

NATIONAL Assessment Centre Services

Part 1 Jan 2005

MMA 1200 51245

Date In: 12/6/20 16:43	Job description	Date & Time Completed	Done by
Ref No: MAI INC 2000 636164	SAS e-filing		
Veh No: SJL 95065	E-mail (within 3hrs, AIC 2hrs)		
TP No: 12/6/20 14:30	I-Motor Claim Form	MT/1094283 ⁰⁰¹	12/6/20
OD: ☒ Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksj		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJR 63E	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:	INC () / Non-INC ()	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

MA 200 3248		Invoice Preparation Checklist	Am't (\$)	Adj't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claimant against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$73			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	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 16:43
Date Of Accident	12/06/2020 14:30
Exact Location Of Accident	BLK 3 BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9506S
Insured/Policyholder	
Name Of Registered Owner	BIZCAR PTE. LTD.
Co Reg No	2XXXXX991Z
Email Address	BIZCARSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83337878
Alternative Phone No	OFFICE-83337878

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112943928
Cover Note Number	

Driver

Name of Driver	MUHAMMAD EMMY BIN MAHAT
NRIC No	SXXXX805H
Date Of Birth	12/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83337878
Fax Number	
Contact Number	
EEmail Address	BIZCARSG@GMAIL.COM

Address	BLK 188 BOON LAY DRIVE #10-80 SINGAPORE
Postcode	640188
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	COLLISION - MAJOR/MINOR RD
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

REFER TO SKETCH PLAN

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	SJR63E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEI XIANG, CALVIN
NRIC/Passport Number	
Contact Number	93274905
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.:

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
☐	5112943928	5112943928-000001	BIZCAR PTE. LTD.	201625991Z	GFM	Third Party	SJL9506S	SJL9506S	06/10/2019	05/10/2020

Claim Handling

Accident MT/1094283

Exit

Policy No.	5112943928	Vehicle No.	SJL9506S	GST Registration No.	
Certificate No.	5112943928-000001				
Policyholder Name	BIZCAR PTE. LTD.			Policyholder NRIC	201625991Z
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83337878	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	12/06/2020 16:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	12/06/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 3 BUKIT MERAH				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	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 372 #09-16	Address 2	TAMPINES STREET 34	Address 3	SINGAPORE 520372
Address 4		Address Type	Singapore address	Post Code	520372
Unit No.	09-16	Related Policy Number	5112943928		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/08/1984
Unnamed driver Name	MUHAMMAD EMMY BIN MAHAT	Driver NRIC	SXXXX805H	Driving Experience	6
Register Date of Driver License	19/07/2013	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	83337878	Contact No.(Office)		Address 3	SINGAPORE 640188
Address 1	BLK 188 # 10-80	Address 2	BOON LAY DRIVE	Address Code	640188
Address 4		Address Type	Singapore address		
Unit No.	# 10-80				
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001 **New**

Claim Type *

OD-MX

Insured Name

BIZCAR PTE. LTD.

Insured NRIC

201625991Z

Contact No. (Mobile)

Contact No. (Home)

Contact No. (Office)

NIL

Email Address

OI

TP

SJL9506S

Claim Description

SJL9506S / SJR63E ON 12 Jun 2020

Name of Preferred Workshop

Preferred Workshop

Workshop Registration No.

Yes

Insured Liability

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

12/06/2020 17:03

Claim Close Date

Date Received

12/06/2020 00:00

Report Taken By

☒ Print AK letter**Attachment**

Accident No.

MT/1094283

Claim No.

001

Last Doc. Received

Upload Date

12/06/2020 17:05

☒ Yes ☐ No

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category *

Confidential

Urgency *

Description *

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)

Action

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o

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				

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 6 / 2020) (DD/MM/YYYY), TIME: (2 : 30 PM) (HH:MM)

LOCATION: BUKIT MERAH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL 9506 8
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VIOS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: HIRE

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: SJR 63F MODEL: _____
b) DRIVER'S NAME: LIM WEI XIANG, LAMIN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9327 4905

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = bizcarsg@gmail.com
fax =
video =