

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 119139359

Date In: 11/12/19 - 15:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC19018588/24	SAS e-filing		
Veh No: 56679626	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/12/19 - 16:05	i-Motor Claim Form	11/106871-031	11/12/19 19:24
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:
TP Particulars:	Veh No: 5JR4094P	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:	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

NA1907955	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	21/10/2019 15:16
Date Of Accident	19/10/2019 16:05
Exact Location Of Accident	PIE TWDS TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL7960L
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RENTALS PTE LTD
Co Reg No	201908510M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5108392299
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZULFADHLI BIN JURAIMI
NRIC No	S9236137C
Date Of Birth	10/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87497350
Fax Number	
Contact Number	OFFICE-87497350
EEmail Address	NOEMAIL

Address	BLK 355 WOODLANDS AVENUE 1 #04-707
Postcode	730355
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?	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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191019/7014.

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	SJR4094P
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO SOON FEI
NRIC/Passport Number	S6836752B
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ZULFADHLI BIN JURAIMI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGL7960L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report immediately the details of the accident to speed up the claims process.
2. The report must be submitted to the Police under the Accident Report Form.
3. Information provided must be truthful and correct as possible. Any willful misrepresentation or withholding of material facts may affect insurance companies to invalidate 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 claim involving death may be referred to the Police for investigation.
6. The report will be forwarded by the members 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 elsewhere.

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 as J
- (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 situated 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 (a) 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.



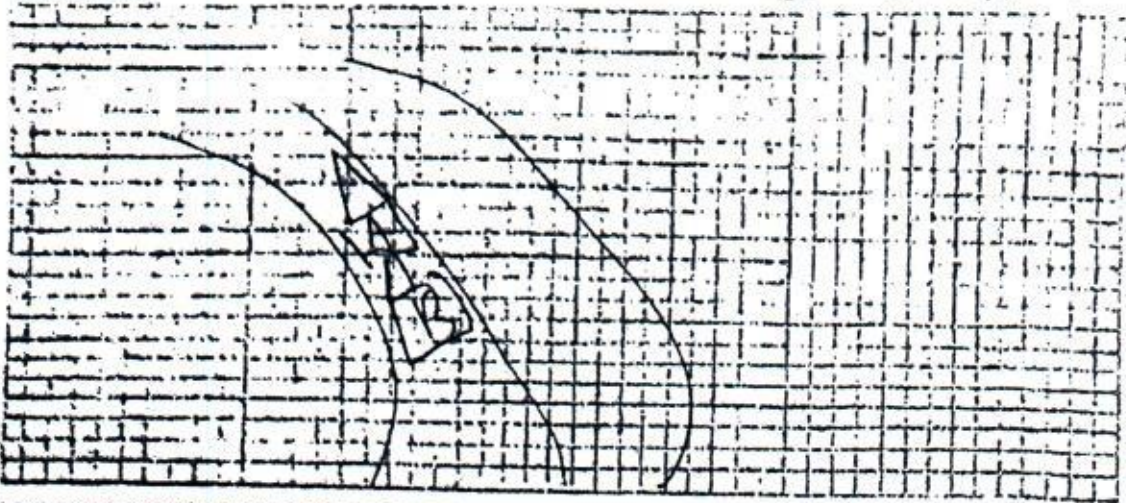
Policyholder's Signature
Date & Time:

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

Reporting Centre for Motor Vehicle Accidents
Name:
NRIC/IN No.:

A - SGL 7960C
B - SJR 4094P

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report

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:
NOLCAPIN No.:



Date of Accident : 10/10/2019 Accident Time: 1605 (24-HR-Format)
Accident Place : PIE / TPE / SLIE
Vehicle Reg. No. (Car Plate No.) : SGL 7960 L
Vehicle Make/Model : ~~Hyundai~~ Toyota Vios
Insurance Company : ~~Reliable~~ NTUC Policy No. 510839299.
Owner or Company Name / IC No. : Reliable Rentals Pte Ltd
Owner or Company Contact No. : — Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Muhammad Zaid Padli Bin Jirami
DRIVER'S Date Of Birth : 10/10/1992 DRIVER'S License Pass Date 11/11/2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Other
DRIVER'S Address : 355 Woodlands Avenue 1 #04-707
DRIVER'S Contact No / Alt No. : 1) 87497350 2) (730555)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : admin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2 (1 female)
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: T-yr for A1415	Vehicle Reg. No: _____
Vehicle Make/Model: SJR4094P	Vehicle Make/Model: _____
Name Driver: Yeoh Sean Fei	Name Driver: _____
IC No. Driver: S6836752B	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20191019/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191019/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2019 18:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ZULFADHLI BIN JUBAIMI			Address: APT BLK 355 WOODLANDS AVENUE 1 #04-707 SINGAPORE 730355		
ID Type / ID No.: NRIC NO / S9236137C			Contact No.: Home/Office: Mobile: 87497350		
Nationality: SINGAPORE CITIZEN			Email: zulfadhli_92@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 10/10/1992	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3,2B,2A,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2019 04:05	Type of Location: Straight Road
Location: Pie towards tpe/sle				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL7960L	Car					0
SJR4094P	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191019/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191019/7014

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD ZULFADHLI BIN JURAIMI	ID No.	S9236137C
Related Vehicle	SGL7960L (Car)	Contact No.	87497350
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3,2B,2A,4 Date of Expiry: NIL
Date Treatment	19/10/2019	Date Discharge	19/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/10/2019, at about hours 1606, I was travelling on PIE towards tpe / sle. Suddenly vehicle SJR4049P hit the rear of my car. We both exchange particular and agree to do a accident Claim. I have a back and neck pain after the accident due to the impact and went to see a doctor.



**SINGAPORE
POLICE FORCE**



T/20191019/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191019/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
19/10/2019 18:22

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5108392299	5108392299-000006	RELIABLE RENTALS PTE LTD	201908510M	GFM	Third Party	SGL7960L	SGL7960L	24/05/2019	21/03/2020

▼ Policy Information

Policy No.	5108392299	Policyholder Name	RELIABLE RENTALS PTE LTD	Policyholder NRIC	201908510M
Certificate No.	5108392299-000006				
Address	3 YISHUN CLOSE #09-05 SYMPHONY SUITES SINGAPORE 768005				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/03/2019	Effective Date	22/03/2019 00:00	Expiry Date	21/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	3 YISHUN CLOSE	Address 2	#09-05 SYMPHONY SUITES	Address 3	SINGAPORE 768005
Address 4		Address Type	Singapore address	Post Code	768005
Unit No.	09-05	Related Policy Number	5111499798		

▶ Insured Object: 5108392299-000006

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1067871

Policy No.	5108392299	Vehicle No.	SGL7960L	GST Registration No.	
Certificate No.	5108392299-000006				
Policyholder Name	RELIABLE RENTALS PTE LTD			Policyholder NRIC	201908510M
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	21/10/2019 19:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/10/2019	Time of Accident hh:mm	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PTE TWOS TPE (SLE)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,900.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	3 YISHUN CLOSE	Address 2	#09-05 SYMPHONY SUITES	Address 3	SINGAPORE 768005
Address 4		Address Type	Singapore address	Post Code	768005
Unit No.	09-05	Related Policy Number	5111499798		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD ZULFADHLI BSN JU	Driver NRIC	59236137C	Driver DOB	10/10/1992
Register Date of Driver License	11/11/2016	Driver Age	27	Driving Experience	2
Contact No.(Mobile)	87497390	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 355	Address 2	WOODLANDS AVENUE 1	Address 3	SINGAPORE 730355
Address 4		Address Type	Singapore address	Post Code	730355
Unit No.	04-707				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RELIABLE RENTALS PTE LTD	Insured NRIC	201908510M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67416868
Email Address		OI Vehicle Number	SGL7960L	TP Vehicle Number	SJR4094P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGL7960L / SJR4094P ON 19 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/10/2019 19:24	Claim Close Date		Date Received	21/10/2019 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Path *	Category *	Confidential	Urgency *	Description *

