

NATIONAL Assessment Centre Services

[wef 1 Jan 2021]

MMA 120059274

Date In: 14/7/20 11:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 20007258/h4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SKE 4217 J	1-Motor Claim Form	MT/1096775-001	14/7/20 11:45
TPA: 13/7/20 14:15	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
UI: <input checked="" type="checkbox"/> Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: GU 4941P	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

NA 2003690	Invoice Preparation Checklist	Am (S) / VAM (S)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$10)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 19 Jan 2021)		
6) TR: Re-inspection \$75		
7) NI: Idno DA + EMRT Survey \$160		
8) NTUC Additional Services:		
Q1:		
• N5: Courtesy Car / Tpt Allowance \$3		
• N6: Repair Co-ordination \$10		
• N7: Post Repair Inspection \$23		
• N8: DV / Collect Excess Coordination \$3		
• N11: TP (W/n INC) against INC \$20		
9) N12: Idno Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Eng-In-Charge):
Auditors' Comments:
Sub. 1:
Sub. 2:

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	14/07/2020 11:22
Date Of Accident	13/07/2020 14:15
Exact Location Of Accident	CAVENAGH TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4217J
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBILE TYRE PTE. LTD.
Co Reg No	2XXXXX569R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83050454

Vehicle Particulars

Manufacturer	CHEVROLET
Model	-
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	5111945142
Cover Note Number	

Driver

Name of Driver	ENI PUTRA HASRIZAL BIN ZAINI
NRIC No	SXXXX157A
Date Of Birth	14/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83050454
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 470 PASIR RIS DR 6 #07-442
Postcode	510470
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	5
Passenger 1	NAME: : HASHIMAH BINTE MOHAMED ASHIM GENDER: : FEMALE
Passenger 2	NAME: : ENI PUTRA EIFIQRY BIN ZAINI GENDER: : MALE
Passenger 3	NAME: : PUTRA MUHAMMAD HASRIQ BIN ZAINI GENDER: : MALE
Passenger 4	NAME: : ENDANG SULASTRI GENDER: : FEMALE

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU4941P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	ANG THIAN BENG
NRIC/Passport Number	SXXXX952H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ENI PUTRA HASRIZAL BIN ZAINI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE4217J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HASHIMAH BINTE MOHAMED ASHIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE4217J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	ENI PUTRA EIFIQRY BIN ZAINI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE4217J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	PUTRA MUHAMMAD HASRIQ BIN ZAINI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE4217J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	ENDANG SULASTRI
Approximate Age	

Injuries Sustain

BODY

Injured person in which vehicle?

SKE4217J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
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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.

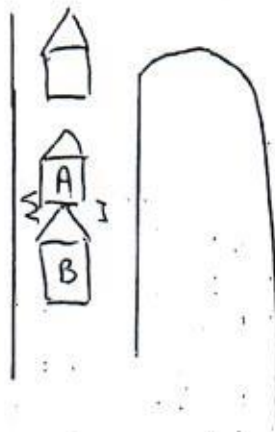
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Cavenagh Rd



CTE

DOA: 13/7/20

A: SKE 4217J

B: GU 4941P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front air moved I forward suit but veh B
 failed to brake in time hit onto my
 veh rear portion



DECLARATION

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

X  

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.	<input type="text"/>	Date of Accident	<input type="text" value="13/07/2020 11:20"/>
Vehicle No. (For Motor)	<input type="text" value="SKE4217J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111945142	5111945142-000009	AUTOMOBILE TYRE PTE. LTD.	201835569R	GFM	drivo CLASSIC	SKE4217J	SKE4217J	20/03/2020	15/08/2020

Personal Particulars

Date of Accident: 13/7/20 Time of Accident: 2-15 pm
Exact Location of Accident: Cavenagh towards CTE
Owner's Name: Automobile Type Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Eni Putra Hasrizal Bin Zaini NRIC No: S960157A HP No: 880 830 50454
Date of Birth: 14/1/1996 Driving Licence Passing Date: 20/7/2017 Occupation: Indoor / Outdoor
Address: 470 Pasir Ris Drive 6 #07-442 (510470)
Relationship of Driver with Insured: Hire Email Address: _____
Vehicle No: NTUC SKE 4217J Make & Model: _____
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5111945142-000009

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☐ Clear / ☐ Raining / Others: _____ ☐ Wet / ☐ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 4 B: _____ C: _____ D: _____
man boy + woman

*Was Anybody Injured? (Yes / No) If yes, 1) Hashimah Binte Mohamed Ashim

Name / NRIC / In Vehicle: 2) Eni Putra Hasrizal Bin Zaini
3) Eni Putra Elfigry Bin Zaini
4) Putra Muhammad Hasriq Bin Zaini 5) Endang Sulastri)

*Was The Accident Reported To The Police?

☐ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No) ☒

Third Party Driver's Particulars

Vehicle B No: GU 4941P Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

Claim Handling

Accident MT/1096775

Policy No.	5111945142	Vehicle No.	SKE4217J	GST Registrati
Certificate No.	5111945142-000009			
Policyholder Name	AUTOMOBILE TYRE PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	83050454	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	14/07/2020 11:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/07/2020	Time of Accident hh:mm	14:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CAVENAGH TWDS CTE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	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	221 QUEENSWAY	Address 2	#03-11 VIZ AT HOLLAND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-11	Related Policy Number	5118025385	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ENI PUTRA HASRIZAL BIN ZAIN	Driver NRIC	S9601157A	Driver DOB
Register Date of Driver License	20/07/2017	Driver Age	24	Driving Experi
Contact No.(Mobile)	83050454	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 470 #07-442	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-442			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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 *	OD-MX	Insured Name	AI
Contact No.(Mobile)	97928328	Contact No. (Home)	
Email Address	clivez8328@yahoo.com	Vehicle Number	SK
Claim Description	SKE4217J / GU4941P ON 13 Jul 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	14/07/2020 11:44	GIA report	Received
Report Taken By	LIEW SHAN HUI	Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No. MT/1096775 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 14/07/2020 11:45

Path *

Category *

Confider

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Clear Please Select ▼ NO
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Previous Detail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:45	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:45	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jul 2020 11:44	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading