

NATIONAL Assessment Centre Services. [ver 1 Jan 09] MMA 119124932 - 01

Date Inc: 20/9/19 17:19	Job description	Date & Time Completed	Done by
Ref No: MA1 IMC19016682/h4	SAS e-filing		
Veh No: 63 9377J	E-mail (within 2hrs, AIC 2hrs)		
DEFA 31/8/19 12:00	I-Motor Claim Form	MT/1060615-002	21/9/19 14:40
QD TP / Reporting Only	I-Motor W/O (Within: DD 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: SK2 1599R	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

MA1907116	Invoice/Repairation Checklist	Amount	Amount
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming status (INC Only) (ver 10 Jan 2009)		
Tel 1:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao 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	20/09/2019 17:19
Date Of Accident	31/08/2019 12:00
Exact Location Of Accident	JUNC OF UPP JURONG RD & PIONEER RD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9377J
Insured/Policyholder	
Name Of Registered Owner	MCT AUTO
Co Reg No	53386796K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93510492

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

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	5103670118
Cover Note Number	-

Driver

Name of Driver	MOHAMED NURHIDAYAT BIN YUSOF
NRIC No	S8742209G
Date Of Birth	15/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93880843
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 460B BUKIT BATOK WEST AVE 9 #11-29
Postcode	652460
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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

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	SKZ1599R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.**
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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.:

Pioneer Rd north.

A = GZ 9377 J
B = SKZ 1599 R

Gpp Jurong Rd

please Refer to statement

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



in every re

[Signature]



I STOP BEHIND VEH B AT THE SLIP RD FROM UPPER JURONG RD TWDS PIONEER RD NORTH, WHEN NOTICED VEH B STARTED TO MOVE OFF, I ALSO FOLLOW TO MOVE AND CHECK ON MY RIGHT, WHEN TURN BACK MY VIEW, VEH B SUDDENLY STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

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 : MNA119124932 Vehicle Registration No: GZ9377J
Name(as shown in NRIC) : MOHAMED NURHIDAYAT BIN YUSOF NRIC/FIN/Passport No : S8742209G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 93880843
Email Address : _____
Date of Accident : 31/08/2019 Time of Accident : 12:00
Place of Accident : JUNC OF UPP JURONG RD & PIONEER RD NORTH
Insurance Company : NTUC

(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:

AMEND POLICY NUMBER TO 5103670118

Policyholder / Driver's Signature
Date:


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

21/9/19

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 8 / 19.) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Junc of upp Jurong Rd & Pioneer Rd north.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 9377 J.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9351 0492
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed nurhidayat Bin Yusof (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9388 0843
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hier.

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: SKZ 1599 R. MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Waiting ch.p & CI

Email =

fax =

VIDEO = No.

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 : 5103670118

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **GZ9377J**
Chassis Number : JTFHT02P900001451
2. Name of Policyholder : MCT AUTO
3. Effective Date of Insurance : 08 Nov 2018
4. Expiry Date of Insurance : 07 Nov 2019
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.
(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: SIN HENG CREDIT PTE LTD
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 : JG MOTOR AGENCY (00000613374)

Date of Issue : 06 Sep 2018 20:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1060615

Policy No.	5103670118	Vehicle No.	G293773	GST Registration No.	
Certificate No.					
Policyholder Name	MCT AUTO	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53386796K
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	<input type="button" value="No"/>
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	02/09/2019 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/08/2019	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD OF UPPER JURONG ROAD TWDS PIONEER ROAD				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
▼ 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 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5105687068		
▼ OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	MCT AUTO	Insured NRIC	53386796K	
Contact No.(Mobile)	98890085	Contact No. (Home)		Contact No. (Office)		
Email Address		Vehicle Number	G293773	TP Vehicle Number	SKZ15	
Claim Description	G293773 / SKZ1599R ON 31 Aug 2019				Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	
Preferred No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown			
Date Registered	21/09/2019 14:40	Claim Close Date		Date Received	21/09/2019	
Report Taken By	LEE SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1060615	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/09/2019 14:40		
Path *		Category *	Confidential	Urgency *	Desc
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
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<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Message Read"/>					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
	NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) 21 Sep 2019 14:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-21
	NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) 21 Sep 2019 14:40	SAS	Normal		SAS 2019-9-21

9/21/2019

Claim Handling(Claim Task)



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
21 Sep 2019 14:40

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
21 Sep 2019 14:40

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21 Sep 2019 14:40

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21 Sep 2019 14:40

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
21 Sep 2019 14:40

Photos

Normal

Photos 2019-9-21

Photos

Normal

Photos 2019-9-21

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Photos 2019-9-21

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading