

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MA 119151880

Date In: 18/11/19 11:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAL INC 19020348/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJL 9142H	I-Motor Claim Form	MT/1071890001	18/11/19 17:36
D.O.A: 17/11/19 11:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksht		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLM 39 23 G. 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 190106719 0016)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<p>WA 1908628</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice Breakdown:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$50)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/143</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming status INC Only (ver 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>• NS: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>• N6: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>• N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>• N8: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>TE (Nil): TP (R-in INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) NI2: Idao Mobile \$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30)	30.00	2) DA: Damage Assessment (\$100); INC (\$50)		3) TP: Towing Fee \$40/143		4) PT: Follow-Through Survey \$120		5) PT: Follow-Through Survey (Resurvey) \$30		For claiming status INC Only (ver 10 Jan 2003)		6) TR: Re-inspection \$75		7) NI: Idao DA + SMRT Survey \$160		8) NTUC Additional Services:		ON:		• NS: Courtesy Car / Tpt Allowance \$5		• N6: Repair Co-ordination \$10		• N7: Post Repair Inspection \$25		• N8: DV / Collect Excess Coordination \$5		TE (Nil): TP (R-in INC) against INC \$20		9) NI2: Idao Mobile \$0	
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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	18/11/2019 11:11
Date Of Accident	17/11/2019 11:00
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9142H
Insured/Policyholder	
Name Of Registered Owner	SULAIMAN BIN ABDUL LATIFF
NRIC No	S0095355E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81134591
Alternative Phone No	OFFICE-81134591

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	5106985081
Cover Note Number	

Driver

Name of Driver	MOHAMED QABEER BIN SULAIMAN
NRIC No	S8721144D
Date Of Birth	17/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92373387
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 50 LOR 5 TOA PAYOH #03-53
Postcode	310050
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG CTE TWDS CITY BEFORE BRADDELL EXIT, I WAS ON THE SECOND LANE AND THE TRAFFIC WAS CONGESTED, WHEN I NOTICED VEH INFRONT OF ME SLOW DOWN AND STOPPED, AS SUCH I FOLLOW TO SLOW DOWN AND STOPPED, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM3923G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PAK WAI KIEN

NRIC/Passport Number

S7810655G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A = SJL 9142 H
B = SLM 3923 G.

CTE turns City B4 Braddell Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/11/2019 11:10"/>
Vehicle No.(For Motor)	<input type="text" value="SJL9142H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106985081		SULAIMAN BIN ABDUL LATIFF	S0095355E	GPC	drivo CLASSIC	SJL9142H	SJL9142H	12/01/2019	11/01/2020

Claim Handling

Accident MT/1071890

Policy No.	5106985081	Vehicle No.	SJL9142H	GST Registration No.	
Certificate No.					
Policyholder Name	SULAIMAN BIN ABDUL LATIFF	Cover Type	drive CLASSIC	Policyholder NRIC	S0095335E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81134591	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	18/11/2019 17:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/11/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY 84 BRADDELL EXIT				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 50 #03-53	Address 2	LORONG 5 TOA PAYOH	Address 3	SINGAPORE 310050
Address 4		Address Type	Singapore address	Post Code	310050
Unit No.		Related Policy Number	S055169540-07		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/07/1987
Unnamed driver Name	MOHAMED QABEER BIN SULAIM	Driver NRIC	S8721144D	Driving Experience	5
Register Date of Driver License	15/09/2014	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	92373387	Contact No.(Office)		Address 3	EAST PAYOH PALM
Address 1	BLK 50 #03-53	Address 2	LORONG 5 TOA PAYOH	Post Code	310050
Address 4	SINGAPORE 310050	Address Type	Singapore address		
Unit No.	03-53			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SULAIMAN BIN ABDUL LATIFF	Insured NRIC	S0095335E		
Contact No.(Mobile)	81134591	Contact No.(Home)	63543714	Contact No.(Office)			
Email Address	SULAIMANS2@HOTMAIL.COM	Q1 Vehicle Number	SJL9142H	TP	SLM39		
Claim Description	SJL9142H / SLM3923G ON 17 Nov 2019				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	18/11/2019 17:35	Date Received	18/11/2019
Date Registered							
Report Taken By	JFW SHAN HUI						
Print AK letter							
Save Submit							

Attachment

Accident No.	MT/1071890	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	18/11/2019 17:36	
Path *				
Choose File	No file chosen	Category *	Confidential	
Choose File	No file chosen	Urgency *	Normal	
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				
Attachment List				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVICES	18 Nov 2019 17:36	NRJC/ Driving License	Y	Normal
NRJC/ Driving License 2019-11-18				



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
18 Nov 2019 17:35

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Folder Date

File Name



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