

NATIONAL Assessment Centre Services.

(ver 1 Jan 200)

MAA/70079983

Date In: 15/09/2020 10:30	Job description	Date & Time Completed	Done by
Ref No: NBR/ALC000985914	SAS e-filing		
Veh No: 590 46277	E-mail (by date sent, AIC then)		
DOA: 15/09/2020 06:50	I-Motor Claims Form	MT1103384201	15/09/2020 10:51
OID: TP Reporting Only	I-Motor W/O (Within: OD then, TP then)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars:	Veh No: 590 46277	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:	
Contract No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NB2004954

1) All Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PF: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 200)	\$75
6) TR: Re-inspection	\$160
7) NI: Idea DA + EMRT Survey	
8) NTUC Additional Services	
ON:	
* NS: Courtesy Car / Tpt Allowance	\$5
* NS: Repair Co-ordination	\$10
* NS: Post Repair Inspection	\$25
* NS: DV / Collect Excess Co-ordination	\$5
TE (NI): TP (INC) against DGS	\$20
2) NI: Idea Mobile	\$0
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 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	15/09/2020 10:30
Date Of Accident	15/09/2020 06:50
Exact Location Of Accident	PIE TOWARDS TUAS AFTER PAYA LEBAR EXIT LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ4627T
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RIZAL BIN MOHAMED RASHID
NRIC No	SXXXX223C
Email Address	SICARIOMONTERO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83320324
Alternative Phone No	OTHERS-83320324

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087321734-03
Cover Note Number	

Driver

Name of Driver	MOHAMED RIZAL BIN MOHAMED RASHID
NRIC No	SXXXX223C
Date Of Birth	02/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83320324
Fax Number	
Contact Number	OTHERS-83320324
Email Address	SICARIOMONTERO@GMAIL.COM

Address	BLK 162 MEI LING STREET #04-367
Postcode	140162
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	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)	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4461K
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN MENG YEOW
NRIC/Passport Number	SXXXX029H
Contact Number	98636331
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.
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. 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: 15/09/2020
0953

Driver's Signature

(If driver is not the policyholder)
Date & Time: 15/09/2020
0953

15/09/2020

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: [Signature]

SKETCH PLAN

PIE Towards TRAS B/F Paya LAROK EXIT LANE 1

A) SGO 4627 T

B) SMG 4461 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving back home at PIE towards TRAS. Just after the payar lebar exit lane 1. Traffic was congested a car in front of me apply brake. I manage to react but the car behind me hit my rear vehicle. Photo of driving licence taken and vehicle damage

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 15/09/2020

0957

GIAMZ SketchPlanForm_V3

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/09/2020

0957

[Signature] 15/09/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 09 / 2020 (DD/MM/YYYY), TIME: 06 : 52 (HH:MM)

LOCATION: PIE towards Tyms after Payer lebar exit lane 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGA 4627
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5087321734-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA PICNIC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: MOHAMED RIZAL BIN MOHAMED RASHID (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S880 3223C CONTACT: 8332 0324
c) ADDRESS: BLK 162, MEI LING STREET

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 02 / 02 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29 DEC 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SMG 4461 K MODEL: HYUNDAI
b) DRIVER'S NAME: TAN MENG YEOW
c) NRIC/FIN/PASSPORT: S1388029H CONTACT: 9863 6381

9. THIRD PARTY VEHICLE

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

Email = Sicariomontero@gmail.com
VIDEO

Claim Handling

Accident HT/1103389

Policy No.	5087321734-03	Vehicle No.	SGQ44277	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMED RIZAL BIN MOHAMMED			Policyholder NRIC	58803223C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	83320328	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eClaim	Yes
KFC	No Yes	TCR	No Yes	eClaim Reason	
WCD Protection	No	WCD (Instruments%)	50	Private Hire	No

Accident Details

Report Date	15/09/2020 12:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/09/2020	Time of Accident (h:mm)	06:50	Country of Accident	Singapore
Reporting Centre		Orange Truck		ICR No.	
Accident Location	PTE TOWARDS TUAJ AFTER PAVIA (LEBAR EAST LANE) S				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	C.00		
ISI Standard Excess	0.00	TP Standard Excess	C.00	Driver is Covered?	Covered
RED OD Excess	0.00	RED TP Excess	C.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	C.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification History			

Policyholder Mailing Address

Address 1	BLK 162 #04-367	Address 2	HEI LING STREET	Address 3	SINGAPORE 140162
Address 4		Address Type	Singapore address	Post Code	140162
Unit No.	04-367	Related Policy Number	5087321734-03		

DI Driver Info

Driver Name	MOHAMMED RIZAL BIN MOHAMMED RASHID	Driver Type	Main Driver	Driver DOB	02/09/1989
Uninsured driver Name		Driver NRIC	58803223C	Driving Experience	8
Register Date of Driver License	26/12/2011	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	83320328	Contact No.(Office)		Address 1	SINGAPORE 140162
Address 1	BLK 162 #04-367	Address 2	HEI LING STREET	Post Code	140162
Address 4		Address Type	Singapore address		
Unit No.	04-367				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGQ44277	Driver Insurer Company	WTLIC
Unclaimed					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	No No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MOHAMMED RIZAL BIN MOHAMMED	Insured NRIC	58803223C
Contact No.(Mobile)	83320328	Contact No.	83320328	Contact No.(Office)	
Email Address		OR Vehicle Number	SGQ44277	TP Vehicle Number	SGQ44277
Claim Description	SGQ44277 / SINGAPORE 140162 15 Sept 2020				
Preferred Workshop	Yes	Grounded liability	Not at Fault	GIA report	Received
Date Registered	15/09/2020 10:10	Claim Close Date		Date Received	15/09/2020 10:10
Report Taken By	ROSLE WARIAS	Workshop Repaired		Total Loss Not Reported	

Print AR letter

Save Submit

Attachment

Accident No.	HT/1103389	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/05/2020 10:51

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size
NAC_BUKIT MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE		Photo	Normal	Photo 2020-09-13	100

[illegible]

Software 3.100

Uploaded By/Date	Folder Date	File Name	Source
		Display in new window Size and downloading	

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087321734-03

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGQ4627T**
 Chassis Number : JTEGH23B300023218
2. Name of Policyholder : **MOHAMED RIZAL BIN MOHAMED**
3. Effective Date of Insurance : **17 Jan 2020**
4. Expiry Date of Insurance : **16 Jan 2021**
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: MOHAMED RIZAL BIN MOHAMED RASHID
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PRIME STREET CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SININS AGENCY PTE. LTD. (00000615123)
 Date of Issue : 12 Dec 2019 12:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive