

# NATIONAL Assessment Centre Services. part 1 Jan 2003 **MMA 1200 40 278**

Date In: <b>6/4/20 11:54</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>MA/INC 2000 4942/hy</b>	E-mail (within 2hrs, AIC 2hrs)		
Veh No: <b>SJP 7925H</b>	I-Motor Claim Form	<b>MT/1090850-001</b>	<b>6/4/20 15:05</b>
DDA: <b>5/4/20 08:00</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
DD: <b>(P) Reporting Only</b>	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wisp / INC Assign Wisp / GW: (	Tel:	Fax:
IP Particulars: Vch No: <b>FBR 2342L</b> INC ( ) / Non-INC ( )	Tel:	
Owner / Driver: (		
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: ( )

Reports: (INC 400000 6700 6616)	Date of completion:	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

<b>WA 2000 2473</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Bug-In-Charge): Auditor's Comments:		<b>Invoice Preparation Checklist</b> 1) AR: Accident Reporting (\$30); <b>30.00</b> 2) DA: Damage Assessment (\$100); <b>INC (\$30)</b> 3) TP: Towing Fee <b>\$40/\$45</b> 4) FT: Follow-Through Survey <b>\$120</b> 5) PT: Follow-Through Survey (Resurvey) <b>\$30</b> For claiming against INC Only (w/c 10 Jan 2003) 6) TR: Re-inspection <b>\$75</b> 7) NI: Idea DA + SMRT Survey <b>\$160</b> 8) NTUC Additional Services: Q1: *N5: Courtesy Car / Tpt Allowance <b>\$5</b> *N6: Repair Co-ordination <b>\$10</b> *N7: Post Repair Inspection <b>\$25</b> *N8: DV / Collect Excess Coordination <b>\$5</b> TP (N11): TP (Non INC) against INC <b>\$20</b> 9) N12: Idea Mobile <b>\$0</b> Invoice dated _____ Fee Charged _____ Invoice dated _____ Fee Charged _____
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## 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	06/04/2020 11:54
Date Of Accident	05/04/2020 08:00
Exact Location Of Accident	BEDOK NORTH ST 3 BEHIND BLK 530 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7925H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUSIN BIN JAMIL
NRIC No	SXXXX603B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98272646
Alternative Phone No	OFFICE-98272646

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5075998636-03
Cover Note Number	

### Driver

Name of Driver	HUSIN BIN JAMIL
NRIC No	SXXXX603B
Date Of Birth	20/02/1955
Occupation	INDOOR
Date Of Driving Pass	18/12/1975
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98272646
Fax Number	
Contact Number	OFFICE-98272646
Email Address	NOEMAIL

Address	BLK 530 BEDOK NORTH ST 3 #05-630
Postcode	460530
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 PARKED MY VEH AT BEDOK NORTH ST 3 BEHIND BLK 530 OPEN CARPARK, EVERYTHING WAS INTACT, I WENT BACK TO MY VEH AROUND 8AM ON THE 5 APRIL 2020. I REALIZED MY VEH FRONT PORTION WAS DAMAGE, I SAW A NOTE PUT ON MY WINDSCREEN, I CONTACT THE NUMBER ON THE NOTE, THE RIDER ADMIT HIS FAULT, HE MENTIONED WHEN HE WANT TO MAKE A U TURN AND HIT ONTO MY VEH FRONT 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	FBQ2342L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MING HAO
NRIC/Passport Number	SXXXX566I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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

A = SJP 7925H  
B = FBQ 2342L



Bedok North St 3 Behind BIK 530  
open carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

Hi, I'm sorry I  
accidentally hit your car.

Veter  
NMC  
Income

Plz contact me at

8613 9892

to deal with this incident.

Sorry for the inconvenience!

Delivery Dongao	PI33a
gubd Jweelas pass	Ming Hla0
FBQ 2342 L	YC:- 595045661
	8.00/p.



eBaoTech

General Claim

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"/>	5075998636-03		HUSIN BIN JAMIL	S11386038	GPC	drive CLASSIC	SJP7925H	SJP7925H	09/04/2019	08/04/2020

## Claim Handling

Accident MT/1090850

Policy No.	5075998636-03	Vehicle No.	SJP7925H	GST Registration No.	
Certificate No.				Policyholder NRIC	51138603B
Policyholder Name	HUSIN BIN JAMIL	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	98272646	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				

## Accident Details

Report Date	06/04/2020 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	05/04/2020	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH ST 3 BEHIND BLK 530 OPEN CARPARK				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	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 530 #05-630	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460530
Address 4		Address Type	Singapore address	Post Code	460530
Unit No.		Related Policy Number	5075998636-04		

## OI Driver Info

Driver Name	HUSIN BIN JAMIL	Driver Type	Main Driver	Driver DOB	20/02/1955
Unnamed driver Name		Driver NRIC	51138603B	Driving Experience	44
Register Date of Driver License	18/12/1975	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	98272646	Contact No.(Office)		Address 3	SINGAPORE 460530
Address 1	BLK 530 #05-630	Address 2	BEDOK NORTH STREET 3	Post Code	460530
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HUSIN BIN JAMIL	Insured NRIC	51138603B		
Contact No.(Mobile)	98272646	Contact No.(Home)	67812180	Contact No.(Office)	NIL		
Email Address		DI Vehicle Number	SJP7925H	TP Vehicle Number	FBQ23		
Claim Description	SJP7925H / FBQ2342L ON 5 Apr 2020				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received		
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	06/04/2020 15:04	Date Received	06/04/2020
Date Registered		Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

## Attachment

Accident No.	MT/1090850	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/04/2020 15:05
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:05	SAS		Normal	SAS 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:05	Photos		Normal	Photos 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:05	Photos		Normal	Photos 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:04	Photos		Normal	Photos 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:04	Photos		Normal	Photos 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:04	Photos		Normal	Photos 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:04	Photos		Normal	Photos 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:04	Photos		Normal	Photos 2020-4-6
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Apr 2020 15:04	Photos		Normal	Photos 2020-4-6
 Video List					
Uploaded By/Date	Folder Date	File Name		Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					