

# NATIONAL Assessment Centre Services. [ver 1 Jan'09] MMA 119125188.

Date In: 21/9/19 14:17	Job description	Date & Time Completed	Done by
Ref No: MMA/INC19016692164	SAS e-filing		
Veh No: SLJ 7250D	E-mail (within 3hrs, AIC 2hrs)		
TP DA: 20/9/19 16:45	I-Motor Claim Form	M711063432-001	21/9/19 16:38
OP: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: XB 8655M.	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

NA1907138		Invoice Generation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120		
Auditors' Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming status INC Only (wef 10 Jan 2003)		
		6) TR: Re-Inspection \$75		
		7) N1: 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		
		TP (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	21/09/2019 14:17
Date Of Accident	20/09/2019 16:45
Exact Location Of Accident	KING GEORGES'S AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7250D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	53121670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90603343

### Vehicle Particulars

Manufacturer	AUDI
Model	A1
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5110923642
Cover Note Number	-

### Driver

Name of Driver	MUHAMMAD HANAFI BIN BOHARI
NRIC No	S9130471F
Date Of Birth	21/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84887893
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 166 WOODLANDS ST 13 #03-529
Postcode	730166
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	XB8655M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG WHEE SOON
NRIC/Passport Number	S1222151G
Contact Number	82541961
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 compliance with requirements under any regulations, laws or court orders.

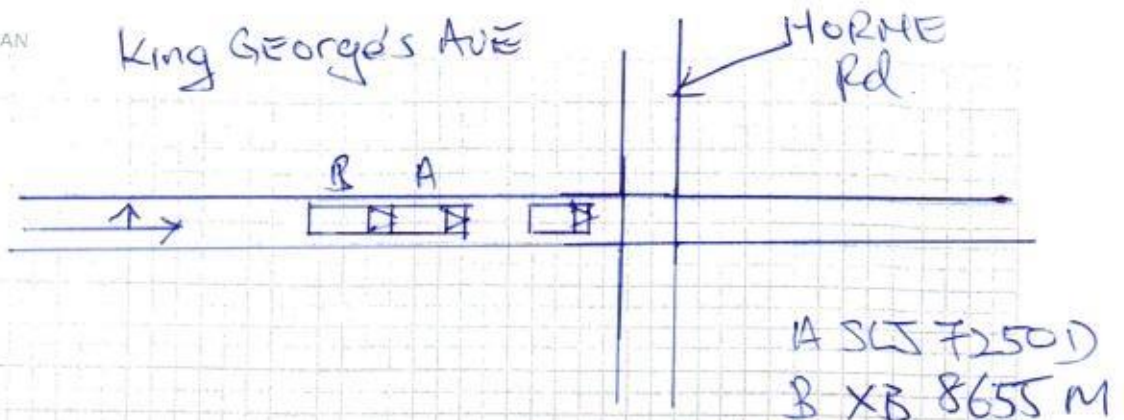
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/9/19 I was driving my vehicle SLJ 7250D along King George's Ave. when we stop at the junction of HORNE (RED light). when traffic turn Green we start to move, Suddenly vehicle XB 8655M hit onto my rear of my car, I felt that the rear car XB 8655M hit 2-time from behind.



We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

## 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:** 5110923642-000001

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLJ7250D**  
Chassis Number : **WAUZZZ8X9GB119664**
2. Name of Policyholder : **BENEFIT AUTO**
3. Effective Date of Insurance : **14 Jul 2019**
4. Expiry Date of Insurance : **13 Jul 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : BENEFIT AUTO INSURANCE AGENCY (00000573333)  
Date of Issue : 04 Jul 2019 14:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1063432

Policy No.	5110923642	Vehicle No.	SLJ7250D	GST Registration No.	
Certificate No.	5110923642-000001				
Policyholder Name	BENEFIT AUTO			Policyholder NRJC	53121670E
Product Code	FLEET MASTER INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	90603343	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	21/09/2019 16:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/09/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KING GEORGES'S AVE				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	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	21/09/2019 16:33:51 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5110923222		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/08/1991
Unnamed driver Name	MUHAMMAD HANAFI BIN BOHAF	Driver NRJC	S9130471F	Driving Experience	1
Register Date of Driver License	03/10/2017	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	84887893	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 166 #03-529	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730166
Address 4		Address Type	Singapore address	Post Code	730166
Unit No.	03-529				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MIX	Insured Name	BENEFIT AUTO	Insured NRJC	53121670E
Contact No.(Mobile)	94247885	Contact No.(Home)		Contact No.(Office)	644451
Email Address	DOBENEFITAUTO@GMAIL.COM	Vehicle Number	SLJ7250D	TP Number	XB8655
Claim Description	SLJ7250D / XB8655M ON 20 Sept 2019				
Preferred Workshop	0	Insured Liability	Not at Fault		
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered				Claim Close Date	21/09/2019 16:37
Report Taken By					LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter					

Save Submit


## Attachment

Accident No.	MT/1063432	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/09/2019 16:38		
Path *		Category *	Confidential	Urgency *	Desc
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	

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	SAS		Normal	SAS 2019-9-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	Photos		Normal	Photos 2019-9-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	Photos		Normal	Photos 2019-9-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	Photos		Normal	Photos 2019-9-21	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	Photos		Normal	Photos 2019-9-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	Photos		Normal	Photos 2019-9-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:37	Photos		Normal	Photos 2019-9-21	

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				