

# NATIONAL Assessment Centre Services

(part 1 Jan 09)

MMA 120043650

Done by

Date In: 27/14/20 10:08

Ref No: NA/IME 20005396/44

Veh No: SLT 8027 Z

Time: 27/14/20 08:30

TP Insurer: Reporting Only

Job description

SAS e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Worksp

Date & Time Completed

MT/1091888-001

27/14/20 11:14

Preferred Worksp / INC Assign Worksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SH 9647 H

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: ( )

Remarks: (INC Ref No: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

MMA 2002781

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bugr-In-Charge):

Auditors' Comments:

Ref:

27/13

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)	INC (\$30)	30.00
2) DA: Damage Assessment (\$100)	INC (\$100)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claimant against INC Only (wef 10 Jan 2023)		
6) TR: Re-inspection	\$75	
7) NI: Idan 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 (N11 INC) against INC	\$20	
9) N12: Idan Mobile	\$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Amount (\$)

30.00

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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	27/04/2020 10:08
Date Of Accident	27/04/2020 08:30
Exact Location Of Accident	JUNC OF STILL RD & MARINE PARADE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8027Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZIAUDEEN
NRIC No	SXXXX951D
Email Address	ZIAVOUDINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98581257
Alternative Phone No	OFFICE-98581257

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103241500-01
Cover Note Number	

### Driver

Name of Driver	ZIAUDEEN
NRIC No	SXXXX951D
Date Of Birth	10/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581257
Fax Number	
Contact Number	OFFICE-98581257
EMail Address	ZIAVOUDINE@GMAIL.COM

Address	BLK 932 TAMPINES ST 91 #03-403
Postcode	520932
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 - CHANGE/CROSS LANE
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: : UNKNOWN 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9647H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
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: 27/04/2020  
9.20 AM

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

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

$A = \text{SLT } 8027 \approx$   
 $B = \text{SH } 9647 \text{H}$

TURNING FROM STILL ROAD TO MARINE PARADE ROAD I WAS ON THE 1ST TRACK TO TURN RIGHT AND THE TAXI WAS ON THE SECOND TRACK. ONCE THE TRAFFIC LIGHT ON I TURN TO RIGHT AND THE TAXI ALSO TURNING BESIDE ME. ONCE WE GOT INTO MARINE PARADE ROAD SUDDENLY HE TURN TO RIGHT AND BANG ME ON THE REAR DOOR

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



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



## ACCIDENT STATEMENT

ACCIDENT DATE: (27/04/2020) (DD/MM/YYYY), TIME: (8:30) (HH:MM)

LOCATION: MARINE PARADE ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 8027 Z  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: S103241500  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA ALTIS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: SENDING PASSENGER  
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: ZIAUDEEN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 2722951 D CONTACT: 98581257  
c) ADDRESS: BLK 932, TAMPINES ST 91 #03-403  
S'PORE S20932

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

### 3. DRIVER

- a) NAME: ZIAUDEEN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 2722951 D CONTACT: 98581257  
c) ADDRESS: BLK 932 TAMPINES ST 91 #03-403  
S'PORE S20932

\*d) DATE OF BIRTH: (10/06/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS : 01 OCT 1996

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

### 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: SH 9647 H MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:  
9. THIRD PARTY VEHICLE  
d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

1) EMAIL: ZIAVOUDINE@GMAIL.COM

2) VIDEO: Yes.

(2) F  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(21)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

eBaoTech

GeneralClaim

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"/>	5103241500-01		ZIAUDEEN	S2722951D	GPC	drive CLASSIC	SLT8027Z	SLT8027Z	13/12/2019	12/12/2020



## Claim Handling

Accident MT/1091888

Policy No.	5103241500-01	Vehicle No.	SLT8027Z	GST Registrati
Certificate No.				
Policyholder Name	ZIAUDEEN			Policyholder NI
Product Code	PRJVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98581257	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	27/04/2020 11:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/04/2020	Time of Accident hh:mm	08:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF STILL RD & MARINE PARADE RD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	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			

## ▼ Policyholder Mailing Address

Address 1	BLK 932 #03-403	Address 2	TAMPINES STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	21-535	Related Policy Number	5103241500-01	

## ▼ OI Driver Info

Driver Name	ZIAUDEEN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2722951D	Driver DOB
Register Date of Driver License	01/10/1996	Driver Age	55	Driving Exper
Contact No.(Mobile)	98581257	Contact No.(Office)		Contact No.(H
Address 1	BLK 932 #03-403	Address 2	TAMPINES STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	21-535			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ZIA
Contact No.(Mobile)	98581257	Contact No. (Home)	67
Email Address		OI Vehicle Number	SLT
Claim Description	SLT8027Z / SH9647H ON 27 Apr 2020		
Preferred Workshop	0	Insured Liability	Not at Fault
BRAND No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	27/04/2020 11:13	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
















☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1091888	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/04/2020 11:14
Path *		Category *	Confider
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	NO
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	NO
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Apr 2020 11:14	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Apr 2020 11:14	SAS	Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Apr 2020 11:14	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Apr 2020 11:14	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Apr 2020 11:13	Photos	Normal	Ph

## Video List

Uploaded By/Date	Folder Date	File Name	
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>