

NATIONAL Assessment Centre Services

Date In: 12/04/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20005273/13	SAS e-filing		
Veh No: SMF5383B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 16/04/20 1235	i-Motor Claim Form	MT/1091526-001	
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: SKW3557P	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%; F: 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

NA2002703	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int. Bill	Add Bill
Clientant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idno Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

QC Checked by (Engr-In-Charge): _____

Auditors' Comments: _____

Dat. 1: _____

Dat. 2/3: _____

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	17/04/2020 11:44
Date Of Accident	16/04/2020 12:35
Exact Location Of Accident	UPP CHANGI RD EAST TWDS SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5383B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HAMEED ALLAVUDIN
NRIC No	SXXXX680E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93852105
Alternative Phone No	OTHERS-81139325

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	5106432343
Cover Note Number	

Driver

Name of Driver	MOHAMED NABEEL S/O MOHAMED HAMEED ALLAVUDIN
NRIC No	SXXXX237D
Date Of Birth	08/11/1997
Occupation	INDOOR
Date Of Driving Pass	06/10/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81139325
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 215 SERANGOON AVE 4 #09-110
Postcode	550215
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKW3557P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	92348088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

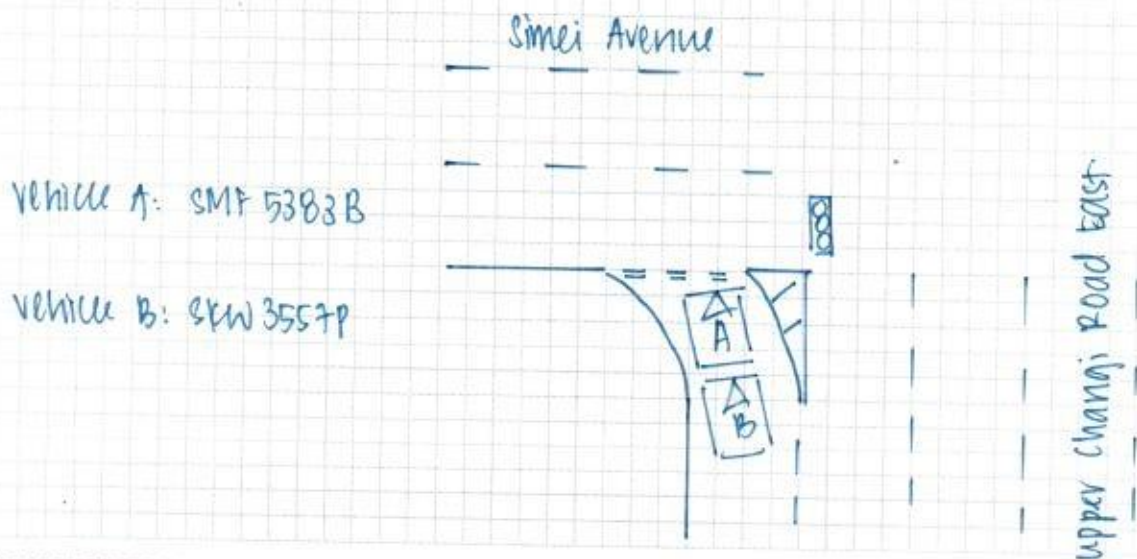
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

Sym 17/04/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SMF5383B, was stationary before the give-way line, waiting for on-coming traffic to pass before proceeding. About 5 seconds later, vehicle 'B', SKW 3557P, hit onto my stationary vehicle's rear portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

sfym. 17/04/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 04 / 2020) (DD/MM/YYYY), TIME: (12 : 38) (HH:MM)

LOCATION: Upper Changi Road East towards Simei Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF5383B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH
 f) TYPE: (SALOON / 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: Mohamed Hameed Allavudin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1489680E CONTACT: 93852105
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Nabeel s/o Mohamed A (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9772237D CONTACT: 81139325
 c) ADDRESS: 215 Serangoon Ave 4, #09-110 S(550216)

*d) DATE OF BIRTH: (06 / 11 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

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: SKW3557P MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 92348086

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
(including driver)
(01)

No of passenger
(including driver)
(02)

female driver
female pax

No of passenger
(including driver)
()

email =

fax =

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)

SMF5383B

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"/>	5106432343		MOHAMED HAMEED ALLAVUDIN	51489680E	GPC	drive CLASSIC	SMF5383B	SMF5383B	19/12/2018	23/06/2020

Continue

Claim Handling

Accident MT/1091526

Policy No.	5106432343	Vehicle No.	SMF5383B	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED HAMEED ALLAVUDIN			Policyholder NRIC	S1489680E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93852105	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	17/04/2020 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - r
Date of Accident	16/04/2020	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP CHANGI RD EAST TWDS SIMEL AVE				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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 215 #09-110	Address 2	SERANGOON AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	550215
Unit No.		Related Policy Number	5106432343		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/11/1991
Unnamed driver Name	MOHAMED NABEEL S/O MOHAM	Driver NRIC	SXXXX237D	Driving Experience	3
Register Date of Driver License	08/10/2016	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	81139325	Contact No.(Office)	0	Address 3	SERANGOON
Address 1	BLK 215	Address 2	SERANGOON AVENUE 4	Post Code	550215
Address 4	SINGAPORE 550215	Address Type	Singapore address		
Unit No.	#09-110				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	MOHAMED HAMEED ALLAVUDIN	In NF
Contact No.(Mobile)	93852105	Contact No. (Home)	NIL	Co No (O
Email Address		Vehicle Number	SMF5383B	TP Ve Ni
Claim Description	SMF5383B / SKW3557P ON 16 Apr 2020			Ne Pri Wi
Preferred Workshop No. Finalisation	Yes	Insured Liability	Not at Fault	
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown	
Report Taken By		GIA report	Received	
		Claim Close Date	17/04/2020 16:51	De Re
		Workshop Repairer	ROSLINDA	To bu Re
Print AX letter				
Save Submit				

Attachment

Accident No.	MT/1091526	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/04/2020 00:00
Path *			
Choose File	No file chosen	Category *	Confidential Urgency *
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 FileNo 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) on 17 Apr 2020 16:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	SAS		Normal	SAS 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:51	Photos		Normal	Photos 2020-4-17

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	