

NATIONAL Assessment Centre Services

Date In: 06/12/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19021583/13	E-mail (within 8hrs. Aft 2hrs):		
Veh No: 52M15654	i-Motor Claim Form: MT/1074691-001		
D.O.A: 05/12/19 1455	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD TP: Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (6 SPEED	Tel:	Fax:
TP Particulars:	Veh No: 52M27345	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

NA1909281	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) RT : 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:-		
	ON*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:			

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	06/12/2019 15:07
Date Of Accident	05/12/2019 14:55
Exact Location Of Accident	CAIRNHILL RD TWDS GRANGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM1565U
Insured/Policyholder	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	53121670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999
Vehicle Particulars	
Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222
Cover Note Number	
Driver	
Name of Driver	MADINAH BINTE HAMID
NRIC No	S8340246F
Date Of Birth	30/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91845243
Fax Number	
Contact Number	
EMAIL Address	NOEMAIL

Address	BLK 242 BUKIT BATOK EAST AVE 5 #09-194
Postcode	650242
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	SIDE SWIPE
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?	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)	2
Passenger 1	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

PLS REFER TO THE ATTACHED 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	SLM2734S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FARHANA SHAFIQ
NRIC/Passport Number	
Contact Number	86729204
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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, regulatory 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.

X
Policyholder's Signature
Date & Time:

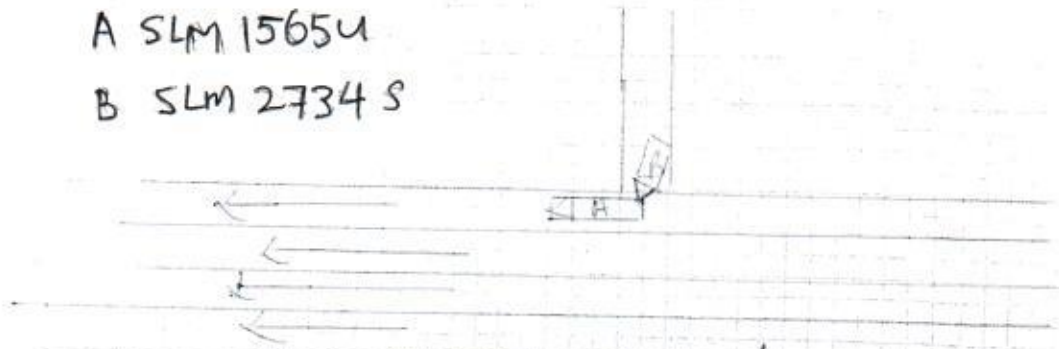
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *sfym* 06/12/19
NRIC/FIN No.:

SKETCH PLAN

A SLM 1565U

B SLM 2734 S



Cairnhill Rd towards Grange Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05 December 2019 @ 2.57 pm. I was travelling on Cairnhill Road straight towards Grange Road. I was driving straight on the first lane when suddenly SLM 2734 S drive out from Bideford Road and hit onto my right rear of my vehicle.

DECLARATION

I declare that the above 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:

sfym 06/12/19

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119161015 Vehicle Registration No: SLM 1565U
Name(as shown in NRIC) : Beneff Auto NRIC/FIN/Passport No : 53121670E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 242 BUKIT BATOK EAST AVE 5 H09-194 Singapore(650242)
Contact (Tel) : 9067 2583 Mobile No. : _____
Email Address : beneffauto@outlook.com
Date of Accident : 05/12/2019 Time of Accident : 2:57pm
Place of Accident : Cairnhill Road Towards Grange Road
Insurance Company : NTUC Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change To Third party claim



Policyholder / Driver's Signature
Date:

[Signature] 12/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

VEHICLE NO: SLM 1565U MAKE & MODEL: Honda.

DATE OF ACCIDENT	05 / 12 / 2019.	
TIME OF ACCIDENT	2:57 AM (PM).	
LOCATION OF ACCIDENT	Cairnhill Rd Towards Grange Rd.	
Exact Purpose use during accident		
NAME OF OWNER	Benefit Auto.	
TELP NO		
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / <u>Reporting Only</u>	
PRIVATE HIRE	<u>YES</u> / NO ?	
INSURANCE CO.	NTUC 5110923222 - 000014.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5110923222 - 000014	
NAME OF DRIVER	As above / If No: <u>MADINAH BINTE HAMID.</u>	
NRIC	<u>88340246 F</u> Any passengers: <u>one.</u>	
DATE OF BIRTH	<u>30 / 12 / 1983.</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	<u>25 / 02 / 2015.</u>	
GENDER	<u>Male</u> / <u>Female</u>	
CONTACT NO.	<u>91845243</u> Office: Home:	
ADDRESS	<u>81K 242 Bukit Batok East Ave 5 #09-197 (650242)</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	<u>No</u> / If yes : Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes : Where?	
VEHICLE B NO.	<u>SLM 2734S</u> Any Passenger : <u>✓</u>	
NAME	<u>FARHANA SADIQ & SHAFIQ.</u>	
CONTACT NO.	<u>86729204.</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	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit	
TELEPHONE	Singapore 417883	

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

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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110923222-000014

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM1565U**
Chassis Number : **GK81007674**
2. Name of Policyholder : **BENEFIT AUTO**
3. Effective Date of Insurance : **14 Jul 2019**
4. Expiry Date of Insurance : **13 Jul 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter-189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **BENEFIT AUTO INSURANCE AGENCY (00000573333)**

Date of Issue : **04 Jul 2019 14:43 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1074691

Policy No.	5110923222	Vehicle No.	SLM1565U	GST Registr
Certificate No.	5110923222-000d14			
Policyholder Name	BENEFIT AUTO			
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Policyholder f
Contact No.(Mobile)	0	Contact No.(Office)	0	Loading
Email Address		Special Remark		Contact No.(I
KFK	No Yes	TCA	No Yes	eCode
NCD Protection	No	NCD Entitlement(%)	0	eCode Reaso

Accident Details				
Report Date	06/12/2019 18:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/12/2019	Time of Accident hh:mm	14:55	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	CAIRNHILL RD TWDS GRANGE RD			

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 Covi
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	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	2 SIMS CLOSE	Address 2	#01-08 GEMJAI @ SIMS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5095664980-02	

OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MADJINAH BINTE HAMID	Driver NRIC	S83402497	Driver DOB
Register Date of Driver License	25/02/2015	Driver Age	35	Driving Exper
Contact No.(Mobile)	91845243	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 242	Address 2	BUKIT BATOK EAST AVENUE 5	Address 3
Address 4	SINGAPORE 650242	Address Type	Singapore address	Post Code
Unit No.	#09-194			
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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	E
Contact No.(Mobile)	94247885	Contact No. (Home)	
Email Address	JOBENEFITAUTO@GMAIL.COM	OI Vehicle Number	S
Claim Description	SLM1565U / SLM2734S ON 5 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			

Save

Submit

Attachment

Accident No. MT/1074691

Claim No. 001

Last Doc. Received * Yes No

Upload Date 06/12/2019 00:00

Path

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Category +

Confid

Please Select

NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:08	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:08	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:08	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:07	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:07	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:07	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:07	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2019 18:07	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	?
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