

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA/20028866

Date In: 3/3/2013	Job description	Date & Time Completed	Done by
Ref No: NA/INC200353/24	SAS e-filing		
Veh No: 56741146	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/3/2013	i-Motor Claim Form	M7/1087721-001	3/3/2013
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 56741146	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 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/2001953	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc 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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non 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	05/03/2020 17:03
Date Of Accident	04/03/2020 18:20
Exact Location Of Accident	PIE TWDS TPE (SLE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4114G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR HAFIDAH BINTE KAMURIDIN
NRIC No	SXXXX045H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97334765
Alternative Phone No	OFFICE-97334765
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	5095734905-02
Cover Note Number	

### Driver

Name of Driver	NUR HAFIDAH BINTE KAMURIDIN
NRIC No	SXXXX045H
Date Of Birth	04/02/1987
Occupation	INDOOR
Date Of Driving Pass	16/08/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97334765
Fax Number	
Contact Number	OFFICE-97334765
Email Address	NOEMAIL

Address	BLK 329B ANCHORVALE STREET #03-589
Postcode	542329
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)	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.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM7193T
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KABBAB CHOUAIB
NRIC/Passport Number	GXXXX781M
Contact Number	85189376
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NUR HAFIDAH BINTE KAMURIDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLT4114G
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 &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

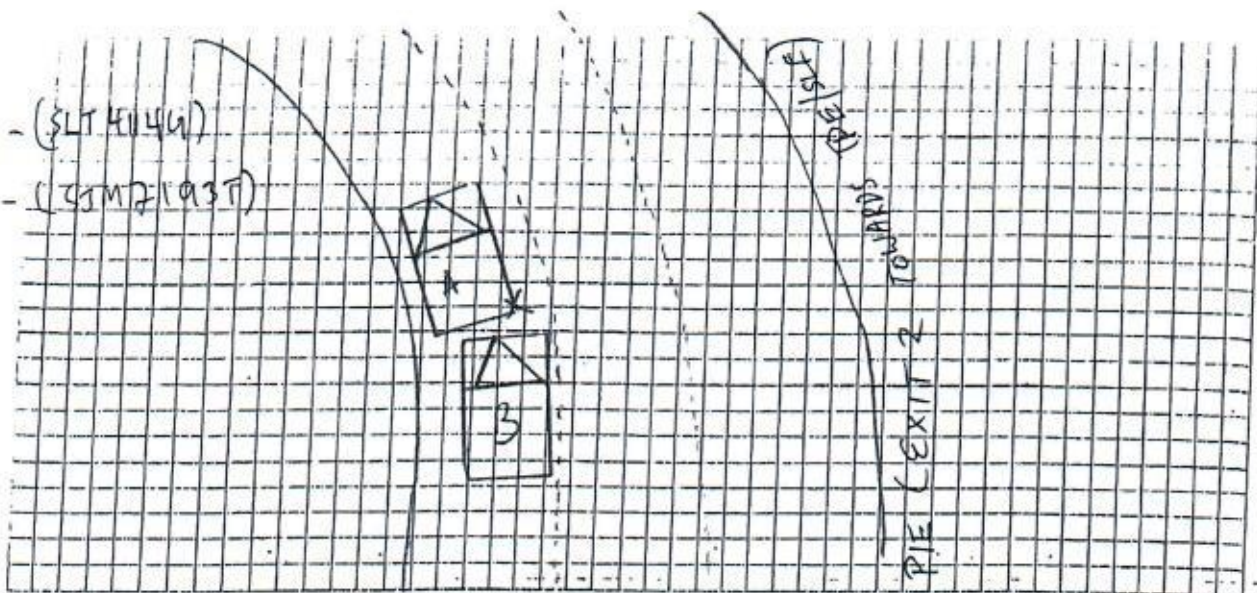
Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:



Vehicle A - (SLT4114G)  
 Vehicle B - (SJM7193T)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in my vehicle (SLT4114G) at PIE (Exit 2 towards TPE/SLE) on 3rd lane. The traffic was heavy and slow. As my vehicle come to a stop behind a lorry, suddenly vehicle B (SJM7193T) collided from behind. I stopped my vehicle and get down to check on my car and exchange particulars with the driver. I have an in-car camera to show the "caused" of this accident.

I have visit a doctor and was given 1 day MC.

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 : 4/3/2020 Accident Time: 1820 (24-HR-Format)  
Accident Place : PIE Exit 2 (Towards TPE / SLE)  
Vehicle Reg. No. (Car Plate No.) : SLT4114G  
Vehicle Make/Model : Mazda 3  
Insurance Company : NTUC Policy No. 5095734905-02  
Owner or Company Name / IC No. : NUR' HAFIDAH BINTE KAMURIDIN  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 97334765 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : NUR' HAFIDAH BINTE KAMURIDIN  
DRIVER'S Date Of Birth : 04-02-1987 DRIVER'S License Pass Date 16 Aug 2012  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 329B Anchorvale street #03-589  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Hafyda1387@hotmail.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): 01 1 day me  
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: STM7193T  
Vehicle Make/Model: Toyota VIOS  
Name Driver: KABBAB CHOMAB  
IC No. Driver: 61303781M  
Driver's Contact & Add: 85189376

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



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"/>	5095734905-02		NUR HAFIDAH BINTE KAMURIDIN	S8703045H	GPC	drive CLASSIC	SLT4114G	SLT4114G	28/01/2020	27/01/2021



## Policy Information

Policy No.	5095734905-02	Policyholder Name	NUR HAFIDAH BINTE KAMURIDI	Policyholder NRIC	S8703045H
Certificate No.					
Address	BLK 329B #03-589 ANCHORVALE STREET ANCHORVALE HARVEST SINGAPORE 542329				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/01/2020	Effective Date	28/01/2020 00:00	Expiry Date	27/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	LAKE VIEW AGENCY PTE. LTD.	Agent Tel.	67459995	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 329B #03-589	Address 2	ANCHORVALE STREET	Address 3	ANCHORVALE HARVEST
Address 4	SINGAPORE 542329	Address Type	Singapore address	Post Code	542329
Unit No.	03-589	Related Policy Number	5095734905-02		

## Insured Object: SLT4114G

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

## Claim Handling

Accident MT/1087071

Policy No.	S095734905-02	Vehicle No.	SLT4114G	GST Registration No.	
Certificate No.					
Policyholder Name	NUR HAFIDAH BINTE KAMURIDIN			Policyholder NRIC	S8703045H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97334765	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No

▼ Accident Details

Report Date	05/03/2020 17:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/03/2020	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TPE (SLE)				

▼ Total Excess Applicable

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

▼ Benefits

Coverage	Sum Insured		
Accessory	2500		

▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 329B #03-589	Address 2	ANCHORVALE STREET	Address 3	ANCHORVALE HARVEST
Address 4	SINGAPORE 542329	Address Type	Singapore address	Post Code	542329
Unit No.	03-589	Related Policy Number	S095734905-02		

▼ OT Driver Info

Driver Name	NUR HAFIDAH BINTE KAMURIDIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8703045H	Driver DOB	04/02/1987
Register Date of Driver License	16/08/2012	Driver Age	33	Driving Experience	7
Contact No.(Mobile)	97334765	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 329B	Address 2	ANCHORVALE STREET	Address 3	ANCHORVALE HARVEST
Address 4	SINGAPORE 542329	Address Type	Singapore address	Post Code	542329
Unit No.	03-589				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Modification History

Claim 001 

Claim Type *	OD-MX	Insured Name	NUR HAFIDAH BINTE KAMURIDIN	Insured NRIC	S8703045H
Contact No.(Mobile)	97334765	Contact No.(Home)	54020696	Contact No.(Office)	
Email Address	HAFIDAH13@HOTMAIL.SG	OT Vehicle Number	SLT4114G	TP Vehicle Number	S3M7193T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLT4114G / S3M7193T ON 4 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/03/2020 17:13	Claim Close Date		Date Received	05/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

## Attachment

Accident No.	MT/1087071	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2020 17:20

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	



Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:20	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:20	SAS	Normal	SAS 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:19	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:19	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:19	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:19	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:14	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:14	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:14	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:14	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:14	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:14	Photos	Normal	Photos 2020-3-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Mar 2020 17:14	Photos	Normal	Photos 2020-3-5	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				