

# NATIONAL Assessment Centre Services.

Ref: 1 Jan 2005

MNA42003296

Date In: 13/03/2020 14:46	Job description	Date & Time Completed	Done by
Ref No: 181/MNC200039754	SAS e-Milling		
Veh No: SLB 2961K	E-mail (E-jobs 2hrs, AIC 2hrs)		
DOA: 13/03/2020 07:30	1-Motor Claims Form	MN1008/14-001	13/03/2020 15:40
OID: TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars: ( )	Veh No: SGT 83824	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date/Time	At/From

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Coordination \$10	
	*NT: Post Repair Inspection \$23	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI): TP (NI) INC against TRC \$20	
	2) NI2: 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	13/03/2020 14:46
Date Of Accident	13/03/2020 07:30
Exact Location Of Accident	ALONG FARRER TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2961K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INDRA AHMAD BIN MUMTAZ AHMAD
NRIC No	SXXXX884J
Email Address	INDRA_AHMAD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90211741
Alternative Phone No	OTHERS-90211741
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	5
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111906396
Cover Note Number	
<b>Driver</b>	
Name of Driver	INDRA AHMAD BIN MUMTAZ AHMAD
NRIC No	SXXXX884J
Date Of Birth	16/01/1977
Occupation	INDOOR
Date Of Driving Pass	08/03/2001
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90211741
Fax Number	
Contact Number	OTHERS-90211741
E-Mail Address	INDRA_AHMAD@HOTMAIL.COM

Address	BLK 610 JURONG WEST STREET 65
	#14-534
Postcode	640610
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

PLEASE REFER TO SKETCH PLAN

#### 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	SGT8382G
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI THAI EDWIN
NRIC/Passport Number	SXXXX476B
Contact Number	98634042
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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: 13/3/20

@ 1445 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

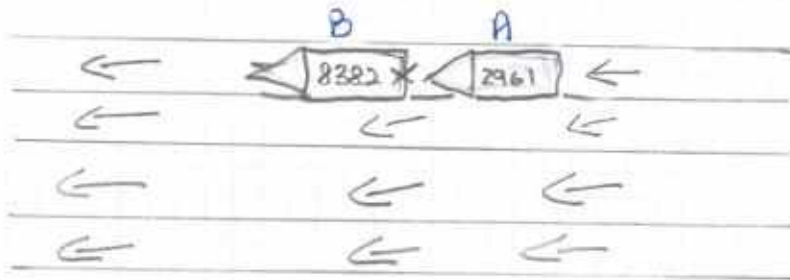
NRIC/FIN No.:

13/03/2020

Reda Mansour



# SKETCH PLAN



Farrer Rd towards Queensway

A) SLB 2961K

B) SGT 8382 G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/03/2020, at about 0730hrs while driving along Farrer Road towards Queensway, traffic was heavy and the ~~front~~ car in front of me brake and I could not brake in time. I thought the vehicle was moving forward but it did not. No one was injured. The ~~other~~ vehicle, SGT 8382 G damage are as follows:

- 1) Rear bonnet slightly dented
- 2) Light scratch on bumper.

That's all.

Damage to my car are as follows:

- 1) Slight crack to front bumper.

That's all.

## DECLARATION

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

Policyholder's Signature

Date & Time: 13/03/2020

@ 1450hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/03/2020

10821 10821

## ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 03 / 2020) (DD/MM/YYYY), TIME: (07 : 30) (HH:MM)

LOCATION: Farrer Road towards Queensway

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 2961 K
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: 5111906396
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Mazda 5
- f) TYPE: (SAEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: INDRA AHMAD BIN MUMTAZ AHMAD (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S7701884-J CONTACT: 90211741
- C) ADDRESS: 8UC 610 Jurong West Street 65 #14-534  
Singapore 640610

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

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 1 CONTACT:
- c) ADDRESS:

\* d) DATE OF BIRTH: (16 / 01 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08/03/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: personal

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SGT 8382 G MODEL: KIA FORTE

b) DRIVER'S NAME: LEE WEI THAI EDWIN

c) NRIC/FIN/PASSPORT: S7502476 B CONTACT: 98634042

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:  MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:  CONTACT:

Email = indra-ahmad@hotmail.com

VIDEO

## accident. PST/3088114

\_\_\_\_\_  
 Investigator's signature

Claim 001	None
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<b>Clerk Type *</b>	<b>DD-MY</b>	<b>Insured Name</b>	<b>INDIA SHRIDHAR BUNJIWATAZ AH</b>		<b>INSURE NO.</b>	<b>S77018841</b>
<b>Contact No. (Mobile)</b>	<b>88231741</b>	<b>Contact No. (Home)</b>	<b>801</b>		<b>TP</b>	
<b>Email Address</b>		<b>Vehicle Number</b>	<b>SLB2MJK</b>		<b>Vehicle Number</b>	<b>SCT9343C</b>
<b>Claim Description</b>	<b>SLB2MJK / SCT9343C ON 12 Mar 2020</b>					<b>Name of Preferred Workshop</b>
<b>Preferred Workshop</b>	<b>Yes</b>	<b>Insured Liability</b>	<b>GTA report</b>	<b>Received</b>	<b>Date Received</b>	<b>Time Received</b>
<b>Data Registered</b>	<b>Option</b>	<b>Preferred Workshop, Name unknown</b>			<b>13/03/2020 15:41</b>	<b>13/03/2020 00:00</b>
<b>Report Taken By</b>					<b>SCILL WAHAB</b>	

☐ Print Ack letter

[Save] [Submit]

Abstract

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_300A76(1) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Mar 2020 15:42	Photo	Normal	Photos 2020-3-13		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_300A76(1) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Mar 2020 15:42	Photo	Normal	Photos 2020-3-13		<a href="#">Edit</a>

Claim Handling(accident reporting Claim Task )

**Address:** \_\_\_\_\_



## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5111906396
The Policyholder	: INDRA AHMAD BIN MUMTAZ AHMAD BLK 610 #14-534 JURONG WEST STREET 65 SINGAPORE 640610

Period of Insurance	: 01 Oct 2019 To 30 Sep 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$746.60

#### Interest Insured

Cover Type	: drive CLASSIC	
Primary Driver	: INDRA AHMAD BIN MUMTAZ AHMAD	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: MAZDA/5	Capacity : 2000cc
Registration Number	: SLB2961K	Registration Year : 2016
Chassis Number	: JM6CW1071G0123039	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: N/A	NCD Entitlement : 50%
Excess (Section 2)	: N/A	NCD Protection : Yes(Free)
Windscreen Excess	: S\$100	
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: DBS BANK LTD	

#### Optional Cover

Transport Allowance	: Yes
Excess Waiver	: Yes

Memo A : N/A

Endorsement Operative : M4, M8, M9

Agency	: SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)
Date of Issue	: 28 Aug 2019 12:04 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



2019-000158766-P

Issued On : 13 Nov 2019

## VEP Registration Confirmation Slip

Thank you for registering the following vehicle.

### Vehicle Details

Vehicle Type (JPJ)	Motorcar
Registration Origin	Singapore
Ownership Category	Private (Individual)
Registration Type	I am registering for my own vehicle
Vehicle No.	SLB2961K
Chassis No.	JM6CW1071G0123039
Engine No.	PE10290917
Vehicle Type	PASSENGER STATION WAGON/JEEP/LAND ROVER
Make	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
Year of Manufacture	2015
Propellant	Petrol
Number of Axes	2
Number of Tyres	4
Person With Disability	NO
PWD Card No.	N/A
Primary Colour	BLACK
Road Tax Expiry Date	N/A
Ownership Date	02-11-2018
Vehicle Registration Date	31-03-2016
ICP Number	N/A
ICP Expiry Date	N/A
Malaysian Registered Insurance	N/A
COE Number	2016040107000355C
COE Category	E - OPEN CATEGORY
COE Expiry Date	30-03-2026
Insurance Company Name	NTUC INCOME
Insurance Policy No.	5111906396