

# NATIONAL Assessment Centre Services

Ref: NA-20003037

Date In: 01/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006052/13	SAS e-filing		
Veh No: SJL4547G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/05/20 14:10	I-Motor Claim Form	MT/1093485-001	
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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SJL4547G	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

NA20003037	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add Bill
Clubman's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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: Idno 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	



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	01/06/2020 10:14
Date Of Accident	30/05/2020 14:10
Exact Location Of Accident	ALONG TELOK AYER ST B4 AMOY ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL4547G
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN MOTORS PTE. LTD.
Co Reg No	2XXXXX251R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5112704083
Cover Note Number	
Driver	
Name of Driver	SYED SUFIAN BIN SYED KASSIM ALKHADRIE
NRIC No	SXXXX257E
Date Of Birth	06/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86480637
Fax Number	
Contact Number	
E-Mail Address	ARABJUNIOR89@HOTMAIL.COM

Address	BLK 140A CORPORFATION DRIVE #08-12
Postcode	611140
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	SIDE SWIPE
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?	YES
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	SJY1859H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DELISA
NRIC/Passport Number	
Contact Number	94238884
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SYED SUFIAN BIN SYED KASSIM ALKHADRIE
------	---------------------------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJL4547G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

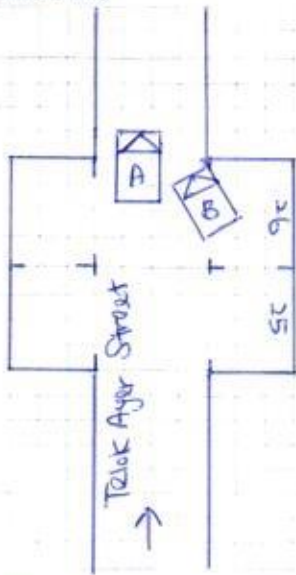
SHIN-HAN MOTORS PTE LTD  
REG: 201800251R

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



SJL 4547G  
Veh A: ~~SJL 4547G~~  
Veh B: SJY 1859H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJL4547G) traveling along Telok Ayer Street on single lane, road. Somewhere before the junction of Amoy Street, vehicle B (SJY1859H) suddenly drove out from the car park lot. As a result, the front left portion of vehicle B collided onto the right portion of my vehicle.

## DECLARATION

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

SHIN-HAN MOTORS PTE LTD  
REG: 201800251R

Policyholder's Signature  
Date & Time:

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

*[Signature]* 01/06/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	45476 SJL <del>4574</del> 6	Model / Make	Toyota Altis
Date of Accident	30/5/20		
Time of Accident	1410	HRS	
Location of Accident	Along Telok Ayer Street before Amoy Street		
Exact purpose use during accident	Work		
<b>Name of Owner</b>	Shin-Han Motors Pte Ltd		
Telephone No.	H/P : 9857 5910	Home :	Office :
NRIC	201800251R		
Address	43 Springside Walk S (786678)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5112704083 - 000008		
<b>Name of Driver</b>	As Above If No, Syed Sufian Bin Syed Kassim Alkhadrie		
NRIC	58933257E	Any Passengers :	-
Date of birth	6/9/1989		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	26/9/2018		
Gender	Male	/	Female
Contact No.	H/P : 8648 0637	Home :	Office :
Address	BLK 140A Corporation Drive #08-12 SC (61140)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	Driver
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Syed Sufian Bin Syed Kassim Alkhadrie 8648 0637		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SJY 1859H	Any Passengers :	1
Name of Driver	Delisa	Contact No. :	94238884
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	Right portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	grabjunior89@hotmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510	8781 5151	
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112704083-000008

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJL4547G  
Chassis Number : MR053ZEE106123931
2. Name of Policyholder : SHIN-HAN MOTORS PTE. LTD.
3. Effective Date of Insurance : 18 Oct 2019
4. Expiry Date of Insurance : 17 Oct 2020
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JG MOTOR AGENCY (00000613374)


Date of Issue : 17 Sep 2019 11:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

Accident MT/1093485

Policy No.

5112704083

Certificate No.

5112704083-000088

Policyholder Name

SHIN-HAN MOTORS PTE. LTD.

Product Code

FLEET MASTER INSURANCE

Contact No.(Mobile)

98575910

Email Address

KFK

☒ No ☐ Yes

NCD Protection

No

Vehicle No.

5JL4547G

GST Registration No.

Cover Type

Third Party

Contact No.(Office)

0

Special Remark

TCA

☒ No ☐ Yes

NCD Entitlement(%)

0

Policyholder NRIC

201800251

Loading

0

Contact No.(Home)

0

eCode

No

eCode Reason

Private Hire

Yes

Report Date

01/06/2020 11:13

Accident Report Within 24 hrs

Yes

Accident Type

Side Swipe

Date of Accident

30/05/2020

Time of Accident hh:mm

14:10

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ALONG TELOK AYER ST B4 AMOY ST

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

0.00

OD Standard Excess

0.00

YIED OD Excess

0.00

Additional Excess

0.00

Total OD Excess Applicable

0.00

TP Standard Excess

1,500.00

YIED TP Excess

0.00

Total TP Excess Applicable

1,500.00

Driver is Covered?

Covered

Benefits

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

43 SPRINGSIDE WALK

Address 2

SINGAPORE 786528

Address 3

Address 4

Address Type

Singapore address

Post Code

786528

Unit No.

Related Policy Number

5113524963

01 Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Unnamed driver Name

SYED SUFIAN BIN SYED KASSI

Driver NRIC

SXXXX257E

Register Date of Driver License

26/09/2008

Driver Age

30

Contact No.(Mobile)

86480637

Contact No.(Office)

0

Driver DOB

06/09/1991

Driving Experience

11

Address 1

BLK 140A

Address 2

CORPORATION DRIVE

Contact No.(Home)

0

Address 3

YUNG HO E

Address 4

SINGAPORE 611140

Address Type

Singapore address

Post Code

611140

Unit No.

#08-12

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

Attachment

Claim Type \*

OD-MX

Insured Name

SHIN-HAN MOTORS PTE. LTD.

Contact No.(Mobile)

Contact No.(Home)

Email Address

01 Vehicle Number

5JL4547G

Claim Description

5JL4547G / SJY1859H ON 30 May 2020

Preferred Workshop

Insured Liability

Not at Fault

Repair Option

Preferred

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

01/06/2020 11:20

Claim Close Date

Report Taken By

ROSINDA

Workshop Repairer

Print AK letter

Save

Submit

Accident No. MT/1093485

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 01/06/2020 00:00

Path \*

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

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?style=1&saction=&odOrTp=1&isWorkshop=&regCheck=1&taskInstanceId=25961... 1/2

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal














Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:19	SAS		Normal	SAS 2020-6-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:19	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:19	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:19	Photos		Normal	Photos 2020-6-1
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:19	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:18	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:18	Photos		Normal	Photos 2020-6-1
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:18	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 11:18	Photos		Normal	Photos 2020-6-1

Video List

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