

NATIONAL Assessment Centre Services

MNA119141925

Date In: 25/10/2019 17:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9019019/F	SAS e-filing		
Veh No: 8SGK3317B	E-mail (within 3hrs, APC 2hrs)		
D.O.A: 25/10/2019 00:55	i-Motor Claim Form	NA/1068634-001	25/10/2019 06:24 PM
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: SMH 82603	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice date:	Fee Charged	
Cat. 2 / 3:	Invoice date:	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	25/10/2019 17:54
Date Of Accident	25/10/2019 00:55
Exact Location Of Accident	SERANGOON NORTH AVE 1 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGK3317B
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN SHAJOHAN
NRIC No	S9419265Z
Email Address	ISMAILSHAJOHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97726923
Alternative Phone No	OFFICE-97726923
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	5097861361-01
Cover Note Number	
Driver	
Name of Driver	ISMAIL BIN SHAJOHAN
NRIC No	S9419265Z
Date Of Birth	24/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97726923
Fax Number	
Contact Number	OFFICE-97726923
EMail Address	ISMAILSHAJOHAN@GMAIL.COM

Address	BLK 924 TAMPINES STREET 91 #02-257 SINGAPORE 520924
Postcode	520924
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	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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SMH8260S
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

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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**.
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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.



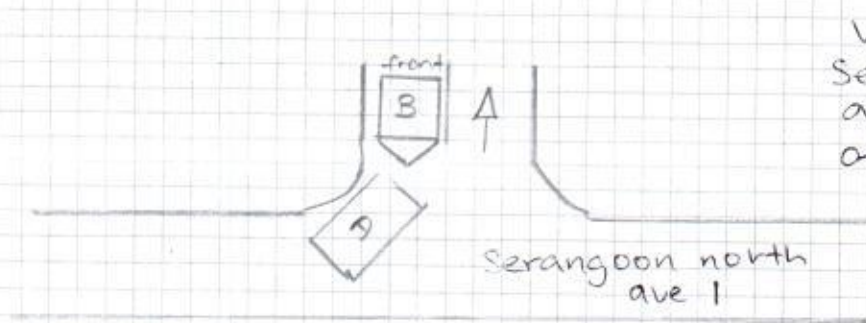
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



VENUE;
Serangoon north
ave 1, entrance
of BIK 152.

VEH A: SGK 331TB
VEH B: SMH 82605

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to
Police report
Report No. T/20191025/2128

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.:



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2019 17:09		Vide Report No.:		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: ISMAIL BIN SHAJOHAN			Address: APT BLK 924 TAMPINES STREET 91 #02-257 SINGAPORE 520924		
ID Type / ID No.: NRIC NO / S9419265Z			Contact No.: Home/Office: Mobile: 97726923		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 24/05/1994	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2019 00:55	Type of Location: T-Junction
Location: Along Road 1 SERANGOON NORTH AVENUE 1 carpark entrance of Blk 152 Serangoon North Ave 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: CAR REVERSED INTO REAR CAR				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK3317B	Car	MITSUBISHI	LANCER 1.6 A	Silver	Slightly Damaged	0
SMH8260S	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGK3317B	NTUC Income Insurance Co-Operative Limited	5097861361-01	07/02/2019	06/02/2020



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ISMAIL BIN SHAJOHAN	ID No.	S9419265Z
Related Vehicle	SGK3317B (Car)	Contact No.	97726923
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 25/10/2019 at about 0054hrs, I was driving my car bearing SGK3317B along Serangoon North Ave 1. I was turning into carpark of Blk 152 Serangoon North Ave 1, there was a dark colored Hyundai Kona bearing vehicle no.SMH8260S in front of my car that also turned into the carpark entrance of Blk 152 Serangoon North Ave 1. However, he stopped before the carpark gantry and picked up 2 male passengers. As such, I had stopped and my car was stationary and waiting behind the car the entire time. However, after the car had picked up the passengers, he reversed his car and his rear collided into the front portion of my car. He then continued to do a three point turn and just drove away. I tried to sound my horn multiple times to signal him to stop but to no avail.

I wish to state that I have in car camera installed in my car and it captured the entire incident.

As a result of the accident, my car has scratches and dent on the front bumper.



**SINGAPORE
POLICE FORCE**



T/20191025/2128

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20191025/2128

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD DANIYAL BIN
BAHARUDDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Insp GOH GEOK LYE

Contact No.: 65476148

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/10/2019 17:09

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	25/10/2019 17:33
Vehicle No. (For Motor)	SGK3317B	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097861361-01		ISMAIL BIN SHAJOHAN	S9419265Z	GPC	drive CLASSIC	SGK3317B	SGK3317B	07/02/2019	06/02/2020

Continue

Claim Handling

Accident MT/1068634

Policy No.	5097861361-01	Vehicle No.	SGK3317B	GST Registrati
Certificate No.				
Policyholder Name	ISMAIL BIN SHAJOHAN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivd CLASSIC	Loading
Contact No.(Mobile)	97726923	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<div>No Yes</div>	TCA	<div>No Yes</div>	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
➤ Accident Details				
Report Date	25/10/2019 18:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/10/2019	Time of Accident hh:mm	00:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SERANGOON NORTH AVE 1 CARPARK ENTRANCE			
➤ Excess				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
➤ 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 924 #02-257	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520924	Address Type	Singapore address	Post Code
Unit No.	02-257	Related Policy Number	5097861361-01	
➤ OI Driver Info				
Driver Name	ISMAIL BIN SHAJOHAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	694192652	Driver DOB
Register Date of Driver License	14/05/2013	Driver Age	25	Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1	BLK 924 #02-257	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520924	Address Type	Singapore address	Post Code
Unit No.	02-257			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ISM
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SG
Claim Description	SGK3317B / SMH8260S ON 25 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
			Claim Close Date

Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1068634
* Yes No

Claim No.
Upload Date

001
25/10/2019 18:42

Path *

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

Category *

Confider

Clear

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:42	SAS	Normal	Sr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:42	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:42	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:42	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:42	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:42	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:42	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2019 18:41	Photos	Normal	Phc

Video List

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

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

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