

NATIONAL Assessment Centre Services

Date In: 12/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006209/12	SAS e-filing		
Veh No: SJ2972D	E-mail (within 2hrs, AOC 2hrs)		
D.O.A: 12/06/20 0945	i-Motor Claim Form	MT/1094302 - 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: (HUP 800N)	Tel:	Fax:
TP Particulars:	Veh No: GBD1509Z	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

NA2003145	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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 / Tp 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: Idao 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	12/06/2020 16:46
Date Of Accident	12/06/2020 09:45
Exact Location Of Accident	BLK 410 CHOA CHU KANG AVE 3 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP2972D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KHAIRUL NIZAM B YASIR
NRIC No	SXXXX086F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81830097
Alternative Phone No	OTHERS-81830097
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116383366
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHAIRUL NIZAM B YASIR
NRIC No	SXXXX086F
Date Of Birth	03/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81830097
Fax Number	
Contact Number	OTHERS-81830097
EMail Address	NOEMAIL

Address	BLK 814 JURONG WEST STREET 81 #12-208
Postcode	680814
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	COLLIDED INTO PARKED VEHICLE
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	GBD1509Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

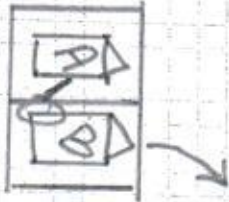
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BLK 410 CHUA CHO KANG AVE
OPEN CAR PARK



A. SJP2912D
B. 61BD1509Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS PARKED AT CAR PARK AND I OPENED MY
RH REAR DOOR AND UNLOADING MY TUFF, OUT OF SUDDEEN
VEH B MOVED OFF FROM CAR PARK AND THE TRUCK LEFT REAR
DOOR STOPPER HIT ONTO MY OPENED DOOR.

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.:



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SJP2972D **MAKE/MODEL:** HONDA JAZZ

DATE OF ACCIDENT: 12/06/2020 **TIME:** 09 HR 45 MIN (AM) PM

LOCATION OF ACCIDENT: BLK 410 CHOA CHU KANG AVE 3 CARPARK

EXACT PURPOSE USE DURING ACCIDENT: WORK

CAR OWNER

NAME OF CAR OWNER: MUHAMMAD KHAIROL NIZAM BIN YASIR

CONTACT NO: 81830097

NRIC: S8922086F

CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY: NTUC

TYPE OF COVERAGE: ☐ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO: 5116383366

ACCIDENT DRIVER: ☒ AS ABOVE ☐ IF NOT - KINDLY FILL IN BELOW

NAME OF DRIVER: _____

NRIC: _____ **NO OF PASSENGER/S:** 0

DATE OF BIRTH: 03.07.1989

OCCUPATION: SELF-EMPLOYED ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS: 26/08/2008

GENDER: ☒ MALE ☐ FEMALE

CONTACT NO: 81830097

ADDRESS: BLK 814 JURONG WEST STR 1 #12-208 S(640814)

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP: EMPLOYEE/SPOUSE IF NOT: _____

WEATHER CONDITION: ☒ CLEAR ☐ RAINING ☐ OTHER: _____

ROAD SURFACE: ☒ DRY ☐ WET ☐ OTHER: _____

ANY INJURIES: ☒ NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: ☒ NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: ☒ NO/ YES _____

3RD PARTY INFO

VEHICLE B NO: G8D150CFZ **NO OF PASSENGER/S:** ☐ UNKNOWN

NAME: _____

CONTACT NO: _____

VEHICLE C NO: _____ **NO OF PASSENGER/S:** ☐

VEHICLE D NO: _____ **NO OF PASSENGER/S:** ☐

VEHICLE E NO: _____ **NO OF PASSENGER/S:** ☐

VEHICLE F NO: _____ **NO OF PASSENGER/S:** ☐

ANY WITNESS: _____

WITNESS CONTACT NO: _____

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5116383366		
The Policyholder	: MUHAMMAD KHAIRUL NIZAM B YASIR		
	: BLK 814 #12-208		
	: JURONG WEST STREET 81		
	: SINGAPORE 640814		
Period of Insurance	: 25 Feb 2020 To 24 Feb 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,527.79		
Interest Insured			
Cover Type	: drivo CLASSIC		
Primary Driver	: MUHAMMAD KHAIRUL NIZAM BIN YASIR		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/JAZZ	Capacity	: 1300cc
Registration Number	: SJP2972D	Registration Year	: 2009
Chassis Number	: JHMGE68509S215492	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: GUNONG DJATI CREDIT CO. PTE. LTD.		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency : KHC HOLDINGS PTE LTD (00000613934)
Date of Issue : 25 Feb 2020 12:23 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1094302

Task Transfer Exit

LOGS SAL SUB

Policy No.	5116383366	Vehicle No.	SJP2972D	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD KHAIRUL NIZAM B YASIR			Policyholder NRIC	S8922086F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81830097	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(%)	0	Private Hire	No

Accident Details

Report Date	12/06/2020 18:33	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	12/06/2020	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENT	Orange Force	No	ICM No.	
Accident Location	BLK 410 CHOA CHU KANG AVE 3 CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	600.00	TP Standard Excess	0.00		
YIED OP Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 814 #12-208	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640814
Address 4		Address Type	Singapore address	Post Code	640814
Unit No.		Related Policy Number	5116383366		

OI Driver Info

Driver Name	MUHAMMAD KHAIRUL NIZAM BIN YASIR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8922086F	Driver DOB	03/07/1989
Register Date of Driver License	26/08/2008	Driver Age	30	Driving Experience	11
Contact No.(Mobile)	81830097	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 814	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640814
Address 4		Address Type	Singapore address	Post Code	640814
Unit No.	#12-208				
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
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Modification History

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOGS SAL SUB

Claim Type	OD-MX	Insured Name	MUHAMMAD KHAIRUL NIZAM B	Insured NRIC	S8922086F
Contact No.(Mobile)	81830097	Contact No.(Home)	67929024	Contact No.(Office)	
Email Address	KAI.NIZAM.YASIR@GMAIL.COM	OI Vehicle Number	SJP2972D	TP Vehicle Number	GBD1509Z
Claim Description	SJP2972D / GBD1509Z ON 12 Jun 2020			Name of Preferred Workshop	
Preferred Workshop	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Insured at liberty report	Not at liberty report
Finalisation Date Registered	12/06/2020 18:39	Claim Close Date		Date Received	12/06/2020 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1094302	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/06/2020 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
		Clear	
			Urgency *
			Normal
			Normal
			Description *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

☐ Send Message

Uplo

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:39	SAS		Normal	SAS 2020-6-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:39	Photos		Normal	Photos 2020-6-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:39	Photos		Normal	Photos 2020-6-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:38	Photos		Normal	Photos 2020-6-12		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:38	Photos		Normal	Photos 2020-6-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:38	Photos		Normal	Photos 2020-6-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2020 18:38	Photos		Normal	Photos 2020-6-12		Edit

Video List

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