

NATIONAL Assessment Centre Services. (part 1 Jan 03) MMA 120029860

Date In: 9/12/20 12:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 20003734164	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SGT 8308 Y	I-Motor Claim Form	MT/1087408-001	9/13/20 13:30
DDA: 7/13/20 09:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
() Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk312		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJJ 3255 R	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Repairs:	INC () / Non-INC ()	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

Claimant's Particulars:	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120		
Arbiters' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT 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 (Inc INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	09/03/2020 12:06
Date Of Accident	07/03/2020 09:20
Exact Location Of Accident	SECOND LINK CHECKPOINT TWDS JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT8308Y
Insured/Policyholder	
Name Of Registered Owner	ABDUL RASHID
NRIC No	SXXXX810F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96935883
Alternative Phone No	OTHERS-90466807

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059231574-06
Cover Note Number	

Driver

Name of Driver	ABDUL RASHID
NRIC No	SXXXX810F
Date Of Birth	09/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1980
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96935883
Fax Number	
Contact Number	OTHERS-90466807
EMail Address	NOEMAIL

Address	BLK 719 PASIR RIS ST 72 #02-91
Postcode	510719
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?	
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: : AESAH 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

I WAS TRAVELLING AT THE SECOND LINK CHECKPOINT, BEFORE ENTER TO THE CHECK POINT, I SLOW DOWN AND STOP MY VEH FOR TEMPERATURE CHECKING, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	SJJ3255R
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)

SKETCH PLAN

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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:

9/3/20

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Second Link checkpoint twds JB

[illegible]

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

Policyholder's Signature

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

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

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/03/2020 12:05"/>
Vehicle No.(For Motor)	<input type="text" value="SGT8308Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5059231574-06		ABDUL RASHID	S0093810F	GPC	Third Party, Fire & Theft	SGT8308Y	SGT8308Y	25/04/2019	24/04/2020

Claim Handling

Accident MT/1087408

Policy No.	5059231574-06	Vehicle No.	SGT8308Y	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL RASHID	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S0093810F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90466807	Special Remark		Contact No.(Home)	
Email Address		TCA	* No * Yes	eCode	No
KFK	* No * Yes	NCD Entitlement(%)	\$0	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	09/03/2020 13:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/03/2020	Time of Accident hh:mm	09:20	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SECOND LINK CHECKPOINT TWDS JB				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
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 719 #02-91	Address 2	PASIR RIS STREET 72	Address 3	SINGAPORE 510719
Address 4		Address Type	Singapore address	Post Code	510719
Unit No.		Related Policy Number	5059231574-06		
OI Driver Info					
Driver Name	ABDUL RASHID	Driver Type	Main Driver	Driver DOB	09/08/1953
Unnamed driver Name		Driver NRIC	S0093810F	Driving Experience	18
Register Date of Driver License	01/01/2002	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)	90466807	Contact No.(Office)		Address 3	SINGAPORE 510719
Address 1	BLK 719 #02-91	Address 2	PASIR RIS STREET 72	Post Code	510719
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	* Yes * No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	* Yes * No		

Modification History









Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ABDUL RASHID	Insured NRIC	S0093810F		
Contact No.(Mobile)	96935883	Contact No.(Home)	65843846	Contact No.(Office)			
Email Address		OI Vehicle Number	SGT8308Y	TP Vehicle Number	513255		
Claim Description	SGT8308Y / 513255R ON 7 Mar 2020				Name of Preferred Workshop		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received		
Date Registered		Preferred Workshop, Name unknown		Claim Close Date	09/03/2020 13:30	Date Received	09/03/2020
Report Taken By	LIEW SHAN HUI						
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

Attachment

Accident No.	MT/1087408	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/03/2020 13:30
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Category *			
Confidential	Urgency *	Desci	
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	SAS	Normal	SAS 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	Photos	Normal	Photos 2020-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 09 Mar 2020 13:30	Photos	Normal	Photos 2020-3-9
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
		Display in New Window	Scan and uploading	