

NATIONAL Assessment Centre Services [Ref: 20102] 2/2

Date In: 23/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20001432/13	SAS e-filing		
Veh No: SJM 9875X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/01/20 1740	I-Motor Claim Form	MM/1081629-001	
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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SLK662P	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

NA2000885	Invoice Preparation Checklist	Ant (\$) in Bill	Ant (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments: :	For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2/3:	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idno Mobile 10		
	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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 GIAR 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 18:18
Date Of Accident	22/01/2020 17:40
Exact Location Of Accident	BRADDELL RD TWDS BARTLEY RD NEAR BUS STOP B10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9875X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMED NAZRI BIN MOHD YUSOF
NRIC No	SXXXX515B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97940634
Alternative Phone No	OTHERS-97940634

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108422292
Cover Note Number	

Driver

Name of Driver	MUHAMMED NAZRI BIN MOHD YUSOF
NRIC No	SXXXX515B
Date Of Birth	02/01/1978
Occupation	INDOOR
Date Of Driving Pass	24/03/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97940634
Fax Number	
Contact Number	OTHERS-97940634
Email Address	NOEMAIL

Address BLK 147 TAMPINES AVE 5
#02-238
Postcode 521147
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 COLLISION - HEAD TO REAR
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? YES
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) 3
Passenger 1 NAME: : CLINT
GENDER: : MALE
Passenger 2 NAME: : IVAN
GENDER: : MALE

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 SLX662P
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 INJURED PERSON 1

Name MUHAMMED NAZRI BIN MOHD YUSOF
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJM9875X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CLINT
Approximate Age
Injuries Sustain MONITORING
Injured person in which vehicle? SJM9875X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name IVAN
Approximate Age
Injuries Sustain MONITORING
Injured person in which vehicle? SJM9875X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

X

Policyholder's Signature
Date & Time:

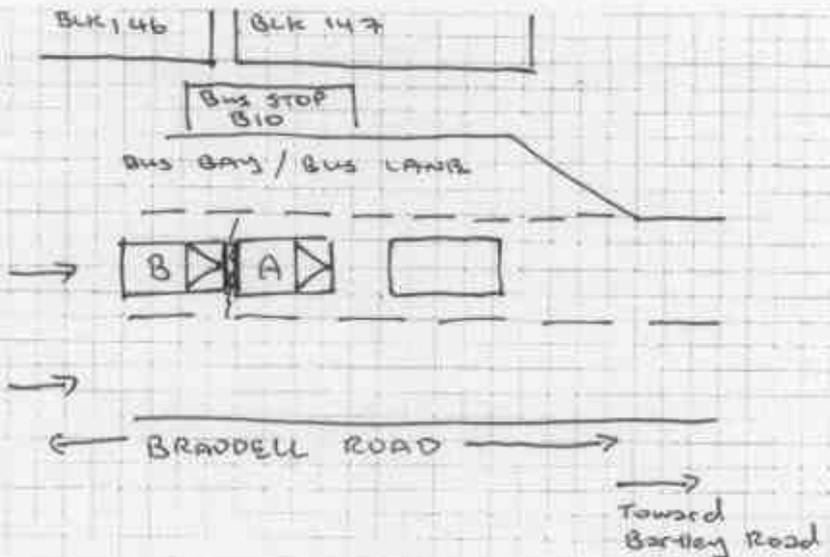
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A
- 55M 9875X

Vehicle B
- SLK 662P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Braddell Road toward Bartley Road direction. I was on the left lane.

At somewhere near to Bus stop B10, in front block 146/147 bishan St 11, due to the vehicle in front brake to complete stop, I too applied brake to complete stop. Suddenly after a few seconds, I felt a great impact from the rear of my vehicle.

Alighted from my vehicle, and realized it was a vehicle, (SLK 662P) collided to the rear of my vehicle.

Vehicle A - 55M 9875X
Vehicle B - SLK 662P

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.:

Vehicle No.	S3M 9875 X	Model / Make	TOYOTA ESTIMA
Date of Accident	22/01/20		
Time of Accident	1740	HRS	
Location of Accident	BRADSHAW ROAD, NEARBY BUS STOP B10, ^{BISHAN ST 11} IN FRONT BLK 146 TOWARD BARKLEY ROAD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	Muhammed Nazri Bin Mohd Yusof		
Telephone No.	H/P: 97940634	Home:	Office:
NRIC	S7801515B		
Address	BLK 147 TAMPAKAS AVE 5 #02-238 S(521147)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5108422292		
Name of Driver	As Above If No,		
NRIC	Any Passengers: 2 (Both Male)		
Date of birth	02 JAN 1978	Clint, IVAN	
Occupation	Outdoor /	Indoor	
Driving License Pass Date	24 MAR 1998		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	NO,	If yes, Reg No.	
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Muhammed Nazri Bin Mohd Yusof, 97940634		
Name And Contact No.	Clint, 96787509 IVAN, 99408392 (PASSENGER both monitoring)		
Police Report	NO,	If Yes, Where?	
Vehicle B No.	SLK 662 P	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR PORTION		
Camera Recorder	Yes / NO		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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: 5108422292

Cover : drive CLASSIC

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJM9875X |
| Chassis Number | : ACR507034892 |
| 2. Name of Policyholder | : MUHAMMED NAZRI BIN MOHD YUSOF |
| 3. Effective Date of Insurance | : 23 Mar 2019 |
| 4. Expiry Date of Insurance | : 30 Mar 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 business or profession. | |

This Policy does not cover

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

[#] Limitations rendered inoperative by Section B 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\$600
EXCESS (SECTION 2)	: N/A
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	: MUHAMMED NAZRI BIN MOHD YUSOF
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 : CHONG WIN SHEN (0000602527)
Date of Issue : 23 Mar 2019 12:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1081629

Policy No.	510H422252	Vehicle No.	510875X	GST Registra
Certificate No.				
Policyholder Name	MUHAMMED NAZRI BIN MOHD YUSOF			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Driver Type	Driver CLASSIC	Loading
Contact No.(Mobile)	97940634	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private-Hire

Accident Details

Report Date	23/01/2020 19:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/01/2020	Time of Accident (hr:min)	17:43	Country of A
Reporting Centre		Orange Force		ECM No.
Accident Location	BRADDISH RD TYNS BARTLEY RD NEAR BUS STOP BJC			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	500.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0.00		Driver is Cav
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Y/N
Modification History			

Policyholder Mailing Address

Address 1	BLK 147 P02-238	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108422252	

QE Driver Info

Driver Name	MUHAMMED NAZRI BIN MOHD YUSOF	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S7801510K
Register Date of Driver License	24/03/1998	Driver Age	43
Contact No.(Mobile)	97940634	Contact No.(Office)	0
Address 1	BLK 147	Address 2	TAMPINES AVENUE 8
Address 4		Address Type	Singapore address
Unit No.	P02-238	Driver Vehicle No.	
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Driver Insure

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 OD-MX

New

Claim Type	OD-MX	Insured Name	
Contact No.(Mobile)	97940634	Contact No.(Home)	
Email Address	black_nazri09@hotmail.com	Vehicle Number	
Claim Description	SIM0875X / SUK662P ON 22 Jan 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
Print AK letter		Claim Close Date	23/01/2020 19:31
		Workshop Repairer	ROSINDA

Save Submit

Attachment

Accident No.	HT21081029	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/01/2020 06:00
Choose File	No file chosen	Clear	Category <input type="text" value="Please Select"/> <input type="text" value="NO"/>
Choose File	No file chosen	Clear	Category <input type="text" value="Please Select"/> <input type="text" value="NO"/>
Choose File	No file chosen	Clear	Category <input type="text" value="Please Select"/> <input type="text" value="NO"/>
Choose File	No file chosen	Clear	Category <input type="text" value="Please Select"/> <input type="text" value="NO"/>
Choose File	No file chosen	Clear	Category <input type="text" value="Please Select"/> <input type="text" value="NO"/>
Choose File	No file chosen	Clear	Category <input type="text" value="Please Select"/> <input type="text" value="NO"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confid
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		NRJC/ Driving License	Normal	NRJC/ Dr
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		SAS	Normal	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2020 19:31		Photos	Normal	P

Video List

Uploaded By/Date	Folder Data	File Name
Display in New Window Scan and uploading		