

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

NA200447000

Date In: 25/08/2020 17:23	Job description	Date & Time Completed	Done by
Ref No: NA200447000894514	SAS e-filing		
Veh No: 5M 6103M	E-mail (Update 3hrs, A/C 2hrs)		
D.O.A: 25/08/2020 17:00	I-Motor Claims Form	NA200447000132-002	25/08/2020 17:00
OD: TP / 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/WHAN		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBK 19854	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
() 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: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NA20044700	1) Alt: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee	\$10/\$45
	4) PT: Follow-Through Survey	\$120
	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + EMRT Survey	\$160
	8) NIUC Additional Services	
	OR:	
	*NI: Courtesy Car / Tpt Allowance	\$5
	*NI: Repairs Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	IF (NI) / TP (INC) against INC	\$30
	9) NI: Idao Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	25/08/2020 17:23
Date Of Accident	12/08/2020 17:00
Exact Location Of Accident	NO:47-59 TUAS SOUTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6743M
Insured/Policyholder	
Name Of Registered Owner	NUR SHAHIDAH BINTE MOHAMAD SHAMHUDI
NRIC No	SXXXX420J
Email Address	INI.SALAHUDINSIREGAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83807067
Alternative Phone No	OTHERS-82012760
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being used at time of accident	MEETING
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106975147-01
Cover Note Number	
Driver	
Name of Driver	SALAHUDIN SIREGAR BIN BORHAN
NRIC No	SXXXX548Z
Date Of Birth	09/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83807067
Fax Number	
Contact Number	OTHERS-82012760
Email Address	INI.SALAHUDINSIREGAR@GMAIL.COM

Address	BLK 440 TAMPINES STREET 43 #02-187
Postcode	520440
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : COLLEAGUE 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

PLEASE REFER TO SKETCH PLAN (INSURED REVERSE AND HIT TP)

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	GBK1985U
Vehicle Make/Model/Colour	FIAT DABLO MAX
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALAMURUGAN S/O PAKIRISAMY GUNASEGARAN
NRIC/Passport Number	SXXXX934G
Contact Number	87505188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

10

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.:

25/8/20
@ 1638hrs

25/8/2020
Rashid, M. H. H.

47-59 Twp. 50th Avenue

②




Diagram 2 shows a vertical line with a downward arrow and a curved arrow pointing to the right. To the right of the line is a house labeled 'A' and a boat labeled 'B'.

③



Diagram showing a vertical line with a horizontal line intersecting it. A triangle is drawn with its base on the horizontal line and its apex on the vertical line. The triangle is labeled 'A' and 'B'.

A) STM 6743m
B) GRK 19854

Upon entering the stated address, I was unable to enter the premises.
So intend to reverse back out. before doing so I check my mirror
and ~~wait~~ It was clear to reverse. suddenly I hit the car B rear bumper.
Car B. was exiting to turn left but ^{suddenly} stop on my way.

Both party exchange particular and decide not to claim but
I received a letter from NTUC.

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

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/8/20
@ 4.47pm

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

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 08 / 2020) (DD/MM/YYYY), TIME: (17 : 00) (HH:MM)

LOCATION: 47-59 Tuas South Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 6743 M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SUZUKI Swift 2009
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: meeting
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: Nur Shahidah Bte mohamad shahmudi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 83807067
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Salahudin Siregar Bin Borlan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S90315482 CONTACT: 82012760
c) ADDRESS: 440 Tampines St 43 #02-187 S(520440)

* d) DATE OF BIRTH: (07 / 07 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/11/2018

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: G8K 19854 MODEL: Fiat DOBLO max
b) DRIVER'S NAME: Bals murugan slo Pakirisanmy gunasegaran
c) NRIC/FIN/PASSPORT: S86279349 CONTACT: 87505188

9. THIRD PARTY VEHICLE

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

Email = ini.salahudin.siregar@gmail.com
VIDEO

Claim Handling

Accident NT/1100133

Policy No.	5106975147-01	Vehicle No.	SJM6743M	GST Registration No.	
Certificate No.					
Policyholder Name	NUR SHAHIDAH BINTE MOHAMAD SHAMHUI			Policyholder NRIC	S9003410J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(Su)	10	Private Hire	No

Accident Details

Report Date	17/08/2020 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/08/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	2 TUAS SOUTH AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
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 440 A02-167	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 520440
Address 4		Address Type	Singapore address	Post Code	520440
Unit No.	02-167	Related Policy Number	5106975147-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	NUR SHAHIDAH BINTE MOHAMAD	Insured NRIC	S9003420J
Contact No.(Mobile)	83807067	Contact No.(Home)	64400220	Contact No.(Office)	
Email Address		Vehicle Number	SJM6743M	Vehicle Number	GBK1985U
Claim Description	SJM6743M / GBK1985U ON 12 Aug 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Finalise No.	Yes	Preferred Report Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	25/08/2020 17:43
Report Taken By				Date Received	25/08/2020 00:
Print AK letter					

Save Submit

Attachment

Accident No.	HT/1100133	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/08/2020 17:44
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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		

Attachment List

Attachment	Uploaded By/Data	Category	Urgency	Description	Hkg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:44	Photos	Normal	Photos 2020-8-25	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:44	Photos	Normal	Photos 2020-8-25	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:44	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	Photos	Normal	Photos 2020-8-25
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	Photos	Normal	Photos 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Aug 2020 17:43	SAS	Normal	SAS 2020-8-25

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[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="12/08/2020 16:48"/>							
Vehicle No.(For Motor)	<input type="text" value="SJM6743M"/>	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"/>	5106975147-01		NUR SHAHIDAH BINTE MOHAMAD SHAMHUDI	S9003420J	GPC	drive CLASSIC	SJM6743M	SJM6743M	21/01/2020	20/01/2021
<input type="button" value="Continue"/>										

Our Ref: MT/CA/TP/001/1100133-001/EHH/VU

17 Aug 2020

NUR SHAHIDAH BINTE MOHAMAD SHAMHUDI
BLK 440 #02-187
TAMPINES STREET 43
SINGAPORE 520440

Dear Policyholder

CLAIM NUMBER: MT/1100133-001

ACCIDENT INVOLVING SJM6743M / GBK1985U on 12 Aug 2020

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788-6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance