

NATIONAL Assessment Centre Services

[Ref: 20-02]

MHA/2003550

Date In: 04/01/2020 15:41	Job description	Date & Time Completed	Done by
Ref No: N/A/Inc 2000674/4	SAS e-filing		
Veh No: SM 3449Y	E-mail (within 3hrs, Aft 2hrs)		
D.O.A: 04/01/2020 01:50	i-Motor Claim Form	M1/1096067-00	04/01/2020 15:44
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:

Veh No: YN 6894Y

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

N/A 2003550

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Amt (\$)
In BillAmt (\$)
Add Bill

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: Towing Fee \$40/\$45

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 / Tpt 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 10

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	04/07/2020 15:21
Date Of Accident	04/07/2020 09:50
Exact Location Of Accident	BLOCK 131 MARSILING RISE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3449Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SATRIA BIN SALIMI
NRIC No	SXXXX028D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91063646
Alternative Phone No	OTHERS-91063646
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5112897369
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SATRIA BIN SALIMI
NRIC No	SXXXX028D
Date Of Birth	01/07/1994
Occupation	INDOOR
Date Of Driving Pass	05/10/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-91063646
Fax Number	
Contact Number	OTHERS-91063646
Email Address	NOEMAIL

Address	BLK 131 MARSILING RISE #02-196
Postcode	730131
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN6994Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR YAP
NRIC/Passport Number	
Contact Number	92358850
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

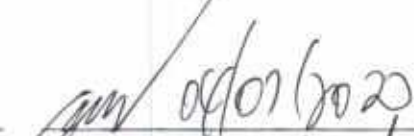


1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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



A - SMM 34494
B - YN 69844

BCK 131 CAR PARK
MARSHALL RISK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS PARKED AT CAR PARK, VEH B TURNING LEFT
FROM CAR PARK AND HIT ONTO MY VEH RT FRONT PORTION.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 06/01/2020
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: hsautomotivespi@gmail.com

VEHICLE NO: SMM34494 MAKE/MODEL: SUZUKI SWIFT

DATE OF ACCIDENT 4/7/2020 TIME 9 HR 50 MIN AM PM

LOCATION OF ACCIDENT BLK 131 MARSILING RISE CAR PARKED

EXACT PURPOSE USE DURING ACCIDENT PARKED

CAR OWNER

NAME OF CAR OWNER MUHAMMAD SAFRIA BIN SAKILI

CONTACT NO 91063646

NRIC S8423028D

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY N740

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

POLICY NO 512897369

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

NAME OF DRIVER AS ABOVE

NRIC 91063646 NO OF PASSENGER/S 0

DATE OF BIRTH 01-07-1994

OCCUPATION ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 05/07/2017

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 91063646

ADDRESS BLK 131 MARSILING RISE #02-186 (B) T30131

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

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 4N68844 NO OF PASSENGER/S ☐

NAME MR YAP

CONTACT NO 92358850

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 _____

Claim Handling

Accident MT/1096067

Policy No.	5112PHF3H9	Vehicle No.	SPM3449Y	GST Registration No.	
Certificate No.				Policyholder NRIC	99423525D
Policyholder Name	MUHAMMAD SATRIA BIN SALIMI	Cover Type	DRIVE CLARIFY	Loading	2
Product Code	HAZARTE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	91063646	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				
Accident Details Report Date: 04/07/2020 15:45 Date of Accident: 04/07/2020 Reporting Centre: Accident Location: BLOCK 121 MARSLING WIRE CURBWORK Accident Report Within 24 hrs: Yes Time of Accident hh:mm: 04:50 Orange Force: Accident Type: Damaged wh Country of Accident: Singapore ICM No.:					
Total Excess Applicable Excess Type: Per Accident Windscreen Excess: 100.00 OD Standard Excess: 500.00 YIED OD Excess: 0.00 Additional Excess: 0 Total OD Excess Applicable: 500.00 TP Standard Excess: 0.00 YIED TP Excess: 0.00 Total TP Excess Applicable: 0.00			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: BLK 121 102-106 Address 4: Unit No.: 02-106 Address 2: MARSLING RIDGE Address Type: Singapore address Related Policy Number: 5112PHF3H9 Address 3: SINGAPORE Post Code: 730731 Driver Name: MUHAMMAD SATRIA BIN SALIMI Unnamed driver Name: Register Date of Driver License: 01/10/2017 Contact No. (Mobile): 91063646 Driver Type: Main Driver Driver NRIC: 99423525D Driver Age: 25 Contact No. (Office): Address 1: BLK 121 102-106 Address 4: Unit No.: 02-106 Address 2: MARSLING RIDGE Address Type: Singapore address Address 3: SINGAPORE Post Code: 730731 Does he own a Singapore Registered car? Yes No Driver Vehicle No.: SPM3449Y Driver Insurer Company: NTUC					
Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No Declaration:					
Modification History Claim 001 New					

Claim Type *	OD-MIX	Insured Name	MUHAMMAD SATRIA BIN SALIMI	Insd NRIC	99423525D
Contact No. (Mobile)	91063646	Contact No. (Home)		Contact No. (Office)	
Email Address		OT		TP	
Claim Description	MUHAMMAD SATRIA BIN SALIMI Vehicle Number: SPM3449Y SPM3449Y / YHS994Y On 4 Jul 2020				
Preferred Workshop	Insured Liability: Not at fault	Preferred Repair Option	Preferred Workshop, Name unknown	CIA report	Received
Report No. Finalisation	Yes				
Date Registered	04/07/2020 15:44	Claim Close Date		Date Recd	
Report Taken By	RDSLI WANAS				
Print AK letter Save Submit					

Attachment

Accident No.	MT/1096067	Claim No.	001	Confidential	Urgency *
Last Doc. Received	Yes No	Upload Date	04/07/2020 15:44		
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	▼	NI	▼	Normal	▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) # 04 Jul 2020 15:44	Photos	Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) # 04 Jul 2020 15:44	Photos	Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) # 04 Jul 2020 15:44	Photos	Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) # 04 Jul 2020 15:44	Photos	Normal	Photos 2020-7-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) # 04 Jul 2020 15:44	Photos	Normal	Photos 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) # 04 Jul 2020 15:44	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) # 04 Jul 2020 15:44	SAS	Normal	SAS 2020-7-4

 [Video List](#)

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

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: 5112897369

Cover : drive CLASSIC

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMM3449Y |
| Chassis Number | : JSAEZC11500550743 |
| 2. Name of Policyholder | : MUHAMMAD SATRIA BIN SALIMI |
| 3. Effective Date of Insurance | : 07 Oct 2019 |
| 4. Expiry Date of Insurance | : 06 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD SATRIA BIN SALIMI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: CREATIVE AUTO LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : IMOTOR INSURE (00000573595)
Date of Issue : 04 Oct 2019 15:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA120056941 Vehicle Registration No: 9MM34494
Name (as shown in NRIC) : MUHAMMAD SARRIA BIN SALIMI NRIC/FIN/Passport No : 84440280
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 91063646
Email Address : _____
Date of Accident : 04/07/2020 Time of Accident : 09:50
Place of Accident : BK 131 MARILINE ROAD CARPARK
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY VEHICLE NUMBER TO YN 6954Y

Policyholder / Driver's Signature
Date:

04/07/2020
Reporting Centre Personnel's Signature
Name: Reli Am Arz
NRIC/FIN No.:
Date: