

NATIONAL Assessment Centre Services

Date In: 11/10/19	Job description	Date & Time Completed	Done by
Ref No NA/INC 19017963/13	SAS e-filing		
Veh No SKC 55744	E-mail (within 8hrs, AIC 2hrs)	MT/1067030 - 002	
D.O.A 10/10/19 1630	i-Motor Claim Form	MT/1066611 - 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: (11-51 Tel: Fax:)

TP Particulars: Veh No: SJW62460 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%; F: 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

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	11/10/2019 10:04
Date Of Accident	10/10/2019 16:30
Exact Location Of Accident	ALONG PIE TWDS CHANGI B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5574G
Insured/Policyholder	
Name Of Registered Owner	SAZALI BIN MOHAMED
NRIC No	S1711550B
Email Address	SASTROY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94875842
Alternative Phone No	OTHERS-94875842

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	5111868659
Cover Note Number	

Driver

Name of Driver	SAZALI BIN MOHAMED
NRIC No	S1711550B
Date Of Birth	20/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94875842
Fax Number	
Contact Number	OTHERS-94875842
EMail Address	SASTROY@HOTMAIL.COM

Address	BLK 341 TAMPINES ST 33 #08-266
Postcode	520341
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	CHAIN COLLISION
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	4
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

PLS REFER TO THE ATTACHED 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	SJW6246D
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ3597H
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKG606K
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)

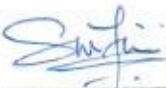
SKETCH PLAN

IMPORTANT NOTICE

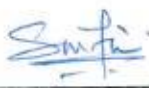
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

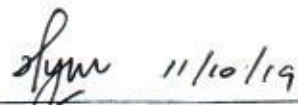
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



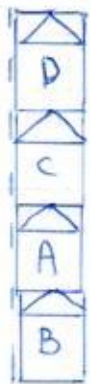
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/10/19

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

SKETCH PLAN

PIE tuds Changi



Vehicle A: SKC 5574G
 Vehicle B: SJW 6246D
 Vehicle C: SKZ 3597H
 Vehicle D: SKG 606K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SKC 5574G) traveling along PIE tuds Changi. I was driving straight on lane 1. The vehicle in front of me made a jammed brake so I followed to stop my vehicle. out of sudden I felt huge impact from rear of my vehicle. After check, there was chain collision. Vehicle B (SJW 6246D) couldn't stop on time and collided onto my vehicle cause my vehicle push forward to hit onto front vehicle C (SKZ 3597H). Vehicle D (SKG 606K) also involved.

DECLARATION

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

[Signature]

Policyholder's Signature
 Date & Time:

[Signature]

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

[Signature] 11/10/19

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

Vehicle No.	SKC 5574 G		Model / Make	Hyundai Elantra
Date of Accident	10/10/2019			
Time of Accident	1630	HRS		
Location of Accident	Along PIE & Tuds Changi before Eunos Exit			
Exact purpose use during accident	Private use			
Name of Owner	Sazali Bin Mohamed			
Telephone No.	H/P : 94875842	Home :	Office :	
NRIC	S1711550B			
Address	BLK 341 Tampines Street 33 #08-266 S(520341)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5111868659			
Name of Driver	As Above If No,			
NRIC	Any Passengers : —			
Date of birth	20/9/1965			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	21/12/1988			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SJW 6246D		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.	SKZ 3597H		Any Passengers :	
Vehicle D No.	SKG 606K		Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Rear & front portion			
Camera Recorder	Yes / No			
Email Address	Sastrov@hotmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



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: 5111868659 ✓

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKCS574G ✓
 Chassis Number : KMHDH41CMCU248281 ✓

2. Name of Policyholder : SAZALI BIN MOHAMED ✓

3. Effective Date of Insurance : 15 Aug 2019

4. Expiry Date of Insurance : 14 Aug 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

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: SAZALI BIN MOHAMED

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 : KA-HUP VEHICLES TRADING (00000572059)

Date of Issue : 15 Aug 2019 10:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

LKK Paya Ubi

From: Desmond Foo Guo Hui <desmond.fooogh@income.com.sg>
Sent: Wednesday, 16 October 2019 9:47 AM
To: rspu@lkkauto.com
Subject: SKC5574G - 10 Oct 2019 (Recreate file)

Hi

The file was created with a wrong DOA as 11 Oct 2019.
With that, we will need you to recreate the file with the correct DOA as 10 Oct 2019.

Please select, 'MT/1067030' and click on 'Create New Claim'.

Desmond Foo
Manager, Motor Insurance
T +65 6430 7976
www.income.com.sg



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Claim Handling

Accident MT/1067030

Policy No.	5111868659	Vehicle No.	SKC5574G	GST Registrat
Certificate No.				
Policyholder Name	SAZALI BIN MOHAMED			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	94875842	Contact No.(Office)		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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	15/10/2019 17:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/10/2019	Time of Accident hh:mm	16:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE TWDS CHANGI B4 EUNOS EXIT			

▼ 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	Driver is Covi
Additional Excess	0.00			
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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 341 #08-266	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111868659	

▼ OI Driver Info

Driver Name	SAZALI BIN MOHAMED	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1711550B	Driver DOB
Register Date of Driver License	21/12/1988	Driver Age	54	Driving Exper
Contact No.(Mobile)	94875842	Contact No.(Office)		Contact No.(I
Address 1	BLK 341 #08-266	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	94875842	Contact No. (Home)	
Email Address	sastroy@hotmail.com	OI Vehicle Number	
Claim Description	SKC5574G / SJW6246D ON 10 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/10/2019 12:45
		Workshop Repairer	ROSLINDA
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1067030

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

16/10/2019 00:00

Path *

Category *

Confid

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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NO

Clear

Please Select

NO

Clear

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NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:45	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:45	SAS		Normal	:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:45	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:45	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:44	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:44	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:43	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:43	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:43	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:43	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:43	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Oct 2019 12:43	Photos		Normal	PI

Video List

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