FT : Follow-Through Survey	\$120	

5) RT : Follow-Through Survey (Resurvey)	\$30	
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damaged Portion:	6) TR : Re-inspection	\$75
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7) N1 : Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			

C Checked by (Engr-In-Charge):	ON*	
	*NS: Courtesy Car / Test Allowance	\$5

*N5: Courtesy Car / 1 Pst Allowance	\$2	
*N6: Repair Co-ordination	\$10	

Auditors' Comments :-	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5

TP (N11) : TP (Non INC) against INC	\$20
TP (N12) : TP (Non INC) against INC	\$20

2/3:	9) N12: Idac Mobile	30	
	Invoice dated	Fees 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	07/09/2019 15:22
Date Of Accident	06/09/2019 22:15
Exact Location Of Accident	PIE TWDS CHANGI 12.5 KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7057J
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Insured/Policyholder

Name Of Registered Owner	MOHAMAD SAINI BIN ABDULLAH SANI
NRIC No	S1423405E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98529277
Alternative Phone No	OTHERS-94752600

Vehicle Particulars

Manufacturer	MAZDA
Model	LANCER EX
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	REPORTING ONLY
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	5107055564
Cover Note Number	

Driver

Name of Driver	ADILAS DANIEL BIN MOHAMAD SAINI
NRIC No	S9736451F
Date Of Birth	21/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94752600
Fax Number	
Contact Number	
Email Address	ADIOS.KUIT18@HOTMAIL.COM

Address	BLK 103 BEDOK RESERVOIR RD #11-416
Postcode	470103
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 - 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)	2
Passenger 1	NAME: : NOORDIANA BINTE NOORDIN 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 T THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH8938P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHYE KIONG
NRIC/Passport Number	S1371634Z
Contact Number	96666545
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN


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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:

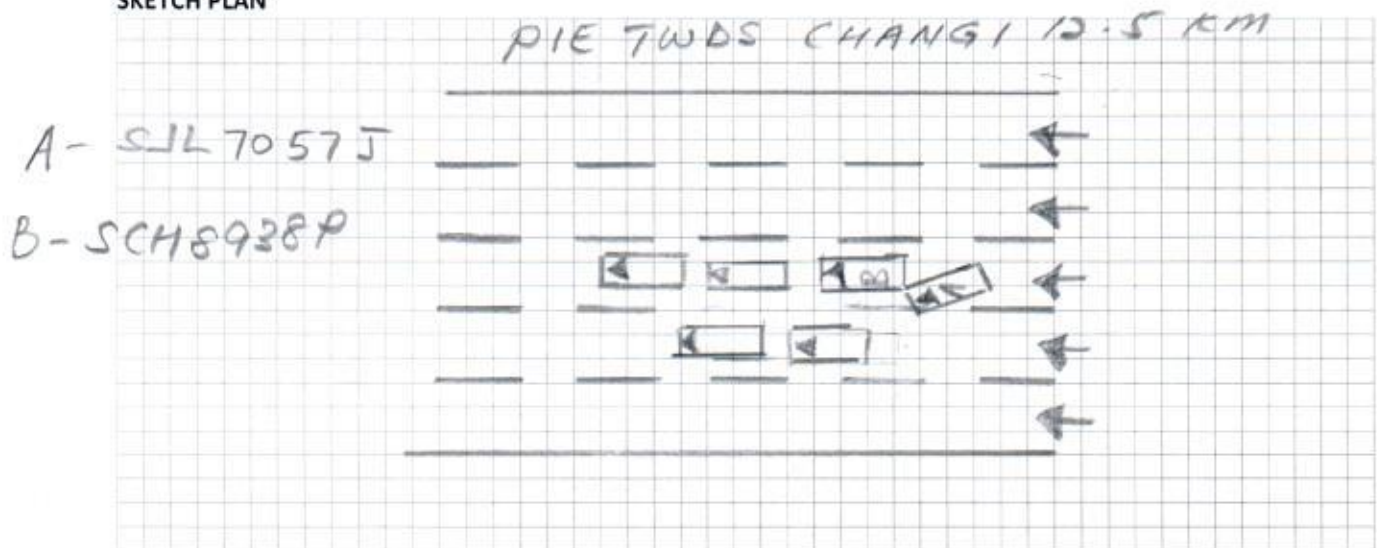
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 07/09/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 07/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along PIE towards Changi at Lane 3, during that time I was with my girlfriend heading back home. The condition of the traffic is heavy and slow moving due to accident at Eunos Exit. The jam is bad and a lot of cars were changing lane and I decided to change lane to my left and exit Macpherson to avoid the jam. When I decided to change lane, I looked my Left side mirror to see if my car have the ample space to change lane. When I ~~was~~^{at} was about to change lane on my left, front car ahead of me make a sudden brake and I got no time to react and collided with his rear ~~right~~^{left} bumper and my front right bumper. No injuries between me and my passenger and the driver and his passenger as claim by them.

DECLARATION

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

<p>Policyholder's Signature</p> <p>Date & Time:</p>	<p> 07/09/19</p> <p>Driver's Signature (If driver is not the policyholder)</p> <p>Date & Time:</p>	<p> 07/09/19</p> <p>Reporting Centre Personnel's Signature</p> <p>Name:</p> <p>NRIC/FIN No.:</p>
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Certificate of Insurance

\$ 1,068.87

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107055564

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJL7057J
Chassis Number : JMYSNCY4A8U001171
2. Name of Policyholder : MOHAMAD SAINI BIN ABDULLAH SANI
3. Effective Date of Insurance : 24 Jan 2019
4. Expiry Date of Insurance : 23 Jan 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMAD SAINI BIN ABDULLAH SANI
NAMED DRIVER (1)	: ADILAS DANIEL BIN MOHAMAD SAINI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貸私人有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road, The Grandstand
Lot A8 Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 25 Jan 2019 11:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1061459

Policy No.	5107055564	Vehicle No.	SJL7057J	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMAD SAINI BIN ABDULLAH SAINI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98529277	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	09/09/2019 10:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/09/2019	Time of Accident hh:mm	22:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI 12.5 KM			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 103 #11-416	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111033030	

▼ OI Driver Info

Driver Name	ADILAS DANIEL BIN MOHAMAD SAINI	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S9736451F	Driver DOB
Register Date of Driver License	23/11/2017	Driver Age	21	Driving Experience
Contact No.(Mobile)	94752600	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 103	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470103	Address Type	Singapore address	Post Code
Unit No.	#11-416			
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	MOHAMAD SAINI
Contact No.(Mobile)	98529277	Contact No. (Home)	684671
Email Address	saini69@hotmail.com	OI Vehicle Number	SJL705
Claim Description	SJL7057J / SCH8938P ON 6 Sept 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	09/09/2019 10:54	GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1061459

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

09/09/2019 00:00

Path *

Category *

Confidential

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2019 10:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2019 10:54	SAS		Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2019 10:54	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2019 10:54	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2019 10:54	Photos		Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Sep 2019 10:53	Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

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