NATIONAL Assessment Centre Services

Date In: 17/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008523/13	SAS e-filing		
Veh No: SLE2437S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/08/20 0750	i-Motor Claim Form	MT/1100110	-001
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: SML3683S 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 : Customers 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

NA2004222

Claimant'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 ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80) $40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (w.e.f 10 Jan 2005)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
QP*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
FF (N11) : TP (Non-INC) against INC	10		
9) N12: Idea Mobile			
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 witholding 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	17/08/2020 11:39
Date Of Accident	17/08/2020 07:50
Exact Location Of Accident	HDB CARPARK OF BLK 166 YISHUN RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE2437S
Insured/Policyholder	
Name Of Registered Owner	SALMI BTE REKH
NRIC No	SXXXX834J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91908289
Alternative Phone No	OTHERS-98166750
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105556960-01
Cover Note Number	
Driver	
Name of Driver	HAZLAN BIN HAMDAN
NRIC No	SXXXX246Z
Date Of Birth	13/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1997
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98166750
Fax Number	
Contact Number	
EMail Address	JOSHUA_HHH@YAHOO.COM

Address	BLK 728 YISHUN ST 71 #02-139
Postcode	760728
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : SALMI BTE REKH GENDER: : FEMALE
Passenger 2	NAME: : EMRE HAMIZAN BIN HAZLAN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML3683S
Vehicle Make/Model/Colour	BLUE SG CAR
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

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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.

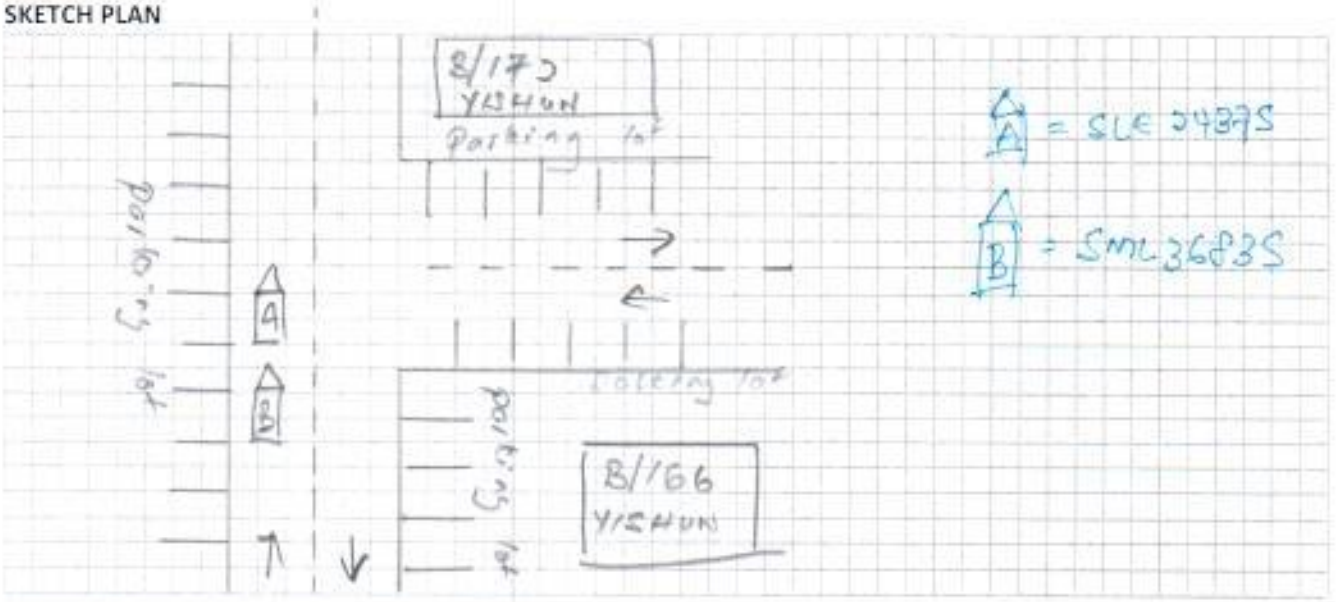
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 17-08-2020 1125 hrs.	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving and attempt to turn right into B/~~170~~ 172 Yishun Ring Road, slowed down and suddenly there is an impact ~~of~~ from the rear of my car.

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: 17-08-2020. @ 1125 hrs.	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 17/08/20

ACCIDENT STATEMENT

07:48

ACCIDENT DATE: [17 / 08 / 2020] (DD/MM/YYYY), TIME: [08 : ____] (HH:MM)

LOCATION: HDB CARPARK OF BLK 166 YISHUN RING ROAD

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SLE 2437S
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5105556960-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: HONDA / VEZEL
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL DRIVING
   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: SALNI BINTE REKH (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7807834J CONTACT: 9790[illegible]9
   c) ADDRESS: B 738 YISHUN ST 71 #02-139
   SINGAPORE 760738

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (02)

3. **DRIVER**
   a) NAME: HAZLAN BIN HAMDAN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7630246Z CONTACT: 98166750
   c) ADDRESS: B 738 YISHUN ST 71 #03-139
   SINGAPORE 760738
   *d) DATE OF BIRTH: [13 / 07 / 1976] (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 1997

SALNI BINTE REKH (FEMALE)

EMRE HAMIZAN BIN HAZLAN (MALE)

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: ____

8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SML 3683S MODEL: BLUE SG CAR
   b) DRIVER'S NAME: ____
   c) NRIC/FIN/PASSPORT: ____ CONTACT: ____

No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: ____ MODEL: ____
   e) DRIVER'S NAME: ____
   f) NRIC/FIN/PASSPORT: ____ CONTACT: ____

No of passenger (including driver) (__)

Email =

fax =

VIDEO = yes with workshop

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Date of Accident 17/08/2020 11:01
Vehicle No.(For Motor) SLE2437S
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5105556960-01		SALMI BTE REKH	S7807834J	GPC	drivo CLASSIC	SLE2437S	SLE2437S	14/01/2020	13/01/2021

Continue

Claim Handling

Accident MT/1100110

Policy No
Certificate No
Policyholder Name: SALMI BTE REKH
Product Code
Contact No.(Mobile)
Email Address
ICFA: No Yes
NCD Protection

Vehicle No
Cover Type
Contact No.(Office)
Special Remark
TCA: No Yes
NCD Entitlement(%)

GST Registration No
Policyholder NRIC
Loading
Contact No.(Home)
eCode
eCode Reason
Private Hire: No

Accident Details

Report Date
Date of Accident
Reporting Centre
Accident Location

Accident Report Within 24 hrs: Yes
Time of Accident hh:mm
Orange Force

Accident Type: Collision - F
Country of Accident: Singapore
ICM No

Total Excess Applicable

Excess Type: Per Accident

OD Standard Excess
YIED OD Excess
Additional Excess
Total OD Excess Applicable

Windscreen Excess
TP Standard Excess
YIED TP Excess
Total TP Excess Applicable

Driver is Covered?: Covered

Benefits

GST Registered Information

GST Registered
GST Registration No.
Modification History

GST Registration Date
GST Status Verified

Policyholder Mailing Address

Address 1
Address 2
Address 3
Address 4
Address Type: Singapore address
Post Code
Unit No
Related Policy Number

OI Driver Info

Driver Name: HAZLAN BIN HAMDAN
Unnamed driver Name
Register Date of Driver License
Contact No.(Mobile)
Address 1
Address 4
Unit No
Does he own a Singapore Registered car? Yes No

Driver Type: Main Driver
Driver NRIC
Driver Age
Contact No.(Office)
Address 2
Address Type: Singapore address
Driver Vehicle No.

Driver DOB
Driving Experience
Contact No.(Home)
Address 3
Post Code
Driver Insurer Company

Declaration
Breathalyser or Blood Test Reading?: 0 mg

Any injury? Yes No

Modification History

Claim 001 OD-MX **New**

Claim Type *: OD-MX
Insured Name: SALMI BTE REKH
Contact No.(Mobile): 91906289
Contact No.(Home)
Email Address: SALMIREKH@YAHOO.COM
OI Vehicle Number: SLE24375
Claim Description: SLE24375 / SML36835 ON 17 Aug 2020
Preferred Workshop Request No Final Bill?: Yes
Insured Liability: Not at Fault
Preferred Repair Option: Preferred Workshop, Name Unknown
GIA report: Received
Date Registered: 17/08/2020 12:04
Claim Close Date
Report Taken By: KOSLINDA
Workshop Repairer
Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received: Yes No
Claim No.
Upload Date
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

Choose File No file chosen | Clear | Please Select | | Normal

Choose File No file chosen | Clear | Please Select | | Normal

Choose File No file chosen | Clear | Please Select | | Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	SAS		Normal	SAS 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	Photos		Normal	Photos 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	Photos		Normal	Photos 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	Photos		Normal	Photos 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	Photos		Normal	Photos 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	Photos		Normal	Photos 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	Photos		Normal	Photos 2020-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Aug 2020 12:04	Photos		Normal	Photos 2020-8-17

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading