

NATIONAL Assessment Centre Services

Date In: 03/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19021345/13	SAS e-filing		
Veh No: SLK37424	E-mail (within 8hrs. APC 2hrs)		
DGA: 02/12/19 1815	i-Motor Claim Form	MT/1074178-001	
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: (**Yec Auto** Tel: Fax:)

TP Particulars:	Veh No: SH44969D	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

NA1909173		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) NI: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		*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 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	03/12/2019 16:47
Date Of Accident	02/12/2019 18:15
Exact Location Of Accident	CHOA CHU KANG CENTRAL NEAR BLK 233
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3742Y
Insured/Policyholder	
Name Of Registered Owner	SHAMIAH BTE RASMADI
NRIC No	S1595727A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90306176
Alternative Phone No	OTHERS-90306176
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5087193650-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAFIQ BIN GHAZALI
NRIC No	S9133549B
Date Of Birth	18/09/1991
Occupation	INDOOR
Date Of Driving Pass	20/04/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90306176
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 236 CHOA CHU KANG CENTRAL #04-43
Postcode	680236
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4969D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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)**

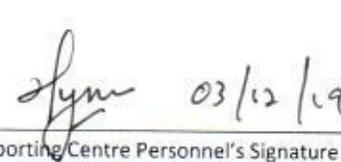
I understand, acknowledge, agree and consent that:

- (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) SLK 3742Y

(B) SHA 4969 D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/12/2019 at 1816 hrs. I was travelling my vehicle (A) SLK 3742Y along Choa Chu Kang Central near Bk 233. I was going to enter the gantry. My car was stationary. Suddenly, the vehicle (B) SHA 4969 D start to reverse, I honked as warning signal to the taxi driver but he continued to reverse and hit onto my vehicle front left portion.

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.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 2 / 12 / 2019 (dd/mm/yy) Time of Accident: 18 : 16 (24-HR-FORMAT)
Vehicle No.: SLK3742Y Vehicle Make & Model: Honda Vezel
Exact location of Accident: Choa Chu Kang Central near Blk 233
Policyholder's Name / IC No.: Shamiah binte Rasmadi / S1595727A
Driver's Name / IC No.: Muhammad Syafiq bin Ghazali / S9133549E (As Above)
Driver's Contact No.: 90306176 Company Contact No: _____
Driver's Address: Blk 236 Choa Chu Kang Central #04-43 (S) 680236
Email address (if any): _____ Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 01

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHA 4969D

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Yee Auto Pte Ltd Contact No: 96874031

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident 02/12/2019 15:14

Vehicle No.(For Motor) SLK3742Y Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5087193650-02		SHAMJAH BTE RASMADI	S1595727A	GPC	drivo CLASSIC	SLK3742Y	SLK3742Y	13/01/2019	12/01/2020

Continue



6187186237700079727

MT/RB/PNLOCL/002

GST Reg No: M4-0003030-8

26 November 2018



0002008

SHAMIAH BTE RASMADI
BLK 236 #04-43
CHOA CHU KANG CENTRAL
SINGAPORE 680236

Dear Policyholder

RENEWAL NOTICE FOR PRIVATE CAR INSURANCE
POLICY NUMBER: 5087193650-01

Thank you for giving us the opportunity to serve you.

We are pleased to offer you renewal of your policy based on the renewal details below. For your convenience, you can also pay and renew your policy online at www.income.com.sg.

If you have any queries, please call your agent or our hotline at 6788 6616. We would be most happy to assist you.

Yours sincerely

Peh Chee Keong
Vice President & Head
Motor Insurance

Renewal Details :

Period of Insurance	: 13/01/2019 to 12/01/2020	Premium	: \$745.11
Policy Coverage	: Drivo Classic	GST 7%	: \$52.16
Transport Allowance	: No	Total Premium Payable	: \$797.27^
Excess Waiver	: No		
Vehicle Model	: HONDA VEZEL		
Vehicle Number	: SLK3742Y		
Windscreen excess	: \$100		
Excess (Sect I)	: \$600		
Main Driver	: GHAZALI BIN ABDULLAH@RAJAMOHAN S		
Named Driver (1)	: MUHAMMAD SYAFIQ BIN GHAZALI		
Named Driver (2)	: NIL		
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPO		

Agency : IVAN INSURANCE AGENCY PTE. LTD. (614519)
Contact Number : 64400220

^The Total Premium Payable is after 50% No Claim Discount, 5% Loyalty Discount and with Free NCD Protection Cover.

Claim Handling

Accident MT/1074178

Policy No.	5087193650-02	Vehicle No.	SLK3742Y	GST Registra
Certificate No.				
Policyholder Name	SHAMIAH BTE RASMADI			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Loading
Contact No.(Mobile)	90306176	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	03/12/2019 17:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	16:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	CHDA CHU KANG CENTRAL NEAR BLK 233			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 236 #04-43	Address 2	CHDA CHU KANG CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5087193650-02	

OT Driver Info

Driver Name	MUHAMMAD SYAFIQ BIN GHAZALI	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	591335498
Register Date of Driver License	20/04/2012	Driver Age	28
Contact No.(Mobile)	90306176	Contact No.(Office)	0
Address 1	BLK 236	Address 2	CHDA CHU KANG CENTRAL
Address 4		Address Type	Singapore address
Unit No.	#04-43		
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	
			Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	98397000	Contact No. (Home)	
Email Address	amiemummy@gmail.com	OT Vehicle Number	
Claim Description	SLK3742Y / SHA4969D ON 2 Dec 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/12/2019 17:19	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Attachment

Accident No. NT/1074176 Claim No. 001
 Last Doc. Received * Yes No Upload Date 03/12/2019 00:00
 Path
 Choose File No file chosen
 Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confid
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:19	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:19	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:19	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:18	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:18	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:18	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:18	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:18	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 17:18	Photos	Normal	P

Video List

Uploaded By/Date	Folder Date	File Name
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		