

NATION™ Assessment Centre Services

Date In: 24/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19022614/13	SAS e-filing		
Veh No: 5JJ5631A	E-mail (within state, AP: 2hrs)		
DOA: 24/12/19 1330	i-Motor Claim Form	MT/1077339-001	
QD: (TP) Reporting Only	i-Motor W/O (Within: OL: 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: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 5JJ5631A	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 or 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

NA1909632		Invoice Preparation Checklist		Amnt (\$) 1st Bill	Amnt (\$) 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			
Auditors' Comments :-		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 -			
		OP:			
		*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 (N-a INC) against INC \$20			
		9) N12: Idac Mobile \$10			
		Invoice dated	Fee Charged		
		Fee charged	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	24/12/2019 16:06
Date Of Accident	24/12/2019 13:30
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ5631A
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SALEHIN BIN MOHD AMIN
NRIC No	SXXXX186H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97808075
Alternative Phone No	OTHERS-97808075
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NO
Policy Number	5103990535-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED SALEHIN BIN MOHD AMIN
NRIC No	SXXXX186H
Date Of Birth	25/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97808075
Fax Number	
Contact Number	OTHERS-97808075
EMail Address	NOEMAIL

Address	BLK 319 ANG MO KIO AVE 1 #04-1487
Postcode	560319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	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	SLD2121H
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW7136G
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJN788T
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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

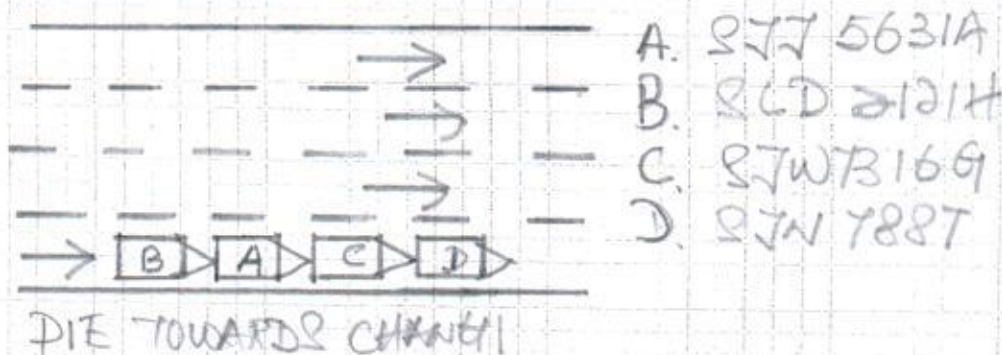
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

WENT IN FRONT OF ME SLOW DOWN I FOLLOW SLOW DOWN
OUT OF SUDDDEN I FELT AN STRONG IMPACT FROM MY
REAR 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.:

[Signature] 24/12/19



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: 8775631A MAKE/MODEL: HONDA SYRIM
DATE OF ACCIDENT: 24/12/2019 TIME: 13 HR 30 MIN AM
LOCATION OF ACCIDENT: D/E TOWARDS CHANGI
EXACT PURPOSE USE DURING ACCIDENT: WORKING

CAR OWNER

NAME OF CAR OWNER: MOHAMMAD SUCETHAN BIN MOHAMED AMIN
CONTACT NO: 97808075
NRIC: _____
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
INSURANCE COMPANY: NTAC
TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
POLICY NO: 5103990535-01

ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW
NAME OF DRIVER: As Above
NRIC: S80401864 NO OF PASSENGER/S: 4 3M
DATE OF BIRTH: 25-12-1980 2F
OCCUPATION: _____
DATE OF DRIVING PASS: 14, Sep 2003 ☒ OUTDOOR ☐ INDOOR
GENDER: ☒ MALE ☐ FEMALE
CONTACT NO: 97808075
ADDRESS: BLK 319 ANCH MO KIO AVE 1 #04-14PT (R) 560319

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO: _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

WEATHER CONDITION: ☒ CLEAR ☐ RAINING OTHER: _____
ROAD SURFACE: ☒ DRY ☐ WET OTHER: _____

ANY INJURIES: NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: NO/ YES _____

3RD PARTY INFO

VEHICLE B NO: 8LD2121H NO OF PASSENGER/S: unknown

NAME: _____

CONTACT NO: _____

VEHICLE C NO: 8JW 7136G NO OF PASSENGER/S: unknown

VEHICLE D NO: 8JN 788T NO OF PASSENGER/S: unknown

VEHICLE E NO: _____ NO OF PASSENGER/S: _____

VEHICLE F NO: _____ NO OF PASSENGER/S: _____

ANY WITNESS: _____

WITNESS CONTACT NO: _____

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5103990535-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJJ5631A**
Chassis Number : JHMRN68408S205712
2. Name of Policyholder : MOHAMED SALEHIN BIN MOHD AMIN
3. Effective Date of Insurance : 24 Sep 2019
4. Expiry Date of Insurance : 17 Sep 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	: MOHAMED SALEHIN BIN MOHD
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE 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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)
Date of Issue : 13 Sep 2019 17:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1077339

Policy No.	5103990535-01	Vehicle No.	SJ25631A	GST Registra
Certificate No.				
Policyholder Name	MOHAMED SALEHIN BIN MOHD AMIN			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97808075	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reasoi
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	26/12/2019 19:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2019	Time of Accident hh:mm	13:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI			

▼ 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	BLK 319 #04-1487	Address 2	ANG MO KIO AVENUE 1	Address 3
Address 4	SINGAPORE 560319	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103990535-01	

▼ OI Driver Info

Driver Name	MOHAMED SALEHIN BIN MOHD	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	58040186H	Driver DOB
Register Date of Driver License	14/06/2003	Driver Age	38	Driving Exper
Contact No.(Mobile)	97808075	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 319	Address 2	ANG MO KIO AVENUE 1	Address 3
Address 4	SINGAPORE 560319	Address Type	Singapore address	Post Code
Unit No.	#04-1487			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	97808075	Contact No.(Home)	
Email Address	motorwerkz13@yahoo.com.sg	Vehicle Number	
Claim Description	SJ25631A / SLD2121H ON 24 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			
		26/12/2019 19:45	Claim Close Date
		ROSLINDA	Workshop Repairer

Save

Submit

Attachment

Accident No. MT/1037339

Claim No. 001

Last Doc. Received

Yes

No

Upload Date 26/12/2019 00:00

Path *

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

Choose File

No file chosen

Message Read

Clear

Please Select

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NO

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NO

Clear

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NO

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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 26 Dec 2019 19:45	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:45	SAS		Normal	:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:45	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:45	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:44	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:44	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:44	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div> <div>Scan and uploading</div>	