NATIONAL Assessment Centre Services. NWA420065487

Date In: 08/08/2020 18:22	Job description	Date & Time Completed	Done by
Ref No: NBA/INC2000 7999/Y	SAS e-filing		
Veh No: SGH 9061	E-mail (Walk-in 4hrs, AIC 2hrs)		
D.O.A 01/08/2020 2255	I-Motor Claim Form	MTI/09886-001	08/08/2020 19:37
OD / TP / Reporting Only	I-Motor W/O (Walk-in: 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: PC9859R 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 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

NA2003996

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100); INC ($40)			
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
Foreclaiming against INC Only (wef 10 Jan 2020)			
6) TR : Re-Inspection	$75		
7) NI : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services			
OD:			
* NS: Courtesy Car / Tpt Allowance	$3		
* NS: Repair Co-ordination	$10		
* NS: Post Repair Inspection	$25		
* NS: DV / Collect Excess Coordination	$3		
TP (NI) : TP (Non INC) against INC	$30		
9) NI : Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Cal.I:

2/2

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	03/08/2020 18:22
Date Of Accident	01/08/2020 22:55
Exact Location Of Accident	ALONG NICOLL DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH4061Y
Insured/Policyholder	
Name Of Registered Owner	NAGORE MURUKKU
Co Reg No	5XXXX791A
Email Address	FMRASHEED@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91298788
Alternative Phone No	OFFICE-91298788
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113731057
Cover Note Number	
Driver	
Name of Driver	MOHAMED RASHEED S/O FAKEER MOHAMED
NRIC No	SXXXX599E
Date Of Birth	14/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1998
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91298788
Fax Number	
Contact Number	OTHERS-91298788
EMail Address	FMRASHEED@YAHOO.COM

Address	BLK 27 MARSILING DRIVE #06-237
Postcode	730027
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)	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

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	PC9559R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ZULKARNAIN BIN MOHAMED DAUD
NRIC/Passport Number	SXXXX824J
Contact Number	87197716
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 insuret, 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: 03/08/2020
1335 HRS

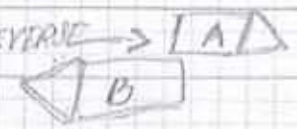
03/08/2020

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

SKETCH PLAN

VEHICLE A: SGH4061Y

VEHICLE B: PC9559R



NICOLL DRIVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 01ST AUGUST 2020 AT 2055HRS I WAS ALONG NICOLL DRIVE WAITING TO PICK UP A PASSENGER. AT THAT TIME A BUS WAS REVERSING BACK AND HIT MY RIGHT SIDE REAR AND CAUSED DAMAGES TO MY CAR.

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: 03/08/2020
1735HRS

03/08/2020

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

SFG 6824Y

ACCIDENT STATEMENT

ACCIDENT DATE: 01 / 08 / 2020 (DD/MM/YYYY), TIME: 20 : 55 (HH:MM)

LOCATION: Block NICOLL DRIVE

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGH 4061Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL:
   f) TYPE: (SALOON / COUPE / (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: FOR PRIVATE HIRE
   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: NAGORE MURUKKU (S3343791A) (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (1)

DRIVER
   d) NAME: MOHAMED RASHEED S/O FAKEER MOHAMED (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7770599E CONTACT: 91298788
   c) ADDRESS: BLK 27 MARSILING DRIVE, #06-237, S(730027)
   *d) DATE OF BIRTH: 14 / 09 / 1977 (DD/MM/YYYY)
   e) OCCUPATION: (~~INDOOR~~ / (OUTDOOR))
   f) DATE OF DRIVING PASS 18/04/1998
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
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

\# No of passenger (including driver) (__)

   a) VEHICLE NUMBER: PC 9559R MODEL: BUS
   b) DRIVER'S NAME: ZULKARNAIN BIN MOHAMED DAUD
   c) NRIC/FIN/PASSPORT: S8139824J CONTACT: 87197716
9. THIRD PARTY VEHICLE

\# No of passenger (including driver) (__)

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

email = fmrasheed@yahoo.com

VIDEO

Claim Handling

Accident MT/1098786

Policy No.	5113731557	Vehicle No.	SGH4061Y	GST Registration No.	
Certificate No.					
Policyholder Name	NAGORE MURUKKU			Policyholder NRIC	S3343791A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91296798	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eClaim	No
eTV	No Yes	TCA	No Yes	eClaim Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	Yes

Accident Details

Report Date	03/08/2020 19:32	Accident Report Within 24 hrs	Yes	Accident Type	Damaged while parked
Date of Accident	01/08/2020	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NICOLL DRIVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YBD OD Excess	0.00	YBD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
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	03/08/2020 19:34:24 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 27 #06-237	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730027
Address 4		Address Type	Singapore address	Post Code	730027
Unit No.	06-237	Related Policy Number	5113731557		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED RASHEED S/O FAKE	Driver NRIC	S7472039E	Driver DOB	14/09/1974
Register Date of Driver License	18/04/1998	Driver Age	45	Driving Experience	22
Contact No.(Mobile)	91298788	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 27 #06-237	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730027
Address 4		Address Type	Foreign address	Post Code	730027
Unit No.	06-237				
Does he own a Singapore Registered car?	Yes No	Driven Vehicle No.	SGH4061Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NAGORE MURUKKU	Insured NRIC	S3343791A
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	94450228
Email Address		OI Vehicle Number	SGH4061Y	TP Vehicle Number	PC9599B
Claim Description	SGH4061Y / PC9599B ON 1 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Refuses to Finalisation	No Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		03/08/2020 19:35	Claim Close Date		Date Received 03/08/2020 00
Report Taken By	ROSLI WAHAB				

Print At Letter

Save Submit

Attachment

Accident No.	MT/1098786	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/08/2020 19:37

Path *		Category *	Confidential	Urgency *	Description *
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	NO	Normal	

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800070(NATIONAL ASSESSMENT CENTRE SERVICE X (BUKIT MERAH)) on 03 Aug 2020 19:37	Photos		Normal	Photos 2020-8-3	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:37	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:37	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:37	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:36	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:36	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:36	Photos		Normal	Photos 2020-8-3
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:36	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 19:35	SAS		Normal	SAS 2020-8-3

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SGH4061Y
Date of Accident 01/08/2020 19:37
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5113731057		NAGORE MURUKKU	53343791A	GPC	Third Party	SGH4061Y	SGH4061Y	31/10/2019	08/12/2020

Continue