NATIONAL Assessment Centre Services. [ver 1 Jan'03] : MWA 119156205

		Job description	Date & Time Completed	Done by
Date In:	26/11/19 15:32	SAS e-filling		
Ref No:	MA/INC190209151h4	E-mail (within 8hrs, AIC 2hrs)		
Veh No:	PC 980R.	I-Motor Claim Form	MT/1073107-001	26/11/19 16:22
D.O.A:	26/11/19 06:25.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SME 8302X. 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 Routine Check List)	Date	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	Action

MA190 8892

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cal. I:

Cal. 2 / 3:

Invoice Breakdown Checklist		Amt ($) Claimed	Amt ($) Inclusion
1) AR : Accident Reporting ($30);		30.00	
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 2003)			
6) TR : Re-Inspection	$75		
7) NL : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OR:			
*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		
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 witholding 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 15:32
Date Of Accident	26/11/2019 06:25
Exact Location Of Accident	PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC980R
Insured/Policyholder	
Name Of Registered Owner	AURORA WORLD PTE. LTD.
Co Reg No	201002992D
Email Address	ERICLIMTN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91188517
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	OTW HOME
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099604533-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ALJUFRI BIN A RAHIM
NRIC No	S9415208I
Date Of Birth	07/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91709392
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 423 PASIR RIS DR 6 #04-127
Postcode	510423
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 1 PASIR RIS DRIVE 4 , **POSTCODE:** 519457 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5852999 - **FAX NO**: 65855261
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	SME8302X
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)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ALJUFRI BIN A RAHIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC980R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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. 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.

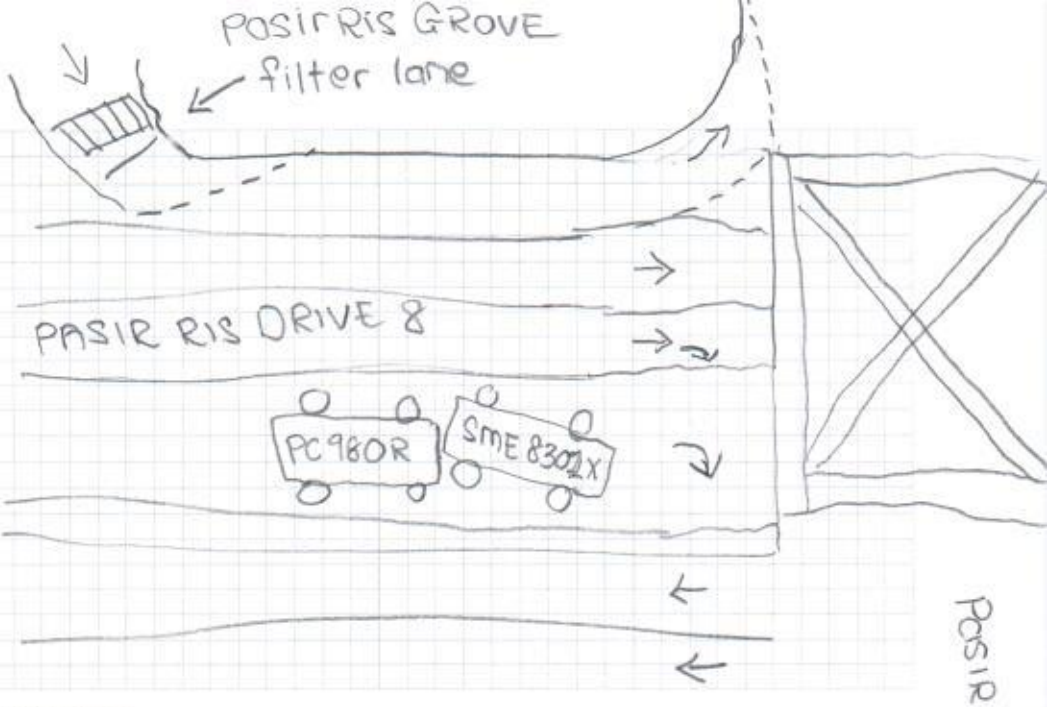
   (e) the information so collected under (d) above may be shared / disclosed:

   (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 26 November 2019 at 0625hrs, when i was driving my vehicle, PC980R, along Pasir Ris flyover on Pasir Ris Drive 8 before turning right to Pasir Ris Drive 1 before that junction i was at extreme right lane turning right when this vehicle of plate number SME8302X swerve his vehicle from filter lane on the left all the way to the lane where i was driving. I manage to brake on time and nearly hit his back bumper. I already given him my driving license in return to exchange particulars. But instead after he took photo of the situation and my driving license, he return back my card and start to drove off without giving me his ID as well. He is unwillingly to cooperate with me and just drove away. So i decided to make a police report after that incident. The police already given me a memo of the report. I also was given 2 days MC for this because I was shocked when he suddenly go in my lane and making me traumatized.

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.:

Annex E

NOTICE OF REPORTING

This is to confirm that **NRIC**/FIN **S9415208I** residing at **Blk 423 Pasir Ris Dr 6 #04-127**, has reported to the Police a non-injury traffic accident which occurred at on **26/11/2019** at **0623hrs** involving the following vehicles: **PC980R and SME8302X. Location is along Pasir Ris Dr 8**

2 If this accident was reported to the Police within 24 hours of its occurrence, then **he**/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: **SSgt Idris Bin Rosli**

Date: **26/11/2019**

Time: 0745**hrs**

S/D Ref: 10

Police Post/Unit: Pasir Ris NPC

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-535 2999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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 26/11/2019 15:01
Vehicle No.(For Motor) PC980R
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5099604533-01		AURORA WORLD PTE. LTD.	201002992D	GBS	Third Party, Fire & Theft	PC980R	PC980R	05/04/2019	04/04/2020

Continue

Claim Handling

Accident MT/1073107

Policy No.	5099604533-01	Vehicle No.	PC980R	GST Registration No.	201002992D
Certificate No.					
Policyholder Name	AURORA WORLD PTE. LTD.			Policyholder NRIC	201002992D
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91188517	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	26/11/2019 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/11/2019	Time of Accident hh:mm	06:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DR 8				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	3,000.00		
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	3,000.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/2018
GST Registration No.	201002992D	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	39A WEST COAST PARK	Address 2	#10-01 THE INFINITI	Address 3	SINGAPORE 127712
Address 4		Address Type	Singapore address	Post Code	127712
Unit No.	03-05	Related Policy Number	5108602807		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD ALJUFRI BIN A RAH	Driver NRIC	S9415208I	Driver DOB	07/05/1994
Register Date of Driver License	07/02/2018	Driver Age	25	Driving Experience	1
Contact No.(Mobile)	91709392	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 423 #04-127	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510423
Address 4		Address Type	Singapore address	Post Code	510423
Unit No.	04-127				
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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AURORA WORLD PTE. LTD.	Insured NRIC	20100
Contact No.(Mobile)	93837638	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	PC980R	TP Vehicle Number	SME83
Claim Description	PC980R / SME8302X ON 26 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault		
Retake No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/11/2019 16:21	Claim Close Date		Date Received	26/11/
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1073107	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/11/2019 16:22

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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Hi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:23	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:22	SAS		Normal	SAS 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:22	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:22	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:22	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:22	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:21	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:21	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:21	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:21	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:21	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2019 16:21	Photos		Normal	Photos 2019-11-26	

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading