

NATIONAL Assessment Centre Services

[Ref: J2103]

Date In: 06/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20002069/13	SAS e-filing		
Veh No: SLR61432	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/02/20 1205	i-Motor Claim Form	MT/1083314-001	
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: SMR6190X	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 () / Towel-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

NA 2001241	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (Non INC) against INC \$20		
	9) N12: Idao 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 06/02/2020 11:21
Date Of Accident 05/02/2020 12:05
Exact Location Of Accident ALONG JALAN EUNOS
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC6143Z
Insured/Policyholder
Name Of Registered Owner RAYN1MAN SERVICES
Co Reg No 5XXXX126E
Email Address TAUFIKMO67@GMAIL.COM
Mobile Phone No
Alternative Phone No OFFICE-97432314

Vehicle Particulars

Manufacturer TOYOTA
Model WISH
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 5089362082-02
Cover Note Number

Driver

Name of Driver MUHAMMAD TAUFIK BIN OMAR
NRIC No SXXXX880E
Date Of Birth 13/05/1967
Occupation OUTDOOR
Date Of Driving Pass 05/11/1987
Driving Experience 32 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97432314
Fax Number
Contact Number
Email Address TAUFIKMO67@GMAIL.COM

Address	BLK 322A SUMANG WALK #09-899
Postcode	821322
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMR6190X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOK BOON KIM
NRIC/Passport Number	SXXXX141G
Contact Number	90665873
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH1953C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM SING HUI
NRIC/Passport Number	SXXXX091E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

RAYN1MAN SERVICES
Co Reg No: 53358126E

Policyholder's Signature
Date & Time:

6/2/20

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

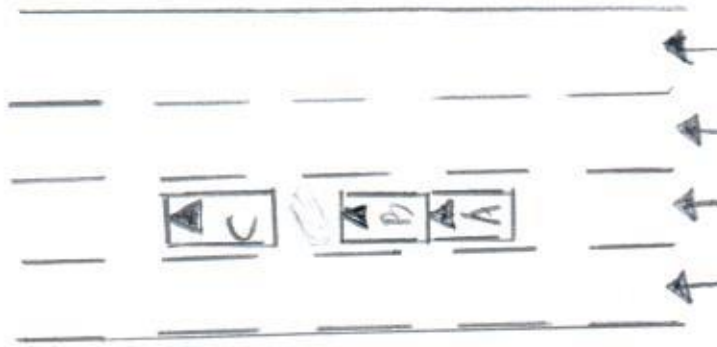
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Shyam 06/02/20

SKETCH PLAN

JALAN EUNOS

A - SLC6143Z
B - SMR6190X
C - GBH1953C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At About 1205 my vehicle SLC6013 6143Z hit vehicle B - SMR 6190X along jalan Eunus .. road was clear and traffic was moderate It was a sudden stop for vehicle B and I could not react fast enough to brake on time to prevent from hitting. I found the reason of the sudden brake from vehicle B was because of a bulky item (furniture) dropped from vehicle C ~~at~~ right in front of the path of vehicle B.

DECLARATION

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

RAYN1MAN SERVICES
Co Reg No: 53358126E

Policyholder's Signature
Date & Time:

8/2/20

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

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

2/ym 06/02/20

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 : 5089362082-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **SLC6143Z**
Chassis Number : JTDGG20W60J003912
2. Name of Policyholder : RAYN1MAN SERVICES
3. Effective Date of Insurance : 20 May 2019
4. Expiry Date of Insurance : 19 May 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.
(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 18 May 2019 13:54 hrs
Reprint : 18 May 2019 13:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1083314

Policy No.	SDR9362082-02	Vehicle No.	SLC6143Z	GST Registrat
Certificate No.				
Policyholder Name	RAYN1MAN SERVICES			Policyholder f
Product Code	COMMERCIAL VEHICLES INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97432314	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	06/02/2020 18:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/02/2020	Time of Accident hh:mm	12:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JALAN FUNDS			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	2,000.00	

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 322A #09-899	Address 2	SUMANG WALK	Address 3
Address 4	SINGAPORE 821322	Address Type	Singapore address	Post Code
Unit No.	04-281	Related Policy Number	SDR9362082-02	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD TAUFIK BIN OMAR	Driver NRIC	SXXXX880F	Driver DOB
Register Date of Driver License	05/11/1987	Driver Age	52	Driving Exper
Contact No.(Mobile)	97432314	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 322A	Address 2	SUMANG WALK	Address 3
Address 4	SINGAPORE 821322	Address Type	Singapore address	Post Code
Unit No.	#09-899			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	97432314	Contact No. (Home)	
Email Address	taufikmo67@gmail.com	OI Vehicle Number	
Claim Description	SLC6143Z / SMR6190X ON 5 Feb 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1083314

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

06/02/2020 00:00

Path

Choose File

No file chosen

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No file chosen

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No file chosen

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No file chosen

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Message Read

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 18:14	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 18:14	SAS	Normal	
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06 Feb 2020 18:12



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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 18:12	Photos	Normal	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 18:12	Photos	Normal	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 18:12	Photos	Normal	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 18:12	Photos	Normal	

Video List

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