

# NATIONAL Assessment Centre Services. (wef 1 Jan 05) **MAJOR 017830**

Date In: <b>16/12/09:36</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/14/12/002223/14</b>	SAS e-filing		
Veh No: <b>5JR 1042X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>21/12/14:00</b>	i-Motor Claim Form	<b>27/10/08 3587-201</b>	<b>16/12/09 01:46</b>
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: <b>5JPS 682J</b>	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

<b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Amf (\$)	Amf (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD:				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (N'n INC) against INC \$20				
9) N12: Idac 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	10/02/2020 09:36
Date Of Accident	02/02/2020 14:00
Exact Location Of Accident	JUNC SIMEI AVE & SIMEI ST 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1047X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CU LEASING PRIVATE LIMITED
Co Reg No	2XXXXXX183G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5115351600
Cover Note Number	

### Driver

Name of Driver	MOHAMMED ZAMRI BIN BAKRI
NRIC No	SXXXX218C
Date Of Birth	23/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91205731
Fax Number	
Contact Number	OFFICE-91205731
Email Address	NOEMAIL

Address	BLK 23 MARSILING DRIVE #08-137
Postcode	730023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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

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	SGF5682J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOK KWOK SENG
NRIC/Passport Number	SXXXX968J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3



## 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.

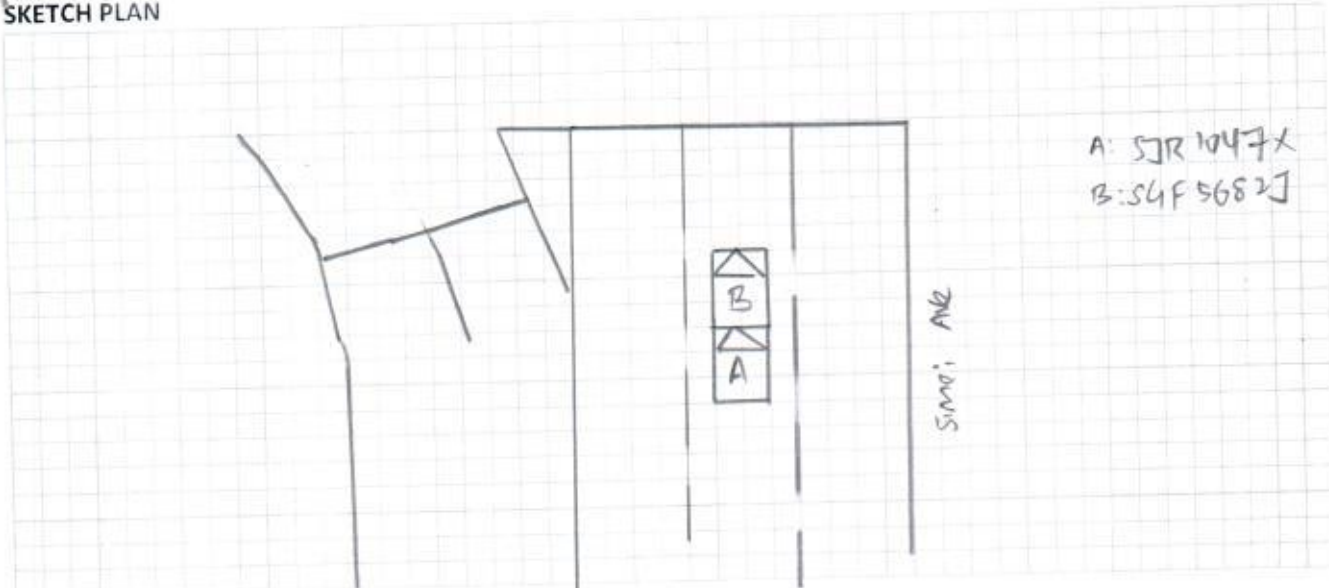
Policyholder's Signature  
Date & Time:



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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:



*[Signature]*

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

*[Signature]*

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I DID NOT REALIZED THAT VEHICLE B SLOW DOWN. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 7 / 2 / 20 ) (DD/MM/YYYY), TIME: ( 14 : 00 ) (HH:MM)

LOCATION: Junc Simei Ave & Simei Street 3.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5J210472X  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5115351600  
 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: Working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)? NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Mohammed Zamri Bin Buleri (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 576292180 CONTACT: 91205731  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 23 / 9 / 1976 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

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

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 81F5682J MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Kok Kwok Seng  
 c) NRIC/FIN/PASSPORT: 50074987 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

Fax =

VIDEO = X



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [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"/>	5115351600	5115351600-000012	CU LEASING PRIVATE LIMITED	201842183G	GFM	drivo CLASSIC	SJR1047X	SJR1047X	18/01/2020	17/01/2021

## Policy Information

Policy No.	5115351600	Policyholder Name	CU LEASING PRIVATE LIMITED	Policyholder NRIC	201842183G
Certificate No.	5115351600-000012				
Address	21 TOH GUAN ROAD EAST #05-03 TOH GUAN CENTRE SINGAPORE 608609				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/01/2020	Effective Date	18/01/2020 00:00	Expiry Date	17/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	GOH CHEN PENG (WU ZHENPIN)		Agent Tel.	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#05-03 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	05-03	Related Policy Number	5115351600		

Insured Object: 5115351600-000012

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel



## Claim Handling

Accident MT/1083567

Policy No.	S115351600	Vehicle No.	SJR1047X	GST Registration No.	
Certificate No.	S115351600-000012				
Policyholder Name	CU LEASING PRIVATE LIMITED	Cover Type	drive CLASSIC	Policyholder NRIC	201842183G
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

## ▼ Accident Details

Report Date	10/02/2020 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/02/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC SEMEI AVE & SEMEI ST 3				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

## ▼ Benefits

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

## ▼ Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#05-03 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	05-03	Related Policy Number	S115351600		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/09/1976
Unnamed driver Name	MOHAMMED ZAMRI BIN BAKRI	Driver NRIC	SXXXX218C	Driving Experience	12
Register Date of Driver License	16/02/2007	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	91205731	Contact No.(Office)	0	Address 3	SINGAPORE 730023
Address 1	BLK 23	Address 2	MARSELING DRIVE	Post Code	730023
Address 4		Address Type	Singapore address		
Unit No.	08-137			Driver Insurer Company	
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

## Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	CU LEASING PRIVATE LIMITED	Insured NRIC	201842183G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJR1047X	TP Vehicle Number	SGF56823
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address				Name of Preferred Workshop	
Claim Description	SJR1047X / SGF56823 ON 2 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	10/02/2020 00:00
Date Registered	10/02/2020 09:46	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment













Accident No.	MT/1083567	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 09:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:47	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:47	SAS	Normal	SAS 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:47	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:47	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:47	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:46	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:46	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:46	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:46	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 10 Feb 2020 09:46	Photos	Normal	Photos 2020-2-10	

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	