

NATIONAL Assessment Centre Services (not a day care)

Date In:	Job description	Date & Time Completed	Done by:
Ref No: NA/INCL9016359/13	SAS e-filing		
Veh No: SKLSJ52M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/09/19 2050	i-Motor Claim Form	MT/1062850-001	
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:
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TP Particulars:	Veh No: <u>SMB341B</u> INC () / Non-INC ()
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Owner / Driver: () Tel: ()

Policy No: ()	Period: ()	Cover Type: ()
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Confirmed by : (_____ Date: _____ Time: _____)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]
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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. ()

[illegible]

Remarks:-	(INC. no:line: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Quantity G ()			

1) Apply for Transport Allowance () / Courtesy Car ()		
2) OG Check / Post Card Information ()		

2) QC Check / Post Repair Inspection	()		
3) Upload Damage Photo (Form G-10 03/2008)	()		

3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury: _____

Date/Time	Actions
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NA1907002	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
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	In-Office Preparation Charge	1st Bill	Add Bill
1) AR - Accident Reporting (\$30):			

2) DA : Damage Assessment (\$100),	INC (\$80)	
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river/Owner:	3) IF : Interview Fee	\$40/\$45	
	4) FT : Follow-Through Survey	\$120	

contact No:	5) FT : Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (up to 10 Jan 2005)	

damaged Portion:	6) TR : Re-inspection	\$75
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7) N1 : [dac DA + SMRT Survey	\$160
8) NTUC Additional Services -	

C Checked by (Engr-In-Charge):	ON*
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*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	

Auditors' Comments :-	*N7: Post Repair Inspection	\$25	
	N8: PM / C.O.B. / B.P.C. / G.C. / P.C.	\$6	

at 1:	TP (N11) : TP (N:n INC) against INC	\$20
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1 2 / 3	9) N12: Idmc Mobile	30	
	<i>Issuing dated</i>	<i>Has Changed</i>	

273	Invoice dated	Fee Charged	10/10/10
	Invoice dated	Fee Charged	10/10/10

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	17/09/2019 09:15
Date Of Accident	16/09/2019 20:50
Exact Location Of Accident	SEBBAWANG WAY TURN LEFT INTO CARPARK BLK 353,355
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5252M
Insured/Policyholder	
Name Of Registered Owner	HAJA NAJIMUDEEN S/O M J
NRIC No	S2639535F
Email Address	HAJADEENGR63@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97543412
Alternative Phone No	OTHERS-86605646

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109953509
Cover Note Number	

Driver

Name of Driver	HAJA NAJIMUDEEN S/O M J
NRIC No	S2639535F
Date Of Birth	01/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1993
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97543412
Fax Number	
Contact Number	OTHERS-86605646
EMail Address	HAJADEENGR63@GMAIL.COM

Address	BLK 59 CHAI CHEE RD #11-866
Postcode	460059
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 - 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 ON THE LEFT LANE OF A2-LANES RD AT SEMBAWANG WAY TURNING LEFT INTO CARPARK BLK 353,355. BEFORE I MAKE A LEFT TURN SUDDENLY A PEDESTRIAN CROSS THE ROAD AND I STOP MY VEH. VEH(B) SMRT BUS BEARING REG NO SMB341B FROM MY RIGHT LANE SWERVED INTO MY LANE AND GRAZED ONTO MY RIGHT SIDE MIRROR AND MY REAR MUDGUARD OF MY VEH. AFTER THE IMPACT THE BUS DRIVER DIDN'T STOP IMMEDIATELY BUT HE STOP AT THE BUS STOP AHEAD. THE BUS DRIVER ADMITTED THAT HE WAS AT FAULT. I HAVE A VIDEO FOOTAGE OF THE IMPACT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILES TOO BIG, VIDEO SAVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB341B
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	HO THIAM CHYE
NRIC/Passport Number	S0107821F
Contact Number	
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

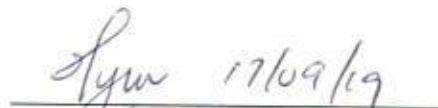
Date & Time:

17/9/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

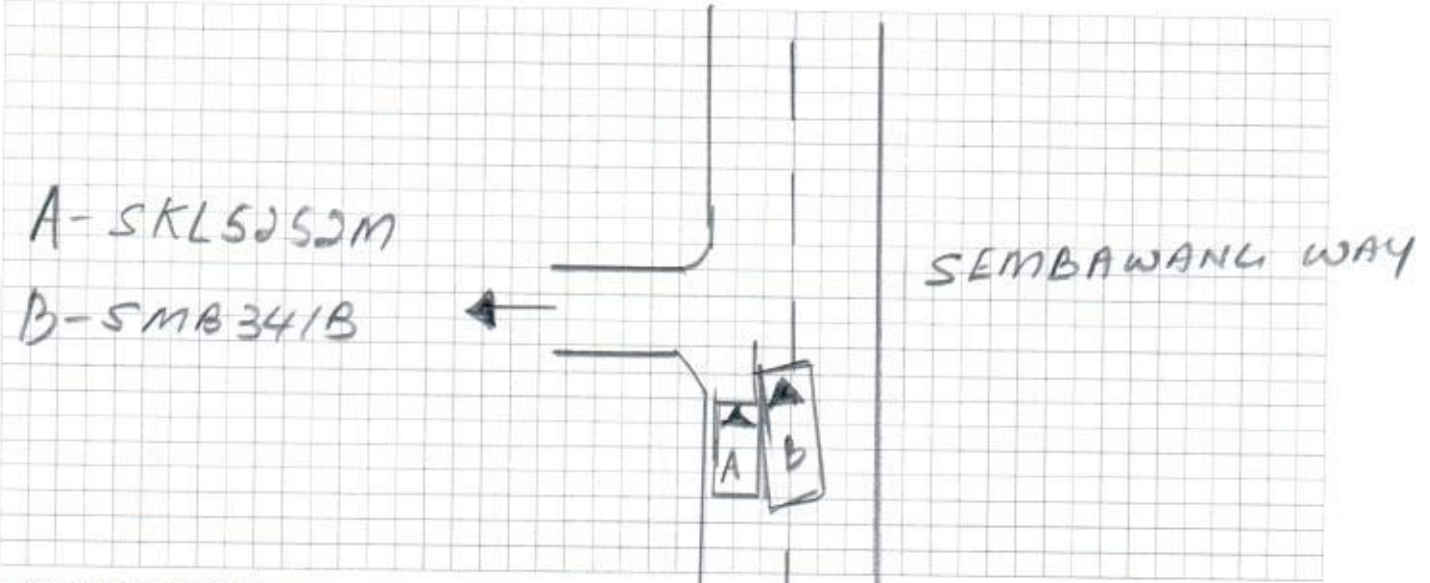


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



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: 17/9/19

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

 17/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Land Transport Authority



VOCATIONAL LICENCE


Licence No : S2639535F

Name : HAJA NAJIMUDEEN S/O MOHAMED JAKKARIA


Please visit 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	10/06/2019



PDVL/TDVL
33 888 8888
295283



Certificate of Insurance

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: 5109953509

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKL5252M
Chassis Number : WDD2040312A846099
2. Name of Policyholder : HAJA NAJIMUDEEN S/O M J
3. Effective Date of Insurance : 30 May 2019
4. Expiry Date of Insurance : 23 Jun 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HAJA NAJIMUDEEN S/O M J
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : TELESALLES-DIRECT MARKETING (00000601661)
Date of Issue : 29 May 2019 09:56 hrs
Reprint : 29 May 2019 12:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1062850

Policy No.	5109953509	Vehicle No.	SKL5252M	GST Registrat
Certificate No.				
Policyholder Name	HAJA NAJIMUDEEN S/O M J			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97543412	Contact No.(Office)	0	Contact No.(I
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	17/09/2019 18:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/09/2019	Time of Accident hh:mm	20:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SEMBAWANG WAY TURN LEFT INTO CARPARK BLK 353,355			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covi
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 59 #11-866	Address 2	CHAI CHEE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109953509	

▼ OI Driver Info

Driver Name	HAJA NAJIMUDEEN S/O M J	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2639535F	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	56	Driving Exper
Contact No.(Mobile)	86605646	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 59	Address 2	CHAI CHEE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-866			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

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	
Contact No.(Mobile)	97543412	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SKL5252M / SMB341B ON 16 Sept 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/09/2019 18:19
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No. MT/1062850

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 17/09/2019 00:00

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Category *

Confid

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

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Clear Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:19	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:19	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:19	SAS		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:19	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:19	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:19	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:19	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:17	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:17	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:17	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:17	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:17	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:16	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:16	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:16	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:16	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:16	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2019 18:16	Photos		Normal

Video List

Uploaded By/Date	Folder Date	File Name	
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