

# NATIONAL Assessment Centre Services

(Ref: J2-102)

Date In: 28/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20001512/13	SAS e-filing		
Veh No: SJR8390H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/01/20 1700	i-Motor Claim Form	MT/1082074-001	
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SML1866U	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

NA2000944	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idao Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2/3:			



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	28/01/2020 19:45
Date Of Accident	26/01/2020 17:00
Exact Location Of Accident	ALONG SHEARES LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR8390H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FAZILRUDIN BIN FIRUZ ABDULLAH CHAN
NRIC No	SXXXX589J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91554690
Alternative Phone No	OTHERS-91554690
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	FORTE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054646253-07
Cover Note Number	
<b>Driver</b>	
Name of Driver	AZIQ CHAN BIN FAZILRUDIN
NRIC No	SXXXX732C
Date Of Birth	29/12/1999
Occupation	INDOOR
Date Of Driving Pass	23/05/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91554690
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 104 TAMPINES ST 11 #06-83
Postcode	520104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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: : 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	SML1866U
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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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:

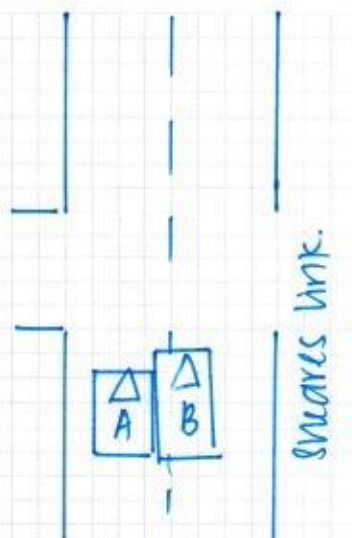
 28/01/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A: SJR8390H

(Marina Bay  
sands)

Vehicle B: SML1B66U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SJR8390H, was travelling straight along the stated venue when vehicle 'B', SML1B66U, attempted to turn into MBS & collided onto my vehicle's right 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 01 / 2020) (DD/MM/YYYY), TIME: (17 : 00) (HH:MM)

LOCATION: Along Sheares Link.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR8390H  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Kia Forte  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: Fazilmdin bin Firuz Abdullah A (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S75025817 CONTACT: 9155 4690  
 C) ADDRESS: 104 Tampines St 11, #06-83 S (520104)

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

## DRIVER

- a) NAME: Azia Chan bin Fazilmdin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S99417326 CONTACT: 9155 4690  
 c) ADDRESS: 104 Tampines St 11, #06-83 S (520104)

\*d) DATE OF BIRTH: (29 / 12 / 1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

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: SML1866U MODEL:  
 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:

No of passengers  
 (including driver)

(02)

01 female passenger

No of passenger  
 (including driver)

male driver

02 female passenger

No of passenger  
 (including driver)

( )

Email =

fax =

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

26/01/2020 17:00

Vehicle No.(For Motor)

SJR8390H

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5054646253-07		FAZILRUDIN BIN FIRUZ ABDULLAH CHAN	57502589J	GPC	drive CLASSIC	SJR8390H	SJR8390H	16/07/2019	15/07/2020

Continue



Claim Handling

Accident MT/1082074

Policy No.

5054646253-02

Vehicle No.

SJR8390H

GST Registra

Certificate No.

Policyholder Name

FAZILRUDIN BIN FIRUZ ABDULLAH CHAN

Product Code

PRIVATE CAR INSURANCE

Cover Type

drive CLASSIC

Policyholder f

Contact No.(Mobile)

91554690

Contact No.(Office)

0

Contact No.(f

Email Address

Special Remark

eCode

KFK

No Yes

TCA

No Yes

eCode Reaso

NCD Protection

Yes

NCD Entitlement(%)

50

Private Hire

Accident Details

Report Date

29/01/2020 17:20

Accident Report Within 24 hrs

Yes

Accident Typi

Date of Accident

26/01/2020

Time of Accident hh:mm

17:00

Country of Ac

Reporting Centre

Orange Force

ICM No.

Accident Location

ALONG SHEARES LINK

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

0.00

Driver is Cov

Additional Excess

0.00

Total TP Excess Applicable

0.00

Total OD Excess Applicable

3,100.00

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 104 #06-B3

Address 2

TAMPINES STREET 11

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

5054646253-02

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

Unnamed driver Name

AZTIQ CHAN BIN FAZILRUDIN

Driver NRIC

SXXXX732C

Driving Exper

Register Date of Driver License

23/05/2018

Driver Age

20

Driving Exper

Contact No.(Mobile)

91554690

Contact No.(Office)

0

Contact No.(f

Address 1

BLK 104

Address 2

TAMPINES STREET 11

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

#06-B3

Driver Vehicle No.

Driver Insure

Does he own a Singapore Registered car?

Yes No

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes No

Modification History

Claim 001 OD-MX

New

Claim Type

OD-MX

Insured Name

F

Contact No.(Mobile)

96694196

Contact No. (Home)

6

Email Address

fazilrudin\_firuz@sats.com.sg

OI Vehicle Number

5

Claim Description

SJR8390H / SML1866U ON 26 Jan 2020

Preferred Workshop

Insured Liability

Not at Fault

Claim Close Date

Workshop No. Finalisation

Yes

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

29/01/2020 17:35

Workshop Repairer

ROSLINDA

Report Taken By

Print AK letter

Save

Submit

Attachment

Accident No.

MT/ID82074

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

29/01/2020 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

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Message Read

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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 29 Jan 2020 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Di
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:33	Photos		Normal	P

Video List

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

Scan and uploading