

NATIONAL Assessment Centre Services. (ver 1 Jan 2003) **MAY 2000/257**

Date In: <b>28/01/2000 15:53</b>	Job description	Date & Time Completed	Done by
Ref No: <b>XBA/INC20001418/Y</b>	SAS e-filing		
Veh No: <b>SGT 2117Z</b>	E-mail (Adjdn 3hrs, AIC 2hrs)		
D.O.A: <b>20/01/2000 10:00</b>	I-Motor Claim Form	<b>MT1081582-001</b>	<b>28/01/2000</b>
OD: TP: Reporting Only	I-Motor W/O (Withln: OD 2hrs, TP 4hrs)		<b>16:07</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) **Tel:** ( ) **Fax:** ( )

TP Particulars: Vch No: **UNKNOWN CAR** INC ( ) / Non-INC ( ) **Tel:** ( )

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%. P: 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

- Requirements / Instructions:**
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_

<b>XIA 2000744</b>		
Claimant: ( )	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TF: Towing Fee \$40/\$45	
Damage Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's comments:	For claiming against INC Only (ver 10 Jan 2003)	
Dat. 1:	6) TR: Re-inspection \$75	
2/3:	7) NI: Idas DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil); TP (vs INC) against INC \$20	
	9) NI: Idas Mobile \$0	
	Invoice dated <b>Fee Charged</b>	
	Invoice dated <b>Fee Charged</b>	

### 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	23/01/2020 15:53
Date Of Accident	20/01/2020 10:00
Exact Location Of Accident	TERMIRAL 1 BASEMENT 3 CARPARK (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2117Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FUZET BINTI FARID
NRIC No	SXXXX190E
Email Address	FUZET.FARID@FUZETFARID.COM
Mobile Phone No	(LOCAL) +65-90263584
Alternative Phone No	OTHERS-90263584

#### Vehicle Particulars

Manufacturer	BMW
Model	218I ACTIVE TOURER D/AB LED DSC ABS NAV
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5100772106-01
Cover Note Number	

#### Driver

Name of Driver	FUZET BINTI FARID
NRIC No	SXXXX190E
Date Of Birth	28/01/1969
Occupation	INDOOR
Date Of Driving Pass	04/06/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90263584
Fax Number	
Contact Number	OTHERS-90263584
EMail Address	FUZET.FARID@FUZETFARID.COM

Address	19 COVE WAY #01-12
Postcode	098206
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

PLEASE REFER TO 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH ZI WEI
NRIC/Passport Number	
Contact Number	97681129
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

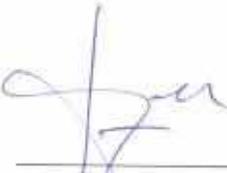
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

Policyholder's Signature

Date & Time:

  
23/01/2020

Driver's Signature

(If driver is not the policyholder)

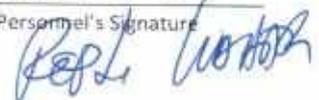
Date & Time:

Reporting Centre Personnel's Signature

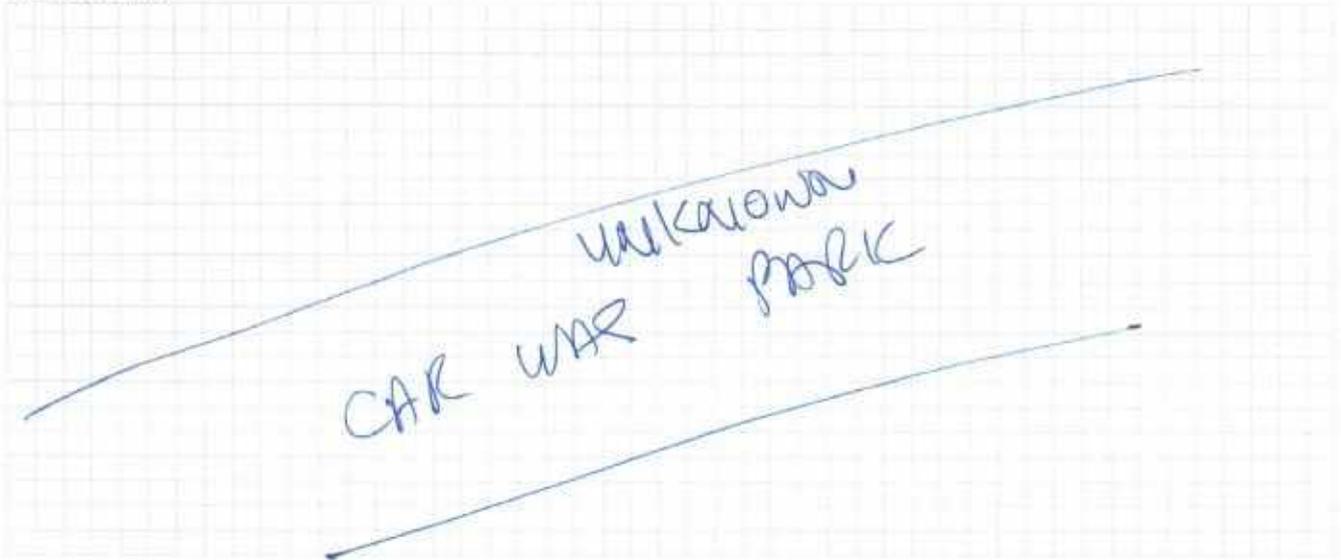
Name:

NRIC/FIN No.:

23/01/2020



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I LEFT MY CAR AT TERMINAL 1 B3 CAR PARK CHANGI AIRPORT ON MONDAY 20 JANUARY 2020 ABOUT 6.30AM. I RETURNED TO MY CAR THAT NIGHT ABOUT 7.30 PM AND FOUND A NOTE ON MY WINDSCREEN STATING: "HI, I ACCIDENTALLY SCRATCH ON YOUR CAR WHILE RESEARVING. DO CALL ME 9768 1129. KOH ZI WEI 10.00 AM." HE ALSO LEFT A BUSINESS CARD. I CALLED HIM WHEN I GOT HOME AT ABOUT 7.53 PM. HE SAID HE WILL PRIVATE SETTLE WITH ME. HE ALSO SAID HE HAS ALREADY MADE A REPORT TO HIS INSURERS BUT HE IS NOT CLAIMING FROM THEM. HE FURTHER SAID HE WILL BE OVERSEAS THAT WEDNESDAY UNTIL FRIDAY.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 23/01/2020  
 9.12 AM

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

  
 Reporting Centre Person's Signature  
 Name:  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 20/01/2020 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: TERMINAL 1 BASEMENT 3 CAR PARK, CHANGI AIRPORT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT 2117Z  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5100772106-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED  
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: FUZET BINTI FARID (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6968190E CONTACT: 90265584  
c) ADDRESS: 19 COVE WAY #01-12  
SINGAPORE 098206

\* 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: 28/01/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 04/06/2015

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 \_\_\_\_\_

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

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: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: KOH ZI WEI

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97681129

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No. of passenger  
(including driver)  
( )

\* No. of passenger  
(including driver)  
( )

\* No. of passenger  
(including driver)  
( )

Email: fuzet.farid@fuzetfarid.com  
VIDEO

**Claim Handling**

Accident MT/1081582

Policy No.	5100772106-01	Vehicle No.	SKT2117Z	GST Registrati
Certificate No.				Policyholder NI
Policyholder Name	FUZET BINTI FARID	Cover Type	drive PREMIUM	Loading
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(H
Contact No.(Mobile)	90263584	Special Remark		eCode
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	40	Private Hire
NCD Protection	No			

**Accident Details**

Report Date	23/01/2020 16:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/01/2020	Time of Accident (h:mm)	10:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TERMINAL 1 BASEMENT 3 CARPARK (CHANGI AIRPORT)			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Cover
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

**Benefits**

Coverage		Sum Insured	99999999.99	
Excess Waiver				

**GST Registered Information**

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				

**Policyholder Mailing Address**

Address 1	19 COVE WAY	Address 2	#01-12 CAPE ROYALE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#01-12	Related Policy Number	5100772106-01	

**OI Driver Info**

Driver Name	Fuzet Binti Farid	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S6968190E	Driving Experi
Register Date of Driver License	01/01/2016	Driver Age	50	Contact No.(H
Contact No.(Mobile)	90263584	Contact No.(Office)		Address 3
Address 1	19 COVE WAY	Address 2	#01-12 CAPE ROYALE	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#01-12			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKT2117Z	Driver Insurer

**Declaration**

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

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	FU
Contact No.(Mobile)	90263584	Contact No.(Home)	
Email Address	FUZET@FUZETSINGAPORE.COM	Vehicle Number	SK
Claim Description	SKT2117Z / UNKNOWN CAR ON 20 Jan 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	23/01/2020 16:06	GIA report	Received
Report Taken By	ROSLI WAHAB	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			



Hello, NAC\_BUKIT\_MERAH\_800676

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[Change Password](#)
[Log Out](#)
[My Desktop](#)
[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
 Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100772106-01		FUZET BINTI FARID	55968190E	GPC	drivo PREMIUM	SKT2117Z	SKT2117Z	28/05/2019	27/05/2020