

NATIONAL Assessment Centre Services

part 1 Jan 09

MMA 120037709

Date In: 30/3/20 11:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAL WMC 2000 4637144	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SMN 5903J	I-Motor Claim Form	MT/1073937-006	3-13/20 11:22
IP/A: 30/3/19 11:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD - TP / Repair Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Work		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

IP Particulars: Veh No: SGT 6769 M. 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: ()

Remarks: (INC No: 6739 6616) Date & Time Completed: 30/3/20 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

Client's Particulars: MMA 2002327	Invoice/Repairation Credits	Am (\$)	Refund (\$)
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/\$43		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	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 Coordination \$10		
	* N7: Post Repair Inspection \$23		
	* N8: DV / Collect Excess Coordination \$5		
	* N9: TP (N11): TP (Non INC) against INC \$20		
	* N12: Idao Mobile \$0		
	* Fee Charged		
	* 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	30/03/2020 10:06
Date Of Accident	30/11/2019 11:00
Exact Location Of Accident	KPE NEAR TAMPINES RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5903J
Insured/Policyholder	
Name Of Registered Owner	ICAR SG
Co Reg No	5XXXX902E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81638816

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113284051
Cover Note Number	

Driver

Name of Driver	ZAINAL BIN HASHIM
NRIC No	SXXXX129C
Date Of Birth	06/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1987
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83368348
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 672A EDGEFIELD PLAINS #05-535
Postcode	821672
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: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191217/2058.

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	SGT6769M
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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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.:



**SINGAPORE
POLICE FORCE**



T/20191217/2058

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20191217/2058

CONTINUATION OF REPORT

Driver			
Name	CHEW TZE YONG, JACKSON		ID No. S8132896Z
Related Vehicle	SGT6769M (Car)		Contact No. 96306016
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZAINAL BIN HASHIM		ID No. S6947129C
Related Vehicle	SMN5903J (Car)		Contact No. 83368348
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/11/2019 at about 1100hrs, I was driving along KPE near Tampines Road Exit when I met with an accident.

I was driving behind a Toyota Estima SGT6769M when he suddenly applied his brakes due to an accident further up. I could not brake in time and hit the rear of his vehicle, his rear boot was dented and damaged. We then got out to exchange particulars, contact details and also to check on each other. At the point of the accident he was not injured and did not inform me that he was unwell, after the exchange we then went our separate way. I then informed me rental company of the accident.

I then received a letter from Traffic Police(TP/IP/76419/2019) asking me to make a Traffic Accident Report. The Investigation officer is Wong Sieu Lui.



**SINGAPORE
POLICE FORCE**



T/20191217/2058

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20191217/2058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 LEE TAT HENG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. : 65476151 SN 085

Signature Of Informant: 
Date/Time: 17/12/2019 12:34
Classification Of Case:

Authentication Stamp
NP168



Signature: 

Singapore Police Force

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5113264051	5113264051-000001	ICAR SG	53306902E	GFM	Third Party, Fire & Theft	SMN5903J	SMN5903J	11/10/2019	10/10/2020

Continue

Claim Handling

Accident MT/1073937

Policy No.	5113264051	Vehicle No.	SMN5903J	GST Registration No.	
Certificate No.	5113264051-000001				
Policyholder Name	ICAR SG			Policyholder NRIC	53306902E
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark	Liability repudiated	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	02/12/2019 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/11/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	KPE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED DD Excess		YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/12/2019 17:27:10 System changed GST Registration No. from 53306902E to null 02/12/2019 17:27:10 System changed GST Registration Date from 01/01/2008 to null 02/12/2019 17:27:10 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#01-103 ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	01-103	Related Policy Number	5113264051		

DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 006 New

Claim Type *	OD-MX	Insured Name	ICAR SG	Insured NRIC	53306902E	
Contact No.(Mobile)	81638816	Contact No.(Home)	NIL	Contact No.(Office)	667296	
Email Address		OS Vehicle Number	SMN5903J	TP Vehicle Number	SGT6769	
Claim Description	SMN5903J / SGT6769M ON 30 Nov 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received	
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	30/03/2020 11:21	
Date Registered				Date Received	30/03/2020	
Report Taken By	JIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1073937	Claim No.	006
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/03/2020 11:22

Path *	Category *	Confidential	Urgency *	Desc.
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	30 Mar 2020 11:22	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-30



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
30 Mar 2020 11:22

SAS

Normal

SAS 2020-3-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
30 Mar 2020 11:22

Photos

Normal

Photos 2020-3-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
30 Mar 2020 11:22

Photos

Normal

Photos 2020-3-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
30 Mar 2020 11:21

Photos

Normal

Photos 2020-3-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
30 Mar 2020 11:21

Photos

Normal

Photos 2020-3-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
30 Mar 2020 11:21

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30 Mar 2020 11:21

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Photos 2020-3-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
30 Mar 2020 11:21

Photos

Normal

Photos 2020-3-30

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading