

# NATIONAL Assessment Centre Services.

MNA 419126243

Date In: 24/09/2019 10:11	Job description	Date & Time Completed	Done by
Ref No: NBA/inc19016803/F	SAS e-filing		
Veh No: 89F27482	E-mail (to John 8hrs, AIC 2hrs)		
D.O.A. 24/09/2019 07:35	I-Motor Claim Form		
OID TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJW 909P	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 repair.

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

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

Remarks:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date Done	Actions

NA1907126

Claimant's Particulars:	1) AL: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Wardens' Comments:	For claiming against INC Only (wef 10 Jan 2003)	
Ref 1:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$35
	*NS: Repair Coordination	\$10
	*NS: Post Repair Inspection	\$25
	*NS: DV / Collect Excess Coordination	\$35
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: Idas 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 24/09/2019 10:11  
Date Of Accident 24/09/2019 07:35  
Exact Location Of Accident REDHILL CLOSE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF2748Z  
**Insured/Policyholder**  
Name Of Registered Owner NASSER BIN SYED IBRAHIM  
NRIC No S1821286B  
Email Address NASSERSYEDLBRAHIM@GMAIL.COM  
Mobile Phone No (LOCAL) +65-90298292  
Alternative Phone No OFFICE-90298292

### Vehicle Particulars

Manufacturer TOYOTA  
Model TOYOTA WISH  
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 THIRD PARTY  
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 5108490021  
Cover Note Number

### Driver

Name of Driver NASSER BIN SYED IBRAHIM  
NRIC No S1821286B  
Date Of Birth 12/11/1967  
Occupation INDOOR  
Date Of Driving Pass 13/05/1988  
Driving Experience 31 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90298292  
Fax Number  
Contact Number OFFICE-90298292  
Email Address NASSERSYEDLBRAHIM@GMAIL.COM

Address	75A REDHILL ROAD #19-58 SINGAPORE
Postcode	151075
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?	YES
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: : WIFE 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

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 DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW909P
Vehicle Make/Model/Colour	MERCEDES BENZ
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)

**DETAILS OF INJURED PERSON 1**

Name	NASSER SYED IBRAHIM
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SGF2748Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



# ACCIDENT STATEMENT

ACCIDENT DATE: (24/9/2019) (DD/MM/YYYY), TIME: (7.35 AM) (HH:MM)

LOCATION: redhill close

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF2748Z  
b) INSURANCE COMPANY: NTUC INSURANCE  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA WISH  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK  
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: NASSER SYED IBRAHIM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1821286/B CONTACT: 90298292  
c) ADDRESS: 75A REDHILL ROAD, #19-58  
SINGAPORE 151075

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: SAME AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (12/11/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/5/1988

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

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

## 6. WAS ANYBODY INJURED (YES / NO) Driver (BACK PAIN)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STU1909D MODEL: MERCEDES  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

email = nassersyedibrahim@gmail.com

VIDEO



## 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:

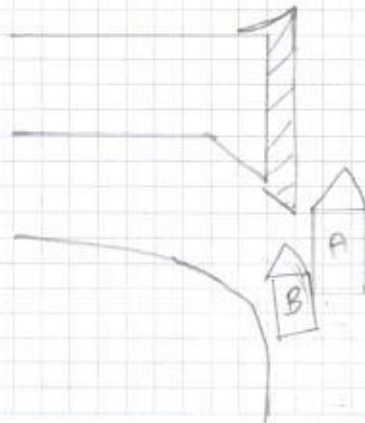
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

VIEW: Redhill close

VEH A: 8GF27ASZ  
VEH B: SJW 909P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT/ WHEN CAR 'A' WHOM WAS  
TURNING LEFT HIT MY CAR LEFT REAR BUMPER WHILE  
TURNING LEFT.

DECLARATION

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

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.:



## 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:** 5108490021

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGF2748Z**  
Chassis Number : ZNE100289449
2. Name of Policyholder : **NASSER B SYED IBRAHIM**
3. Effective Date of Insurance : **06 Apr 2019**
4. Expiry Date of Insurance : **05 Apr 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	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NASSER BIN SYED IBRAHIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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)

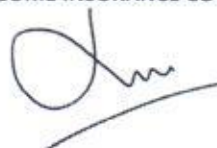
Agency : INSUREMYCAR.COM.SG (00000615275)  
Date of Issue : 27 Mar 2019 15:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#) [Change Passwd](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/09/2019 09:48"/>
Vehicle No.(For Motor)	<input type="text" value="SGF2748Z"/>	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 type="radio"/>	5108490021		NASSER B SYED IBRAHIM	S1821286B	GPC	drivo CLASSIC	SGF2748Z	SGF2748Z	06/04/2019	05/04/2020

## Claim Handling

Accident MT/1063767

Policy No.	5108490021	Vehicle No.	SGF2748Z
Certificate No.			
Policyholder Name	NASSER B SYED IBRAHIM		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC
Contact No.(Mobile)	90298292	Contact No.(Office)	
Email Address		Special Remark	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	30

## ▼ Accident Details

Report Date	24/09/2019 14:14	Accident Report Within 24 hrs	Yes
Date of Accident	24/09/2019	Time of Accident hh:mm	07:35
Reporting Centre		Orange Force	
Accident Location	REDHILL CLOSE		

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0		
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 75A #19-58	Address 2	REDHILL ROAD
Address 4	SINGAPORE 151075	Address Type	Singapore address
Unit No.	19-58	Related Policy Number	5108490021

## ▼ OI Driver Info

Driver Name	Nasser Bin Syed Ibrahim	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S1821286B
Register Date of Driver License	01/01/1985	Driver Age	51
Contact No.(Mobile)		Contact No.(Office)	
Address 1	BLK 75A #19-58	Address 2	REDHILL ROAD
Address 4	SINGAPORE 151075	Address Type	Singapore address
Unit No.	19-58		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	

## Declaration

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

Claim 001 **New**

Claim Type *	OD-MX
Contact No.(Mobile)	90298292
Email Address	



Claim Description

SGF2748Z ON

Preferred Workshop

CONTACT No.

Finalisation

Yes

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

24/09/2019 1

Report Taken By

☒ Print AK letter

Save

Submit

## Attachment

Accident No.

MT/1063767

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

24/09/2019 14:00

Path \*

Category

Choose File

No file chosen

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## Attachment List

Attachment

Uploaded By/Date

Category



Urgency



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Sep 2019 14:23

SAS

Normal



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Sep 2019 14:23

NRIC/ Driving License

Y

Normal



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Sep 2019 14:23

NRIC/ Driving License

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Sep 2019 14:23

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Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1821286B



Name

NASSER BIN SYED IBRAHIM



*For LKK/NAC Use Only*

Race

INDIAN

Date of birth

12-11-1967

Sex

M

S1821286B

Country of birth

SINGAPORE



4578518



NRIC No. S1821286B



For LKK/NAC Use Only

Date of issue

06-05-2010

Address

APT BLK 75A REDHILL ROAD  
#19-58  
SINGAPORE 151075