

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MMA 119155839.

Date In: 26/11/19 09:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19020869/64	SAS e-filing		
Veh Pln: SGD 2731 G	E-mail (within 2hrs, AIC 2hrs)		
DDA: 25/11/19 07:50.	I-Motor Claim Form	MT/1072968 ⁰⁰¹	26/11/19 10:30.
OD: (P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

G8A 2279X.

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 () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: ()

NA 1908898

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Sal. E:

22/2/13

Invoice Item	Amount (\$)	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2003)			
6) TR: Re-Inspection	\$75		
7) NI: Ideal DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$23		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Ideal 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	26/11/2019 09:06
Date Of Accident	25/11/2019 07:50
Exact Location Of Accident	SENGKANG TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD2731G
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	201914185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92312226

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5110029694
Cover Note Number	

Driver

Name of Driver	MOHAMAD FAUZI BIN NOOR HALIPAH
NRIC No	S8335760F
Date Of Birth	08/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92312226
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 433A SENGKANG WEST WAY #14-513
Postcode	791433
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
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

REFER TO STATEMENT.

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	GBA2279X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOHAMMED TAUFIK HIDAYAT BIN ISMAIL

NRIC/Passport Number

Contact Number

87799550

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMAD FAUZI BIN NOOR HALIPAH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGD2731G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

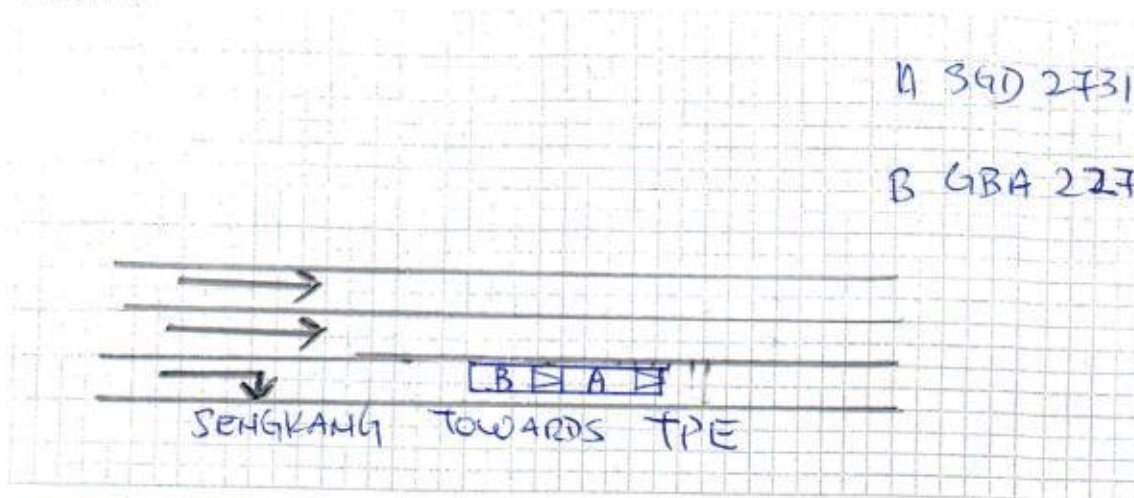
Policyholder's Signature
Date & Time:



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

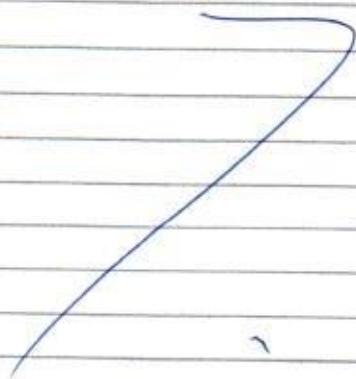
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/11/19 at around 7.50 am I was driving SGD 2731G along Sengkang into TPE towards SLE. Traffic was heavy front vehicle stop I also stop. Somewhere around Lamp post FFS14 rear vehicle hit onto my rear of my vehicle.



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)

Reporting Centre Personnel's Signature
Name:

VEHICLE NO: SGD 27316MAKE & MODEL: Toyota wish

DATE OF ACCIDENT	<u>25 / 11 / 2019</u>
TIME OF ACCIDENT	<u>7:50 AM</u> / PM
LOCATION OF ACCIDENT	<u>Sengkang towards to TPE</u>
Exact Purpose use during accident	
NAME OF OWNER	<u>Aurora Car Rental & Leasing Singapore Pte Ltd</u>
TELP NO	
NRIC	
CLAIM TYPE	<u>OD / THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	<u>YES</u> / NO ?
INSURANCE CO.	<u>NTUC</u>
TYPE OF COVERAGE	<u>Comprehensive / Third Party</u> / Third Party Fire & Theft
POLICY NO.	<u>5100196759</u>
NAME OF DRIVER	As above / If No: <u>Mohamed Fauzi Bin Noor Halipah</u>
NRIC	<u>S8335760F</u> Any passengers: <u>Total 6</u>
DATE OF BIRTH	<u>08 / 11 / 1983</u>
OCCUPATION	<u>Outdoor</u> / Indoor <u>3F 2 male</u>
DATE OF DRIVING PASS	<u>04 / 11 / 2009</u>
GENDER	<u>Male</u> / Female
CONTACT NO.	<u>9231 2226</u> Office: Home:
ADDRESS	<u>Blk 433A Sengkang West Way #14-513 (S) 791435</u>
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:
RELATIONSHIP	<u>Employee</u> / If No: <u>HIRE</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	No / If yes: Who? <u>Fauzi Bin Noor Halipah</u>
CONTACT NO.	<u>9231 2226</u>
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	<u>G8A2279X</u> Any Passenger: <u>TWO</u>
NAME	<u>Mohamed TAFIK MOHATAT BIN ISMAIL</u>
CONTACT NO.	<u>87799550</u>
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	<u>Sme Motor Pte Ltd</u>
TELP NO	<u>1 Kaki Bukit ave 6 #02-15</u>
CONTACT PERSON	<u>Autobay @ kaki bukit</u>
TELP NO	<u>Singapore 417883</u>

6 Speed Autowerkz Pte Ltd
 68 Kaki Bukit Avenue 6
 #02-05 ARK @ KB, Singapore 417896
 Tel: 6384 7037 Fax: 6384 7039
 Email: 6speedautowerkz@gmail.com

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text" value="5110029694"/>	Date of Accident	<input type="text" value="25/11/2019 14:42"/>
Vehicle No.(For Motor)	<input type="text" value="SGD2731G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110029694	5110029694-000003	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD	201914185K	GFM	Third Party	SGD2731G	SGD2731G	19/06/2019	29/05/2020

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	185K
Vehicle Details	
Vehicle No.:	SGD2731G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	25 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Grey
Manufacturing Year:	2005
Engine No.:	1ZZ2416731
Chassis No.:	ZNE100274698
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$23,191.00
Original Registration Date:	14 Feb 2006
First Registration Date:	14 Feb 2006
Transfer Count:	2
Actual ARF Paid:	\$19,173.00
PARF/COE Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Details	
COE Expiry Date:	13 Feb 2026
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$56,436.00
COE Rebate Amount:	\$35,111.00
Total Rebate Amount:	\$35,111.00

The information contained herein is correct as at 25 Nov 2019

OK

Claim Handling

The premium on this policy has not been collected.

Accident MT/1072968

Policy No.	5110029694	Vehicle No.	SGD2731G	GST Registration No.	
Certificate No.	5110029694-000003				
Policyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD			Policyholder NRIC	201914185K
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	92312226	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	26/11/2019 10:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/11/2019	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG TWDS TPE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	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	0.00	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 79B #29-17	Address 2	TOA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
Unit No.	29-17	Related Policy Number	5110029694		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMAD FAUZI BIN NOOR HA	Driver NRIC	S8335760F	Driver DOB	08/11/1983
Register Date of Driver License	04/11/2009	Driver Age	36	Driving Experience	10
Contact No.(Mobile)	92312226	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 433A #14-513	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE PALMS
Address 4	SINGAPORE 791433	Address Type	Singapore address	Post Code	791433
Unit No.	14-513				
Does he own a Singapore registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	AURORA CAR RENTAL & LEASING	Insured NRIC	201914185K
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	SGD2731G	TP	GBA22
Claim Description	SGD2731G / GBA2279X ON 25 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	26/11/2019 10:29	Claim Close Date		Date Received	26/11/2019
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1072968	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/11/2019 10:30

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	NO	Normal	

Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:30	SAS		Normal	SAS 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:30	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:30	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:30	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:29	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:29	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:29	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:29	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:29	Photos		Normal	Photos 2019-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 10:29	Photos		Normal	Photos 2019-11-26

Video List

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