

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA11919355~**

Date In: 30/10/19-11:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC.1909K24	SAS e-filing		
Veh No: JKL552M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/10/19-14:45	i-Motor Claim Form	MA106993-001	30/10/19 12:09
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: **JKR5764J** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat 2/3:	9) N11 : TP (Non INC) against INC \$20		
	9) N12 : Idac 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 willful 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	30/10/2019 11:57
Date Of Accident	29/10/2019 19:45
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5252M
Insured/Policyholder	
Name Of Registered Owner	HAJA NAJIMUDEEN S/O M J
NRIC No	S2639535F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97543412
Alternative Phone No	OFFICE-97543412

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109953509
Cover Note Number	

Driver

Name of Driver	HAJA NAJIMUDEEN S/O MOHAMED JAKKARIA
NRIC No	S2639535F
Date Of Birth	01/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1993
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97543412
Fax Number	
Contact Number	OFFICE-97543412
Email Address	NOEMAIL

Address	BLK 59 CHAI CHEE ROAD #11-866
Postcode	460059
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?	
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?	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR5764J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOIS LIYING
NRIC/Passport Number	
Contact Number	96301632
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

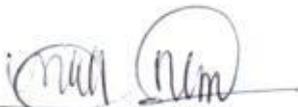
SKETCH PLAN

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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:

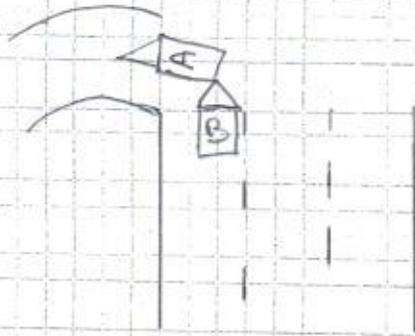
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

UPPER SERAUNGOON ROAD TURNING TO BLK 364



A) SKL 5252M

B) SLR 5764J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG UPPER SERAUNGOON ROAD HEADING TO BLK 364 TO DROP MY PASSENGER, I WAS AT THE ^{MOST} LEFT LANE AND I SAW VEH B WITH HAZARD LIGHT DROPPING PASSENGER I PROCEED TO SWITCH LANE SO I CAN TURN IN TO BLK 364, SUDDENLY VEH B MOVE AND HIT ONTO THE REAR LEFT PORTION OF MY VEH.

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.:



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 530434488

VEHICLE NO: SKL5252M MAKE/MODEL: MERCEDES C180

DATE OF ACCIDENT 29/10/2019 TIME 19 HR 45 MIN AM/PM
DAY/MONTH/YEAR

LOCATION OF ACCIDENT UPPER SERANGOON ROAD TURNING TO BLK 364

EXACT PURPOSE USE DURING ACCIDENT WORK

CAR OWNER

NAME OF CAR OWNER HAJA NAJIMUDEEN S/O MOHAMED JAKKARIA

CONTACT NO 9754 3412

NRIC S2639535F

CLAIM TYPE OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY NTUC

TYPE OF COVERAGE COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO 5109953509

ACCIDENT DRIVER AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER _____

NRIC _____ NO OF PASSENGER/S 1 (female)

DATE OF BIRTH 01.02.1963

OCCUPATION DRIVER OUTDOOR INDOOR

DATE OF DRIVING PASS 23/08/1993

GENDER MALE FEMALE

CONTACT NO _____

ADDRESS BLK 59 CHAI CHEE ROAD #11-866

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: owner

WEATHER CONDITION CLEAR RAINING OTHER: _____
ROAD SURFACE DRY WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO SLR5764J NO OF PASSENGER/S 1

NAME LOIS LYING

CONTACT NO 96301632

VEHICLE C NO _____ NO OF PASSENGER/S _____

VEHICLE D NO _____ NO OF PASSENGER/S _____

VEHICLE E NO _____ NO OF PASSENGER/S _____

VEHICLE F NO _____ NO OF PASSENGER/S _____

ANY WITNESS _____

WITNESS CONTACT NO _____

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109953509		HAJA NAJIMUDEEN S/O M J	S2639535F	GPC	drive CLASSIC	SKL5252M	SKL5252M	30/05/2019	23/06/2020

Continue

Policy Information

Policy No.	5109953509	Policyholder Name	HAJA NAJIMUDEEN S/O M J	Policyholder NRIC	S2639535F
Certificate No.					
Address	BLK 59 #11-866 CHAI CHEE ROAD SINGAPORE 460059				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	29/05/2019	Effective Date	30/05/2019 00:00	Expiry Date	23/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage EXCESS	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETINC	Agent Tel.			
GST Flag	Y				
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 59 #11-866	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460059
Address 4		Address Type	Singapore address	Post Code	460059
Unit No.		Related Policy Number	5109953509		

Insured Object: SKL5252M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1069093

Policy No.	S109953509	Vehicle No.	SKL5252M	GST Registration No.	
Certificate No.					
Policyholder Name	HAJA NAJIMUDEEN S/O M J	Cover Type	drive CLASSIC	Policyholder NRIC	S2639535F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97543412	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Orange Force		Private Hire	Yes

Accident Details

Report Date	30/10/2019 12:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/10/2019	Time of Accident (h:mm)	19:45	Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	UPP SERANGOON RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
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			

Policyholder Mailing Address

Address 1	BLK 59 #11-886	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460059
Address 4		Address Type	Singapore address	Post Code	460059
Unit No.		Related Policy Number	S109953509		

DI Driver Info

Driver Name	HAJA NAJIMUDEEN S/O M J	Driver Type	Main Driver	Driver DOB	01/02/1963
Unnamed driver Name		Driver NRIC	S2639535F	Driving Experience	26
Register Date of Driver License	23/08/1993	Driver Age	56	Contact No.(Home)	0
Contact No.(Mobile)	97543412	Contact No.(Office)	0	Address 3	SINGAPORE 460059
Address 1	BLK 59	Address 2	CHAI CHEE ROAD	Post Code	460059
Address 4		Address Type	Singapore address		
Unit No.	11-886				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 001 **New**

Claim Type *	OD-MX	Insured Name	HAJA NAJIMUDEEN S/O M J	Insured NRIC	S2639535F
Contact No.(Mobile)	97543412	Contact No.(Home)	04492284	Contact No.(Office)	
Email Address		DI Vehicle Number	SKL5252M	TP Vehicle Number	SLR5764J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKL5252M / SLR5764J ON 29 Oct 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/10/2019 12:09	Claim Close Date		Date Received	30/10/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1069093	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2019 12:10

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	SAS	Normal	SAS 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 30 Oct 2019 12:10	Photos	Normal	Photos 2019-10-30	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display In New Window	Scan and uploading	