

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MANA 149992**

Date In: 13/11/19-12:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1902004924	SAS e-filing		
Veh No: 5JG796D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/11/19-16:12	i-Motor Claim Form	17/11/19 11:42	13/11/19 11:42
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: **6B03679P**

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

NA 1908654

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int. Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

QD*

*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 (N'n 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 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	13/11/2019 10:29
Date Of Accident	11/11/2019 16:10
Exact Location Of Accident	LOR 101 CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ796D
Insured/Policyholder	
Name Of Registered Owner	JAAFAR BIN MUSROOM
NRIC No	S1409853D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90627592
Alternative Phone No	OFFICE-90627592

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	REPORTING ONLY
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	5108156275
Cover Note Number	

Driver

Name of Driver	JAAFAR BIN MUSROOM
NRIC No	S1409853D
Date Of Birth	05/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1998
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90627592
Fax Number	
Contact Number	OFFICE-90627592
E-Mail Address	NOEMAIL

Address	BLK 171 BUKIT BATOK WEST AVENUE 8 #15-357
Postcode	650171
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	GBD5679P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 Authorized 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 (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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SDA796D
 Veh B: GBD5679P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was driving my vehicle SDA796X
 At 101 changi, I signal right wanted to filter to lane 2 from
 lane 3 suddenly I felt an impact from my side, I didn't
 saw the lorry and collided onto the vehicle GBD5679P.

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.:

Date of Accident : 11 NOV 2019 Accident Time: 410pm (24-HR-Format)

Accident Place : Lor 101 Changi

Vehicle Reg. No. (Car Plate No.) : SJQ 796D

Vehicle Make/Model : Toyota Aftis

Insurance Company : NTUC Policy No. _____

Owner or Company Name / IC No. : Jaafar Bin Musroom

Owner or Company Contact No. : 90627592 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : _____

DRIVER'S Date Of Birth : 05-08-1960 DRIVER'S License Pass Date 28 Nov 1998

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 171 Bukit batok West Avenue 8 #15-35A s (650171)

DRIVER'S Contact No / Alt No. : 1) _____ 2) _____

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): 3 boy girl

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: QBD 5679P

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

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	11/11/2019 16:10							
Vehicle No.(For Motor)	SJQ796D	Certificate Number								
Search										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5108156275		JAAFAR BIN MUSROOM	S1409853D	GPC	drive CLASSIC	SJQ796D	SJQ796D	13/03/2019	23/04/2020
Continue										

 Policy Information

Policy No.	5108156275	Policyholder Name	JAAFAR BIN MUSROOM	Policyholder NRIC	S1409853D
Certificate No.					
Address	BLK 171 #15-357 BUKIT BATOK WEST AVENUE 8 SINGAPORE 650171				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	13/03/2019	Effective Date	13/03/2019 00:00	Group Policy Flag	N
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	UNIQUE RESOURCES PTE LTD	Agent Tel.	62507950	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 171 #15-357	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	SINGAPORE 650171
Address 4		Address Type	Singapore address	Post Code	650171
Unit No.		Related Policy Number	5108156275		

 Insured Object: SJQ796D

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

Accident MT/1071138

Policy No.	S108156275	Vehicle No.	SQ796D	GST Registration No.	
Certificate No.					
Policyholder Name	JAAFAR BIN MUSROOM	Cover Type	drive CLASSIC	Policyholder NRIC	S1409853D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	90627592	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KPK	☒ No ☐ Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

➤ **Accident Details**

Report Date	13/11/2019 10:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	11/11/2019	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 101 CHANGI				

➤ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
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 171 #15-357	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	SINGAPORE 650171
Address 4		Address Type	Singapore address	Post Code	650171
Unit No.		Related Policy Number	S108156275		

➤ OT Driver Info

Driver Name	JAAFAR BIN MUSROOM	Driver Type	Main Driver	Driver DOB	05/08/1960
Unnamed driver Name		Driver NRIC	S1409853D	Driving Experience	20
Register Date of Driver License	28/11/1998	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	90627592	Contact No.(Office)	0	Address 3	SINGAPORE 650171
Address 1	BLK 171	Address 2	BUKIT BATOK WEST AVENUE 8	Post Code	650171
Address 4		Address Type	Singapore address		
Unit No.	15-357				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JAAFAR BIN MUSROOM	Insured NRIC	S1409853D
Contact No.(Mobile)	90627592	Contact No.(Home)	68992659	Contact No.(Office)	
Email Address		OT Vehicle Number	SQ796D	TP Vehicle Number	GBD5679P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SQ796D / GBD5679P ON 11 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/11/2019 11:42	Claim Close Date		Date Received	13/11/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1071138	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	13/11/2019 11:43

Path *	Category *	Confidential	Urgency *	Description *

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	SAS	Normal	SAS 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Nov 2019 11:42	Photos	Normal	Photos 2019-11-13	

Video List

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