MMA4200 5114/2

NATIONAL Assessment Centre Services

	Job description	Date & Time Completed	Done by
Date In: 12/06/2020 13:50			
Ref No: NBA/INC20006151/Y	SAS e-filing		
Veh No: SKF 6923K	E-mail (Ajdle 4hrs, AIC 2hrs)		
DOA: 12/06/2020 09:15	I-Motor Claim Form	MT1094252-001	12/06/2020 14:20
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/When		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:

TP Particulars: Veh No: SFU 8863G. 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 ( )

( ) 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury :

NA2003104

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR: Accident Reporting ($30); INC ($10)		
2) DA: Damage Assessment ($100); $40/$45		
3) TF: Towing Fee $120		
4) FT: Follow-Through Survey $30		
5) FT: Follow-Through Survey (Resurvey) For claims against INC Only (wef 10 Jan 2010) $70		
6) TR: Re-Inspection $100		
7) N1: Max DA + SMRT Survey		
8) NTUC Additional Services:		
OR $3		
*N5: Courtesy Car / Tpt Allowance $30		
*N6: Repair Coordination $25		
*N7: Post Repair Inspection $3		
*N8: DV / Collect Recovery Coordination $20		
TP (N1) TP (Non INC) against INC $0		
9) N13: Max Mobile		
Invoice dated Fee Charged		
Invoice dated Fee Charged		

Ref. 1:

7/7/2

MNA120051142 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 12/06/2020 13:50
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	12/06/2020 13:50
Date Of Accident	12/06/2020 09:15
Exact Location Of Accident	54 CHANGI ROAD-OPPOSITE GEYLANG SERAI MARKET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF6923K
Insured/Policyholder	
Name Of Registered Owner	CAR EMPIRE LEASING PTE LTD.
Co Reg No	2XXXXX518K
Email Address	IRWANSNIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96313775
Alternative Phone No	OFFICE-91518472
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX-1.6 (A)
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111556832
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD IRWAN BIN SNIN
NRIC No	SXXXX121B
Date Of Birth	16/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2007
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96313775
Fax Number	
Contact Number	OTHERS-91518472
EMail Address	IRWANSNIN@GMAIL.COM

Address	BLK 744 BEDOK RESERVOIR ROAD #04-3021
Postcode	470744
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?	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW8863G
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN
NRIC/Passport Number	SXXXX079J
Contact Number	92349909
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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.

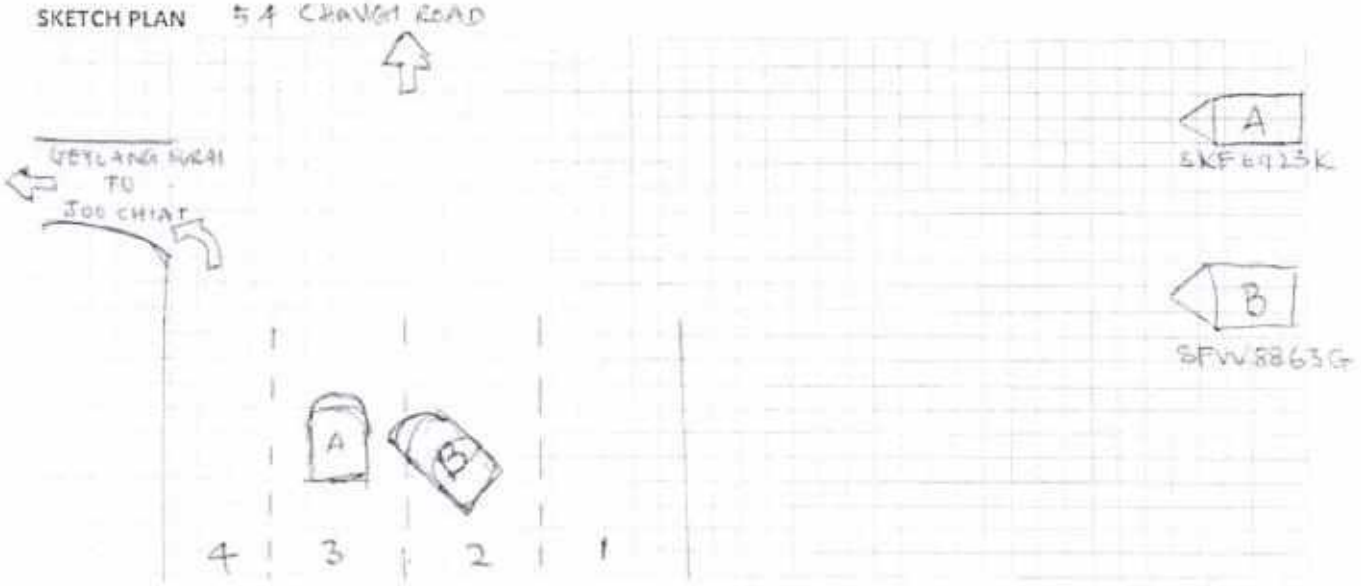
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 12/06/20
12:20 p.m.

12/06/2020

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

SKETCH PLAN 54 CHANGI ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving my car(A) SKF6923K at lane 3 suddenly car(B) SFW8863G came out ~~from~~ from lane 2 and hit my ride side car Both of us park at the side road & exchanged particulars

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:

12/06/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: 12/06/2020 (DD/MM/YYYY), TIME: 09:15 (HH:MM)

LOCATION: 14 CHANGI ROAD - OPPOSITE GEYLANG SERAI MARKET / BESIDE HYUNDAI SHOWROOM

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKF6923K
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 511155683Z-000036
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: MITSUBISHI / LANCER EX 1.6 AUTO ABS D/AB 2WD 4DR
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: 09:15
   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: 96313775
   c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (1)

3. DRIVER
   a) NAME: Mohammad Irwan Bin Sain (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9713121-B CONTACT: 91518472
   c) ADDRESS: 744, Ang Mo Kio
   *d) DATE OF BIRTH: (__/__/__) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: _____
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Driver
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

\# No of passenger (including driver) (2)

   a) VEHICLE NUMBER: SFW8863G MODEL: SUBARU
   b) DRIVER'S NAME: ALVIN
   c) NRIC/FIN/PASSPORT: S8066079J CONTACT: 92249909
9. THIRD PARTY VEHICLE

\# No of passenger (including driver) (__)

   a) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = hwowsain@gmail.com

Fax = 69044665

VIDEO = YES

Claim Handling

Accident MT/1094252

Policy No.	5111556822	Vehicle No.	SKF6822K	GST Registration No.	
Certificate No.	5111556822-000036				
Policyholder Name	CAR EMPIRE LEASING PTE LTD.			Policyholder NRIC	201819510K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96313775	Contact No.(Office)		Contact No.(Home)	
Email Address	inwansnin@gmail.com	Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	12/06/2020 14:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	12/06/2020	Time of Accident hh:mm	09:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	54 CHANGI ROAD OPPOSITE GEYLANG SERAI MARKET				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,500.00	TP Standard Excess	1,500.00		
YRD OD Excess	0.00	YRD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2600.00	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	22 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		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD IRWAN BIN SAIN	Driver NRIC	SXXXX1218	Driver DOB	18/04/1993
Register Date of Driver License	30/01/2007	Driver Age	51	Driving Experience	13
Contact No.(Mobile)	91518472	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 744 #04-3021	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470744
Address 4		Address Type	Foreign address	Post Code	470744
Unit No.	04-3021				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKF6822K	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CAR EMPIRE LEASING PTE LTD	Insured NRIC	201819510K
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SKF6822K	TP Vehicle Number	SFW8863G
Claim Description	SKF6822K / SFW8863G ON 12 Jun 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Relevant to Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/06/2020 14:09	Claim Close Date		Date Received	12/06/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1094252	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/06/2020 14:10

Path *		Category *	Confidential	Urgency *	Description *
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 File No file chosen	Clear	Please Select	NO	Normal	

Send Files

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:10	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:09	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:09	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:09	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:08	Photos	Normal	Photos 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2020 14:09	SAS	Normal	SAS 2020-6-12

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. 5111556832

Vehicle No.(For Motor) SKF6923K

Date of Accident 12/06/2020 13:47

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5111556832	5111556832-000036	CAR EMPIRE LEASING PTE LTD.	201819518K	GFM	drivo CLASSIC	SKF6923K	SKF6923K	06/01/2020	25/07/2020

Continue