

# NATIONAL Assessment Centre Services

Date In: 21/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022961/13	SAS e-filing		
Veh No: SW1319E	E-mail (within 3hrs, Aft. 2hrs)		
D.O.A: 30/12/19 1200	i-Motor Claim Form	MT/1078058-001	
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: (	Tel:	Fax:
TP Particulars:	Veh No: 4N9632Y	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

NA2000307

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

- |   | Ant (\$) | Ant (\$) |
|---|----------|----------|
|   | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30);               |          |          |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |          |          |
| 3) TF: Towing Fee \$40/\$45                     |          |          |
| 4) FT: Follow-Through Survey \$120              |          |          |
| 5) iT: Follow-Through Survey (Resurvey) \$30    |          |          |
| For claiming against INC Only (wef 10 Jan 2005) |          |          |
| 6) TR: Re-inspection \$75                       |          |          |
| 7) NI: 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                          |          |          |

Invoice date:

Invoice dated

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	31/12/2019 12:02
Date Of Accident	30/12/2019 12:00
Exact Location Of Accident	BLK 310 CANBERRA RD LOADING & UNLOADING
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ1319E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AIFY&AIMY
Co Reg No	5XXXX773J
Email Address	MDFADLI07@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91074543
Alternative Phone No	OFFICE-91074543
<b>Vehicle Particulars</b>	
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114445103
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMMAD FADLI BIN HASSAN
NRIC No	SXXXX772D
Date Of Birth	02/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91074543
Fax Number	
Contact Number	
EMail Address	MDFADLI07@YAHOO.COM.SG

Address	BLK 271B PUNGGOL WALK #03-545
Postcode	824271
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	COLLIDED INTO PARKED VEHICLE
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)	0

#### 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	YN9632Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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.

AIFY & AIMY

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.:

A - SLJ1319E  
B - YN9632Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my vehicle at 'Loading/unloading Bay' to run my errands. Less than 10 mins I came back for my car, saw a piece of note placed on my windscreen. Was informed by the other lorry driver that he had hit my car.

DECLARATION  
I/We declare the foregoing particulars are true in every respect.

AIFY & AIMY  
Policyholder's Signature  
Date & Time:

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

31/12/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 12 / 2019) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: QEM8

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3LT 1319 E  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HOND VEZEL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (02 / 02 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 yes

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

### 6. WAS ANYBODY INJURED (YES / (NO))

### 7. a) REPORTED TO POLICE (YES / (NO))

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 9630 Y MODEL: MITSUBISHI  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = mdfadh07@yahoo.com.sg

fax =

VIDEO =

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

30/12/2019 12:00

Vehicle No.(For Motor)

SLJ1319E

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5114445103		AJFY&AJMY	53349773J	GPC	drive CLASSIC	SLJ1319E	SLJ1319E	29/11/2019	28/11/2020

Continue

Claim Handling

Accident MT/1078058

Policy No.	5114445103	Vehicle No.	SLJ1319E	GST Registr
Certificate No.				
Policyholder Name	A[FY8A]MY			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91074543	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

Accident Details

Report Date	02/01/2020 09:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/12/2019	Time of Accident hh:mm	12:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 310 CANBERRA RD LOADING & UNLOADING			

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	02/01/2020 09:48:02 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 271D #03-545	Address 2	PUNGGOL WALK	Address 3
Address 4	SINGAPORE 824271	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114445103	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMMAD FADLI BIN HASSAN	Driver NRIC	SXXXX772D	Driver DOB
Register Date of Driver License	30/01/2008	Driver Age	36	Driving Exper
Contact No.(Mobile)	91074543	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 271D	Address 2	PUNGGOL WALK	Address 3
Address 4	SINGAPORE 824271	Address Type	Singapore address	Post Code
Unit No.	#03-545			
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)

Contact No. (Home)

Email Address

OT Vehicle Number

Claim Description

SLJ1319E / YN9632Y ON 30 Dec 2019

Preferred Workshop

Insured Liability

Not at Fault

Preferred

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Report No. Finalisation

Yes

Date Registered

02/01/2020 09:58

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1078058

Claim No.

001

Last Doc. Received

\* Yes

No

Upload Date

02/01/2020 09:00

Path \*

Category \*

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:54	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:54	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:54	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:54	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:53	Photos		Normal	I
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:51	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:51	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:51	Photos		Normal	I
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:51	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2020 09:51	Photos		Normal	I

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading