

NATIONAL Assessment Centre Services

(Part 1 of 2)

MNA/2000/344

Date In 29/01/2020 18:58

Ref No NA/INC2000/589/P

Veh No SMC 1021M

Time 25/01/2020 20:30

City D Reporting Only

Job description

SAS e-filing

E-mail (within 2hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No: SMC 1114E

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 Ref No: 6789 4616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time:

Action:

MNA 2000 931

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Ingr-In-Charge):

Auditors Comments:

Date:

Time:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30):

2) DA: Damage Assessment (\$100):

3) TP: Towing Fee

4) FT: Follow-Through Survey

5) FT: Follow-Through Survey (Resurvey)

6) TR: Re-Inspection

7) N1: Idas DA + SMRT Survey

8) NTUC Additional Services:

9) N12: Idas Mobile

10) N13: Idas Mobile

11) N14: Idas Mobile

12) N15: Idas Mobile

13) N16: Idas Mobile

14) N17: Idas Mobile

15) N18: Idas Mobile

16) N19: Idas Mobile

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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	29/01/2020 18:53
Date Of Accident	25/01/2020 20:30
Exact Location Of Accident	KAMPONG GLAM HERITAGE TRAIL 71A SULTAN GATE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1021M
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	5XXX500X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114368352
Cover Note Number	

Driver

Name of Driver	MUHAIMIN BIN YUSOF
NRIC No	SXXXX383H
Date Of Birth	02/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90038070
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 6 HOLLAND CLOSE #02-36
Postcode	271006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	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)	1

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

REFER TO STATEMENT ATTACHED

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	SMQ1114E
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)	

IMPORTANT NOTICE


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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:

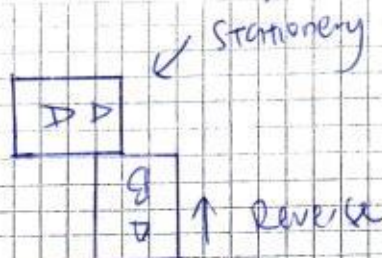


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Ven A: SMC1021M
 Ven B: SMQ1114E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
 My car (Ven A: SMC1021M) was parked at Kampung Glam Heritage Trail 71A Sultan Gate. When I came back to my car, I realised there were signs of damages on my front left bumper. There was a witness Arman 861440015 told me that a car (Ven B: SMQ1114E) had collided onto my car and went off. I assume this is a hit-and-run case and called the traffic police. Shortly, the traffic police arrived and took our statement. After quite, Ven B's driver also came back and admitted she is doing a three point turn and accidentally collided onto my car. We agreed we should go by claims to resolve this issue.

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.:

Date of Accident : 25/01/2020 Accident Time: 8:30PM (24-HR-Format)
Accident Place : KAMPUNG GLAM HERITAGE TRAIL 71A SULTAN GATE
Vehicle Reg. No. (Car Plate No.) : SMC1021M
Vehicle Make/Model : TOYOTA SIENIA
Insurance Company : NTUC Policy No. 510167180-01
Owner or Company Name /IC No. : TW AUTO MOBILE 53333500 X
Owner or Company Contact No. : 88669174 Owner's Hp. _____ Company Tel _____
DRIVER'S Name / IC No. : MUHAMMAD BIN YUSOF 59140383H
DRIVER'S Date Of Birth : 02/11/1991 DRIVER'S License Pass Date 16/10/2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
DRIVER'S Address : BLK 6 HOLLAND CLOSE #02-36
DRIVER'S Contact No./ Alt No. : 1) 90038070 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : MINIKHA020114@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 00
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMQ1114 E
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

* national license

* E-hao

* NTUC

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: 5101671180-01

Cover : drive CLASSIC

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SMC1021M |
| Chassis Number | : NHP1707123964 |
| 2. Name of Policyholder | : TW AUTOMOBILE |
| 3. Effective Date of Insurance | : 16 Jan 2019 |
| 4. Expiry Date of Insurance | : 15 Jan 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 or Hirer's business. | |

This Policy does not cover

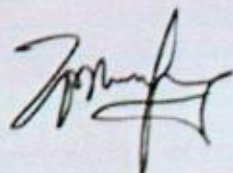
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAN WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/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)

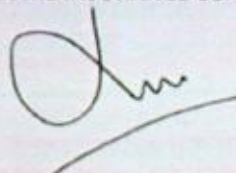
Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 17 Jan 2019 17:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1082097

Policy No.	5114368352	Vehicle No.	SMC1021M	GST Registration No.	
Certificate No.	5114368352-000026			Policyholder NRIC	53333500X
Policyholder Name	TW AUTOMOBILE	Cover Type	drive CLASSIC	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No./Office	0	Contact No.(Home)	0
Contact No.(Mobile)	90038070	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	No				

Accident Details

Report Date	29/01/2020 19:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/01/2020	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAMPONG GLAM HERITAGE TRAIL 71A SULTAN GATE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	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	29/01/2020 19:19:55 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5112474973-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/11/1991
Unnamed driver Name	MUHAMMAD BIN YUSOF	Driver NRIC	SXXXX383H	Driving Experience	7
Register Date of Driver License	16/10/2012	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	90038070	Contact No.(Office)		Address 3	SINGAPORE 271006
Address 1	BLK 6 #02-36	Address 2	HOLLAND CLOSE	Post Code	271006
Address 4		Address Type	Singapore address		
Unit No.	02-36			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	TW AUTOMOBILE	Insured NRIC	53333500X
B6865335	Contact No. (Home)		Contact No. (Office)	
	Vehicle Number	SMC1021M	TP Vehicle Number	SMQ1114E
SMC1021M / SMQ1114E ON 25 Jan 2020				
Name of Preferred Workshop				

29/01/2020 19:21	Claim Close Date		Date Received	29/01/2020
BEH SWEE YANG SHERWIN				

Save Submit

Attachment

Accident No.	MT/1082097	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	29/01/2020 19:23
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

1/29/2020

Claim Handling(accident reporting Claim Task)

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:23	SAS	Normal	SAS 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:22	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:22	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:22	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:22	Photos	Normal	Photos 2020-1-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:21	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:21	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:21	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:21	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:21	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:21	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 29 Jan 2020 19:21	Photos	Normal	Photos 2020-1-29

Video List

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

Scan and uploading