

NATIONAL Assessment Centre Services. (part 1 Jan 05) MMA 120061559

Date In: 21/7/20 16:15	Job description	Date & Time Completed	Done by
Ref No: MAI INC 20007532164	SAS e-filing		
Veh No: SLR 387Y	E-mail (within 3hrs, AIC 2hrs)		
DDA: 2017120 20:30	I-Motor Claim Form	M711097502-001	21/7/20 16:43
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: JSY 5592. 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 repolar.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 40111 67424616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Signature: ()

Signature: ()

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MA 2003777

Invoice/Particulars	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claimant against INC Only (wef 19 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + EMRT Survey \$160		
8) NTUC Additional Services:		
QD:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repate 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	

www.nat.gov.sg

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	21/07/2020 16:15
Date Of Accident	20/07/2020 20:30
Exact Location Of Accident	BLK 259 BT PANJANG RING RD OPEN CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR387Y
Insured/Policyholder	
Name Of Registered Owner	ROHAYA BT SATLI
NRIC No	SXXXX238D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93726559
Alternative Phone No	OFFICE-93726559
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	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	5109589992
Cover Note Number	
Driver	
Name of Driver	HALID BIN YAHAYA
NRIC No	SXXXX328A
Date Of Birth	01/11/1966
Occupation	INDOOR
Date Of Driving Pass	24/12/1993
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93726559
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 143 PETIR RD #08-230
Postcode	670143
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Foreign Vehicle Registration Number	JSY5592 (COMMERCIAL VEHICLE)
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200720/2107

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSY5592
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

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**.
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:

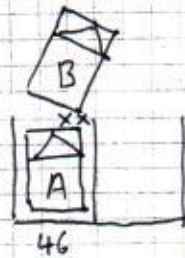
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



A = SLR 387 Y

B = JSY 5592

Bik 259 Bt Panjang Ring Rd Open Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20200720/2107

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.:



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2020 23:23	Vide Report No.: J/20200720/0157	Station Diary No.: 181
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Informant's Particulars			
Name of Informant: HALID BIN YAHAYA		Address: APT BLK 143 PETIR ROAD #08-230 SINGAPORE 670143	
ID Type / ID No.: NRIC NO / S1751328A		Contact No.: Home/Office: Mobile: 93726559	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 01/11/1966	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 20/07/2020 20:30	Type of Location: Car Park
Location: Along Road 1 BUKIT PANJANG RING ROAD BLK 259 Bukit Panjang Ring Road Open space carpark Lot 46.				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSY5592	Lorry					0
SLR387Y	Car	TOYOTA	Sienta	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200720/2107

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20200720/2107

CONTINUATION OF REPORT

Driver			
Name	HALID BIN YAHAYA	ID No.	S1751328A
Related Vehicle	SLR387Y (Car)	Contact No.	93726559
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/07/2020 at about 2033hrs, I was walking towards my car, V1) SLR 387Y which was park at Blk 259 Bukit Panjang Ring Road lot 46. I saw a Malaysian lorry, V2) JSY 5592 wanted to reverse into the lot beside my car. At first, the lorry driver had reverse and his colleague had told him to stop. However after he had stop, he then reverse again and bang onto my front bumper area. No one was injured,. After a while, traffic police was also at scene to assist and was advised to lodge a police report.



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20200720/2107

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J /
Sgt 3 MUHAMMAD FADZIL BIN ROHAIZAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/07/2020 23:23

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

21/07/2020 15:55

Vehicle No. (For Motor)

SLR387Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109589992		ROHAYA BT SATLI	56845238D	GPC	drive CLASSIC	SLR387Y	SLR387Y	24/05/2019	27/07/2020

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 7 / 20 (DD/MM/YYYY), TIME: 20 : 30 (HH:MM)

LOCATION: BLK 259 Bt Panjang King Rd open carpark Lot 46

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 387 Y
 b) INSURANCE COMPANY: INC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Sienna
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parked
 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: Rohaya BT Sattli (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9372 6559
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Harid Bin Yahaya (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: Spouse

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: Bt Panjung NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3SY 5592 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No. of passengers
 (Including driver)
(0)

* No. of passengers
 (Including driver)
()

* No. of passengers
 (Including driver)
()

Email = mta.auto.solutions@gmail.com

Fax =

VIDEO = Memory card with TP.

Claim Handling

Accident MT/1097502

Policy No.	5109589992	Vehicle No.	SLR387Y	GST Registration No.	
Certificate No.				Policyholder NRIC	568452180
Policyholder Name	ROHAYA BT SATLI	Cover Type	Drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	83726559	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				

Accident Details

Report Date	21/07/2020 16:32	Accident Report Within 24 hrs	Yes	Accident Type	Damaged wh
Date of Accident	20/07/2020	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 254 BT PANJANG RING RD OPEN CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
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 143 +08-230	Address 2	PETIR ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	670143
Unit No.	08-230	Related Policy Number	5109589992-01		

01 Driver Info

Driver Name	HALID BIN YAHAYA	Driver Type	Main Driver	Driver DOB	01/11/1959
Unnamed driver Name		Driver NRIC	51751328A	Driving Experience	26
Register Date of Driver License	24/12/1993	Driver Age	53	Contact No. (Home)	
Contact No. (Mobile)	83726559	Contact No. (Office)		Address 3	SINGAPORE
Address 1	BLK 143 +08-230	Address 2	PETIR ROAD	Post Code	670143
Address 4		Address Type	Singapore address		
Unit No.	08-230				
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

Claim 001 New

Claim Type *	OD-MX	Insured Name	ROHAYA BT SATLI	Insu NRIC	
Contact No. (Mobile)		Contact No. (Home)	NIL	Conti No. (Offi	
Email Address		DI		TP	
Claim Description		Vehicle Number	SLR387Y	Vehi Num	
Preferred Workshop				Nam Prefi	Worl
Insured Liability	Not at Fault				
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	21/07/2020 16:42	Claim Close Date		Date Rece	
Report Taken By	SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1097502	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/07/2020 16:43
Path *		Category *	Confidential Urgency *
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:43	SAS	Normal	SAS 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:43	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:43	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:43	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:42	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:42	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:42	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:42	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:42	Photos	Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 16:42	Photos	Normal	Photos 2020-7-21

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			