

NATIONAL Assessment Centre Services. Part 1 Jan 09 MMA 120028110

Date In: 4/3/20 11:08	Job description	Date & Time Completed	Done by
Ref In: NA/INC 20003541/H4	SAS e-filing		
Veh No: SFA 1100L	E-mail (within 3hrs, AIC 2hrs)		
IC/A: 2/3/20 05:50.	I-Motor Claim Form	MT/10F6809 ⁰⁰¹	4/3/20 11:38.
IP: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkst		

Profund Wksp / INC Assgn Wksp / QW: ()	Total:	Fax: ()
IP Particulars:	Veh No: SLQ 41C2 H.	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% P: 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: 67886616) Date: _____ 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	Action

Client's Particulars	Invoice / Description	Amount (\$)	Adj (\$)	Balance
	1) AR: Accident Reporting (\$30);	30.00		
	2) DA: Damage Assessment (\$100); INC (\$10)			
	3) TP: Towing Fee \$40/\$45			
	4) PT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claimant against INC Only (wof 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + EMRT Survey \$160			
	8) NTUC Additional Services:			
	Q1:			
	*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 (5-in INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	Invoice dated _____ Fee Charged _____			
	Invoice dated _____ Fee Charged _____			

MA 2001799

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	04/03/2020 11:08
Date Of Accident	02/03/2020 05:50
Exact Location Of Accident	JB CHECKPOINT TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA1100L
Insured/Policyholder	
Name Of Registered Owner	NORAZIAH BINTE ABDUL RAHMAN
NRIC No	SXXXX972H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81330424
Alternative Phone No	OFFICE-81330424

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	5111885123
Cover Note Number	

Driver

Name of Driver	NORAZIAH BINTE ABDUL RAHMAN
NRIC No	SXXXX972H
Date Of Birth	28/03/1990
Occupation	INDOOR
Date Of Driving Pass	04/08/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81330424
Fax Number	
Contact Number	OFFICE-81330424
EEmail Address	NOEMAIL

Address	BLK 440B CLEMENTI AVE 3 #16-24
Postcode	122440
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)	2
Passenger 1	NAME: : MUHAMMAD JUFRI BIN ABU HASSAN 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

REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4162H
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	NORAZIAH BINTE ABDUL RAHMAN
Approximate Age	
Injuries Sustain	BACK N NECK
Injured person in which vehicle?	SFA1100L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD JUFRI BIN ABU HASSAN
Approximate Age	
Injuries Sustain	BACK N NECK
Injured person in which vehicle?	SFA1100L
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.



Policyholder's Signature
Date & Time:

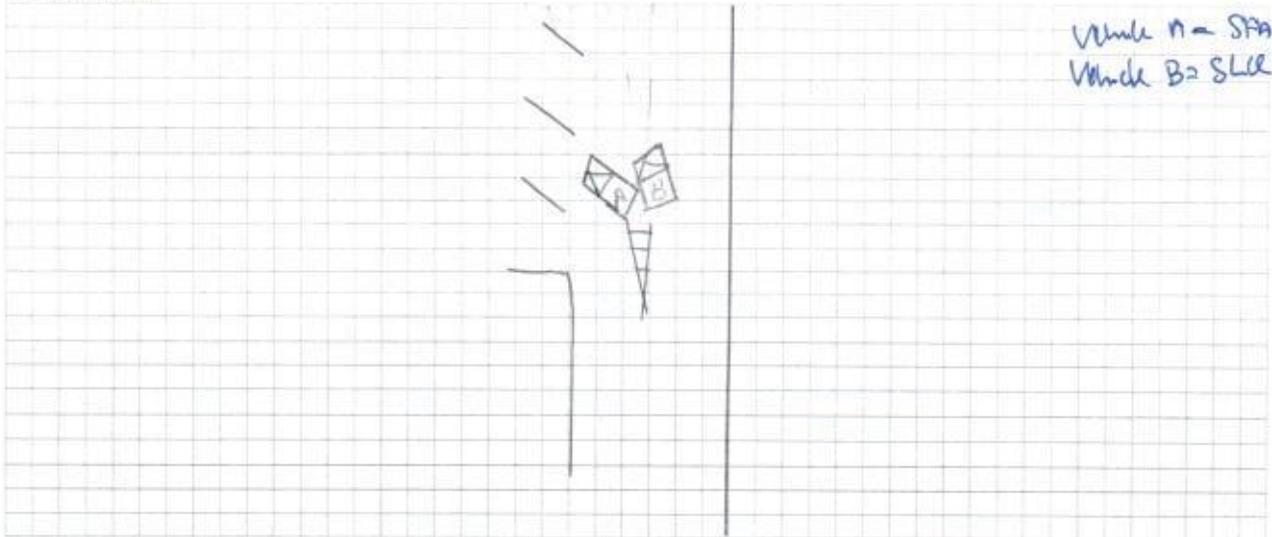


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle A = SPA 1100 L
Vehicle B = SLR 4162M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On sun started date and time I vehicle A was stationary at the
stated venue. While waiting for the front vehicle to move off, I felt
a collision from my rear and realised the vehicle B has
collided into my rear.

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 : 02/03/2020 Accident Time: 0550 (24-HR-Format)

Accident Place : MAJLISA CHECKPOINT DWARDS SWAGRE/WOODLANDS.

Vehicle No. (Car Plate No.) : SFA1100L Make/Model: AMVA A4.

Insurance Company : NTUC. Policy No: 5111885123

Owner or Company Name / IC No. : NORAZIAH BINTI ABUL RAHMAN / S90099724

Owner or Company Contact No. : 81330424 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : SAME AS OWNER.

DRIVER'S Date Of Birth : 28/08/1990 DRIVER'S License Pass Date 04/08/2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER.

DRIVER'S Address : BLK 440B CLEMENTI AVENUE 3 #16-24 S1122440

DRIVER'S Contact No / Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

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): 02.

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

Any Injury (If YES, Pls state): YES, BACK AND NECK.

Other Party Driver's Particular (if any)

Vehicle No: <u>SLO 4162H</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:
 ① MUHAMMAD JUFRI BIN ABU HASSAN MALE

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111885123

Cover : drivo CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SFA1100L |
| Chassis Number | : WAUZZZ8K0AA051496 |
| 2. Name of Policyholder | : NORAZIAH BINTE ABDUL RAHMAN |
| 3. Effective Date of Insurance | : 23 Aug 2019 |
| 4. Expiry Date of Insurance | : 22 Aug 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 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\$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	: NORAZIAH BINTE ABDUL RAHMAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WSJ 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 : 23 Aug 2019 13:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1086809

Policy No.	511885123	Vehicle No.	SFA1100L	GST Registration No.	
Certificate No.					
Policyholder Name	NORAZIAH BINTE ABDUL RAHMAN			Policyholder NRIC	S9009972H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81330424	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPIK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	04/03/2020 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/03/2020	Time of Accident hh:mm	05:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JB CHECKPOINT TWDS WOODLANDS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	TP Standard Excess	0.00	YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00	YIED OD Excess	0.00	YIED TP Excess	0.00				
Additional Excess	0	Total TP Excess Applicable	0.00								
Total OD Excess Applicable	600.00										

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 440B #16-24	Address 2	CLEMENTI AVENUE 3	Address 3	CLEMENTI CASCADIA
Address 4	SINGAPORE 122440	Address Type	Singapore address	Post Code	122440
Unit No.		Related Policy Number	511885123		

OI Driver Info

Driver Name	NORAZIAH BINTE ABDUL RAHMAN	Driver Type	Main Driver	Driver DOB	28/03/1990
Unnamed driver Name		Driver NRIC	S9009972H	Driving Experience	4
Register Date of Driver License	04/08/2015	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	81330424	Contact No.(Office)		Address 3	CLEMENTI CASCADIA
Address 1	BLK 440B #16-24	Address 2	CLEMENTI AVENUE 3	Post Code	122440
Address 4	SINGAPORE 122440	Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NORAZIAH BINTE ABDUL RAHM	Insured NRIC	S90099	
Contact No.(Mobile)	81330424	Contact No. (Home)		Contact No. (Office)		
Email Address	ljarahman@hotmail.sg	OJ Vehicle Number	SFA1100L	TP Vehicle Number	SLQ411	
Claim Description	SFA1100L / SLQ4162H ON 2 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
SPRINGS No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown			
Date Registered	04/03/2020 11:37	Claim Close Date		Date Received	04/03/	
Report Taken By	LJEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1086809	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2020 11:38

Path *	Category *	Confidential	Urgency *	Desc
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:38	SAS		Normal	SAS 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:38	Photos		Normal	Photos 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:38	Photos		Normal	Photos 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:37	Photos		Normal	Photos 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:37	Photos		Normal	Photos 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:37	Photos		Normal	Photos 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:37	Photos		Normal	Photos 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:37	Photos		Normal	Photos 2020-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Mar 2020 11:37	Photos		Normal	Photos 2020-3-4

Video List

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				