

NATIONAL Assessment Centre Services.

(Ref 1 Jan 2003)

17 MAY 19 12 28 05

Date In: 16/09/2019 17:02/	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/90/6336/4	SAS e-filing		
Veh No: 51F 3894S	E-mail (By John Sims, AIC 2hrs)		
Q.O.A: 14/09/2019 15:25	1-Motor Claims Form	17/05/2019 17:49	
OD / TP (Reporting Only)	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Visor		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 51F 3894A	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$9000] ()	

Injury: _____

Date/Time	Actions

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
6) TR: Re-inspection \$73	
7) NI: Idea DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpl Allowance \$3	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$23	
*N8: DV / Collect Excess Coordination \$3	
TP (N11): TP (N-in INC) against ING \$30	
9) N12: Idea 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	16/09/2019 17:02
Date Of Accident	14/09/2019 15:25
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3894S
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD NORHAFIZ BIN SALIM
NRIC No	S8722313B
Email Address	HAFIZ_SONIC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84480979
Alternative Phone No	OTHERS-84480979

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE UE
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	5102088929
Cover Note Number	

Driver

Name of Driver	MOHAMAD NORHAFIZ BIN SALIM
NRIC No	S8722313B
Date Of Birth	18/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84480979
Fax Number	
Contact Number	OTHERS-84480979
Email Address	HAFIZ_SONIC@HOTMAIL.COM

Address	BLK 207D COMPASSVALE LANE #01-44
Postcode	547207
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	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?	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: : FRIEND 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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5974A
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ABDUL RAHMAN BIN ENCHING
NRIC/Passport Number	S0109572B
Contact Number	
Address	
Postcode	
Insurance Company Name	

* Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 16/09/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

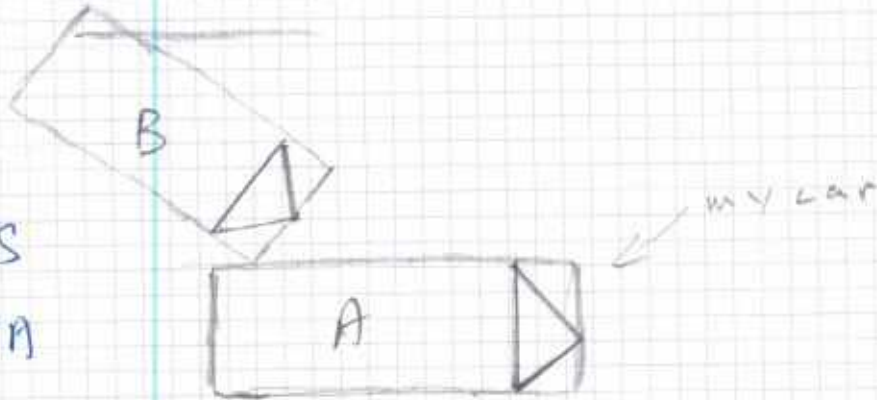
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

From Clementi Road



A) SJF 3894S

B) SLQ 5974A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14 SEPT 1526hrs at CLEMENTI Road I was turning right on a controlled cross junction. I turn to the most right lane then signalled left to go to the centre lane. After making myself straight to the centre lane I was hit on the left rear of my car by SLQ 5974A that is coming out from the filter lane.

DECLARATION

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

Policyholder's Signature
Date & Time: 16/09/19

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

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

Claim Handling

Accident MY/1062649

Policy No.	5102089129	Vehicle No.	3ZF38945	GST Registration No.	
Certificate No.				Policyholder NRIC	56722138
Policyholder Name	MUHAMMAD NORHAJIZ BIN SALIM	Owner Type	Brn CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	84480979	Special Remark		eCode	No *
Email Address		TCA	= No Yes	eCode Reason	
KPI	= No Yes	NCD Settlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	16/09/2019 17:18	Accident Report Within 28 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/09/2019	Time of Accident (hr:min)	16:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ALONG CLEMENT ROAD				

Excess

Own damage Excess	500.00	Additional Excess	1500	Windscreen Excess	100.00
Uninsured 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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 207D #01-44	Address 2	COMPASSVALE LANE	Address 3	COMPASSVALE CREST
Address 4	SINGAPORE 547207	Address Type	Singapore address	Post Code	547207
Unit No.		Related Policy Number	5102089129		

GT Driver Info

Driver Name	MUHAMMAD NORHAJIZ BIN SALIM	Driver Type	Main Driver	Driver DOB	16/07/1987
Uninsured Driver Name		Driver NRIC	56722138	Driving Experience	1
Register Date of Driver License	01/11/2017	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	84480979	Contact No.(Office)		Address 1	COMPASSVALE CREST
Address 1	BLK 207D #01-44	Address 2	COMPASSVALE LANE	Post Code	547207
Address 4	SINGAPORE 547207	Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	3ZF38945		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		
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Modification History

Claim 901 **NEW**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault Preferred Workshop, name unknown GTA report Received

Date Registered

Report Taken By

Print AK letter

OD-MR	Insured Name	MUHAMMAD NORHAJIZ BIN SALIM	Insured NRIC	56722138
84480979	Contact No. (Home)		Contact No. (Office)	
HAFIZ_SONIC87@HOTMAIL.COM	GT	3ZF38945	Vehicle Number	5102089129
3ZF38945 / 5102089129 ON 14 Sept 2019	Vehicle Number		Name of Preferred Workshop	

16/09/2019 17:28	Claim Close Date		Date Received	16/09/2019 00:00
BOSLI WAHAB				

Save Submit

Attachment

Accident No.	MY/1062649	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	16/09/2019 17:49		
Path *					
Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	A
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Sep 2019 17:49	SAS	Normal	SAS 2019-9-16		
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Sep 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-16		
	NAC_BUKIT_MERAH_80676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Sep 2019 17:30	Photos	Normal	Photos 2019-9-16		

ACCIDENT STATEMENT

ACCIDENT DATE: (14/09/2019) (DD/MM/YYYY), TIME: (15:26) (HH:MM)

LOCATION: Clementi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 38945
b) INSURANCE COMPANY: HTUC INCOME
c) POLICY NUMBER: 5102088929
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Fit 1.3A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MOHAMAD NORHAfiz BINSALIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 587223138 CONTACT: 84480979
c) ADDRESS:

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMAD NORHAfiz BINSALIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 587223138 CONTACT: 84480979
c) ADDRESS:

* d) DATE OF BIRTH: (18/07/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/12/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ 5974A MODEL: Honda Vezel
b) DRIVER'S NAME: ABDUL RAHMAN BIN ENCHING
c) NRIC/FIN/PASSPORT: 501095728 CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

Email = hafiz_sonic@hotmail.com

VIDEO

SLQ 5974A

Hello, NAC_BUKIT_MERAH_800676

[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="14/09/2019 17:01"/>
Vehicle No.(For Motor)	<input type="text" value="SJF3894S"/>	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 checked="" type="radio"/>	5102088929		MOHAMAD NORHAfiz BIN SALIM	S87223138	GPC	drive CLASSIC	SJF3894S	SJF3894S	11/07/2018	27/11/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SJF 3894 S

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : _____ Time of Accident : _____

Place of Accident : _____

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

205
Policyholder / Driver's Signature
Date: 16/09/19

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