

**NATIONAL Assessment Centre Services** [wef 1 Jan'09] **MINA 1100 49 239**

Date In: 3/6/20 - 10:48	Job description	Date & Time Completed	Done by
Ref No: 49/INC2206105FW	SAS e-filing		
Veh No: JB7996B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 1/9/20 8:30	i-Motor Claim Form	07/1093640-001	3/6/20 11:00
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: Vch No: ( ) 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	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

	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/54		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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: Idnc 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	03/06/2020 10:48
Date Of Accident	01/06/2020 18:30
Exact Location Of Accident	PIE (CHANGI) TWDS KALLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB7996B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR EMPIRE LEASING PTE LTD
Co Reg No	2XXXXX518K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98988803
Alternative Phone No	OFFICE-98988803

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 AT R
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111556832
Cover Note Number	

### Driver

Name of Driver	SHARIFAH HAFIZAH BINTE SYED MOHAMED ALI
NRIC No	SXXXX530G
Date Of Birth	12/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2010
Driving Experience	10 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91152626
Fax Number	
Contact Number	OFFICE-91152626
Email Address	NOEMAIL

Address	BLK 474 PASIR RIS DRIVE 6 #05-572
Postcode	510474
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	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

REFER TO 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

## 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.

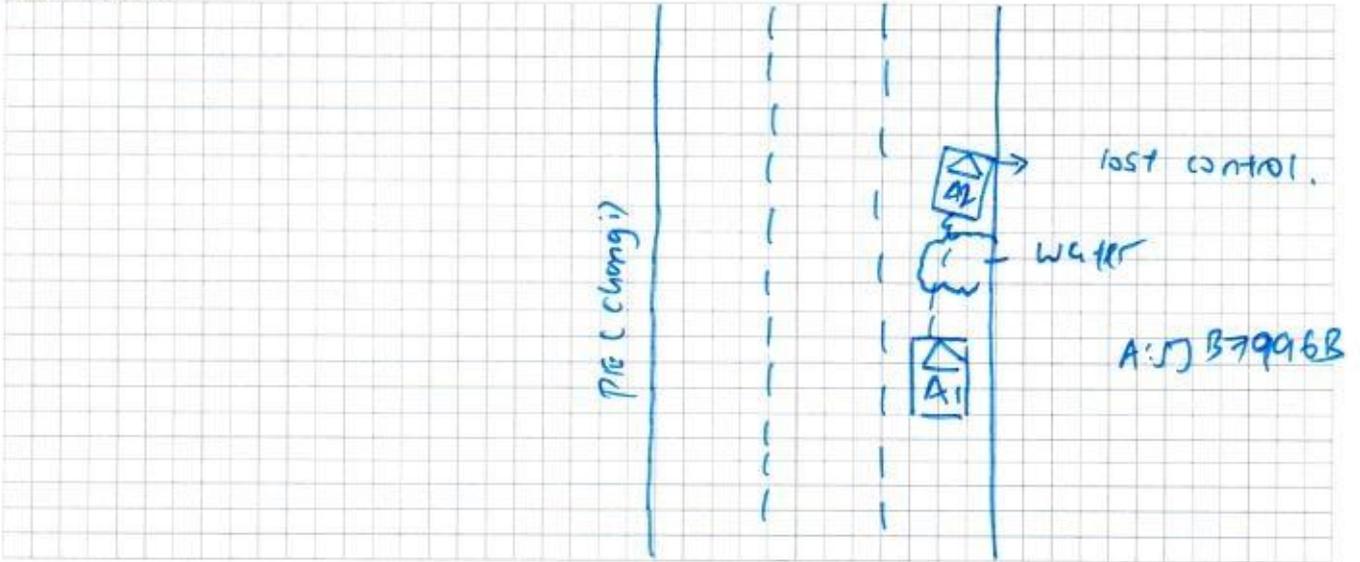


Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On started date and time, I was travelling along PIE (chang).

There was a puddle of water on 1st lane, my vehicle lost control, my vehicle swerve to the left. As I noticed there was oncoming vehicles on the 2nd lane. I adjust ~~to~~ my vehicle steering wheel to the right to avoid the collision with the vehicles on 2nd lane. my vehicle started to spin, and hit against the railing.

**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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 1 / 6 / 20 ) (DD/MM/YYYY), TIME: ( 18 : 30. ) (HH:MM)

LOCATION: PIE (chang i) twas kagilang - KPE. Aif.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW127996B  
b) INSURANCE COMPANY: ATNC  
c) POLICY NUMBER: 5111556832  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE /  COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: private use  
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: Car Empire Leasing Pte Ltd. ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98988803  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: \_\_\_\_\_ ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9152626  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) ( DD / MM / YYYY )

e) OCCUPATION: ( INDOOR /  OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES /  NO )  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: Reiling 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: \_\_\_\_\_

\* No of passenger  
( Including driver )  
( 1 )

\* No of passenger  
( Including driver )  
(      )

\* No of passenger  
( Including driver )  
(      )

es

email = sharifah.hafizah12@gmail.com

fax =

video =

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 type="radio"/>	5111556832	5111556832-000041	CAR EMPIRE LEASING PTE LTD.	201819518K	GFM	drivo CLASSIC	SJB7996B	SJB7996B	12/02/2020	25/07/2020

Continue

**Policy Information**

Policy No.	5111556832	Policyholder Name	CAR EMPIRE LEASING PTE LTD.	Policyholder NRIC	201819518K
Certificate No.	5111556832-000041				
Address	33 UBI AVENUE 3 #01-74 VERTEX SINGAPORE 408868				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/07/2019	Effective Date	26/07/2019 00:00	Expiry Date	25/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	GS ASSURANCE AGENCY PTE. L	Agent Tel.	96967969	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	33 UBI AVENUE 3	Address 2	#01-74 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	01-74	Related Policy Number	5116162018		

**Insured Object: 5111556832-000041**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<b>Certificate Endorsements</b>					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

**Claim Handling**

Accident HT/1093640

Policy No.	S111556832	Vehicle No.	S1B7996B	GST Registration No.	
Certificate No.	S111556832-000041				
Policyholder Name	CAR EMPIRE LEASING PTE LTD.			Policyholder NRIC	201819518K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98988803	Contact No.(Office)	0	Contact No.(Home)	0
Enrol Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	No

**Accident Details**

Report Date	03/06/2020 10:58	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	01/06/2020	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) TWDS KALLANG				

**Total Excess Applicable**

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

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	33 UBI AVENUE 3	Address 2	#01-74 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	01-74	Related Policy Number	S116162018		

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/04/1991
Unnamed driver Name	SHARIPAH HAFIZAH BINTE SYB	Driver NRIC	SXXXX30G	Driving Experience	10
Register Date of Driver License	14/01/2010	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	91152626	Contact No.(Office)	0	Address 3	SINGAPORE S10474
Address 1	BLK 474	Address 2	PASIR RIS DRIVE 6	Post Code	S10474
Address 4		Address Type	Singapore address		
Unit No.	05-572				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**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 *	DD-MX	Insured Name	CAR EMPIRE LEASING PTE LTD.	Insured NRIC	201819518K
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	S1B7996B	TP Vehicle Number	
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S1B7996B On 1 Jun 2020	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/06/2020 11:00	Claim Close Date		Date Received	03/06/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

**Attachment**

Accident No.	HT/1093640	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/06/2020 11:02

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-6-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:02	SAS	Normal	SAS 2020-6-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:02	Photos	Normal	Photos 2020-6-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:01	Photos	Normal	Photos 2020-6-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:01	Photos	Normal	Photos 2020-6-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:01	Photos	Normal	Photos 2020-6-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:01	Photos	Normal	Photos 2020-6-3	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:01	Photos	Normal	Photos 2020-6-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jun 2020 11:01	Photos	Normal	Photos 2020-6-3	

Video List

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