

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 09/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20000378/13	SAS e-filing		
Veh No: 5LF8712L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/03/20 0600	i-Motor Claim Form	MT/1087496-001	
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: SJR 6753H	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

NA2001899	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) 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) 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		
	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	09/03/2020 12:25
Date Of Accident	08/03/2020 06:00
Exact Location Of Accident	CIQ IMMIGRATION CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF8712C
Insured/Policyholder	
Name Of Registered Owner	NINIEDIANA BINTE ZULKIFLIE
NRIC No	SXXXX894J
Email Address	ERFINMZ88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94577599
Alternative Phone No	HOME-87485605
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	REPORTING ONLY
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	5110663534
Cover Note Number	
Driver	
Name of Driver	MOHAMMED ERFIZAL BIN MARZUKI
NRIC No	SXXXX900J
Date Of Birth	27/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87485605
Fax Number	
Contact Number	
EMail Address	ERFINMZ88@GMAIL.COM

Address	BLK 472 CHOA CHU KANG AVE 3 #15-157
Postcode	680472
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : NINIEDIANA BINTE ZULKIFLIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20200309/2015

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR6753H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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:

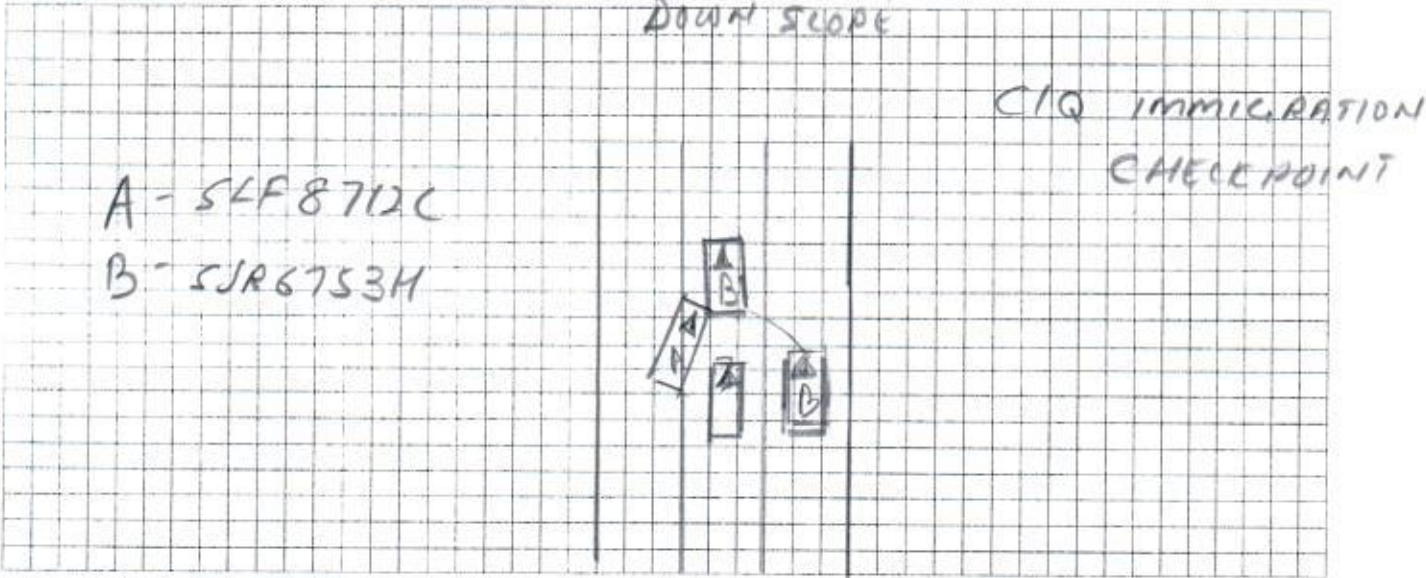
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pls refer to the police report:

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: *[Signature]* 09/03/20
NRIC/FIN No.:



SINGAPORE POLICE FORCE



J/20200309/2015

1 of 2

POLICE REPORT (NP299)

Report No. J/20200309/2015

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 09/03/2020 05:26	Vide Report No.	Station Diary No. 16		
Name Of Informant MOHAMMED ERFIZAL BIN MARZUKI	Address APT BLK 472 CHOA CHU KANG AVENUE 3 #15-157 SINGAPORE 680472			
ID Type / ID No. NRIC NO / S8840900J	Contact No. Home/Office	Mobile 87485605		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation IT DIRECTOR	Sex Male	Age 31	Date of Birth 27/10/1988	Race Indonesian
Institution/School Name	Language			
Date/Time Of Incident 08/03/2020 06:00	Location Of Incident CIQ Immigration Checkpoint MALAYSIA			

Brief details.

On 08/03/2020 at about 0600hrs, I was driving SLF8712C and queuing up at the Malaysia Checkpoint. I was on the centre lane when I intending to merge to a lane. Unfortunately, a vehicle SJR6753H abruptly cut into my lane and I could not stop in time and collided onto the rear portion of the said vehicle. No one was injured at the point of time. I do not have any in-car camera in my vehicle.

I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

J / Sr Staff Sgt WANG ZHENXIONG

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
J / Jurong West N.P.C /
Sgt 2 CHIA SHUN ZHENG
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
09/03/2020 05:26

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20200309/2015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200309/2015

Signature Of Officer Recording The Report:

J / Sr Staff Sgt WANG ZHENXIONG

Signature Of Interpreter:

Not applicable

SIGNATURE

Officer In-Charge Of Case:

J / Jurong West N.P.C /

Sgt 2 CHIA SHUN ZHENG

Contact No.:

Signature Of Informant:

Date/Time:

09/03/2020 05:26

Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8840900J



Name
MOHAMMED ERFIZAL BIN MARZUKI

Race
INDONESIAN

Date of birth
27-10-1988

Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S8840900J

MOHAMMED ERFIZAL BIN MARZUKI

Birth Date: **27 Oct 1988**
Issue Date: **16 Jan 2020**

003018214F

3421413



NRIC No. **S8840900J**



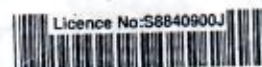
Date of issue
30-10-2003

APT BLK 472 CHOA CHU KANG AVENUE 3 #15-157
SINGAPORE 680472
NRIC No: **S8825894J** Date: **29/05/2018 (R)**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 16 Jan 2020



NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

Policy Query

Policy No.

Date of Accident

08/03/2020 08:00

Vehicle No.(For Motor)

SLF8712C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110663534		NINIEDIANA BINTE ZULKIFLIE	58825894J	GPC	drivo CLASSIC	SLF8712C	SLF8712C	10/07/2019	09/07/2020

Continue

Claim Handling

Accident MT/1087496

Policy No.	5110663534	Vehicle No.	SLF8712C	GST Registration No.	
Certificate No.					
Policyholder Name	NINIEDIANA BINTE ZULKIFLIE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	94577599	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	
▼ Accident Details					
Report Date	09/03/2020 18:10	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	08/03/2020	Time of Accident hh:mm	06:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	CIQ IMMIGRATION CHECKPOINT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2,500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable	3,100.00	Total TP Excess Applicable			
▼ 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 472 #15-157	Address 2	CHOA CHU KANG AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	15-157	Related Policy Number	5110663534		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMED ERFIZA	Driver NRIC	SXXXX900J	Driver DOB	
Register Date of Driver License	16/01/2020	Driver Age	31	Driving Experience	
Contact No.(Mobile)	87485605	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 472	Address 2	CHOA CHU KANG AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#15-157				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NINIEDIANA BINTE ZULKIFLIE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLF8712C	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLF8712C / SJR6753H ON 8 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	09/03/2020 18:16	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Save Submit

▼

Accident No. MT/1087496

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 09/03/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

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NO

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Normal

Browse...

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Please Select

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NO

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:16	NRJC/ Driving License	Y Normal	NRJC/ Driving License 2020-3-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:16	SAS	Normal	SAS 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:16	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:15	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:15	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:15	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:15	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:15	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Mar 2020 18:15	Photos	Normal	Photos 2020-3-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading