

NATIONAL Assessment Centre Services

Date In: 21/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20010091/13	SAS e-filing		
Veh No: SJ210114	E-mail (within 3hrs, Aft 2hrs)		
D.O.A: 20/09/20 0725	i-Motor Claim Form	MT/1104094-001	
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: SRS 7377T	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: Customer's information strictly Confidential & Strictly NO refer of repaler.

() 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

NA2005004	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile 30		
Auditors' Comments:	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	21/09/2020 12:55
Date Of Accident	20/09/2020 07:25
Exact Location Of Accident	BEDOK RESERVOIR RD SLIP RDTWDS JLN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1011G
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD ARSHAD BIN MOHD ZULKEFLI
NRIC No	SXXXX615E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96447799
Alternative Phone No	OTHERS-88761574

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	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	5118887590
Cover Note Number	

Driver

Name of Driver	NURHAZWANI BINTE JOMARI
NRIC No	SXXXX968A
Date Of Birth	14/10/1994
Occupation	INDOOR
Date Of Driving Pass	26/05/2015
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88761574
Fax Number	
Contact Number	
EMail Address	HAZWANIJOMARI@GMAIL.COM

Address	BLK 625 BEDOK RESERVOIR RD #02-1572
Postcode	470625
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCEE
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: : NORHAYATI BTE AHMAD ZAIT GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS7377T
Vehicle Make/Model/Colour	SG BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LI HONG XI
NRIC/Passport Number	
Contact Number	98562713
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: 21/9/2020

Driver's Signature

(If driver is not the policyholder)

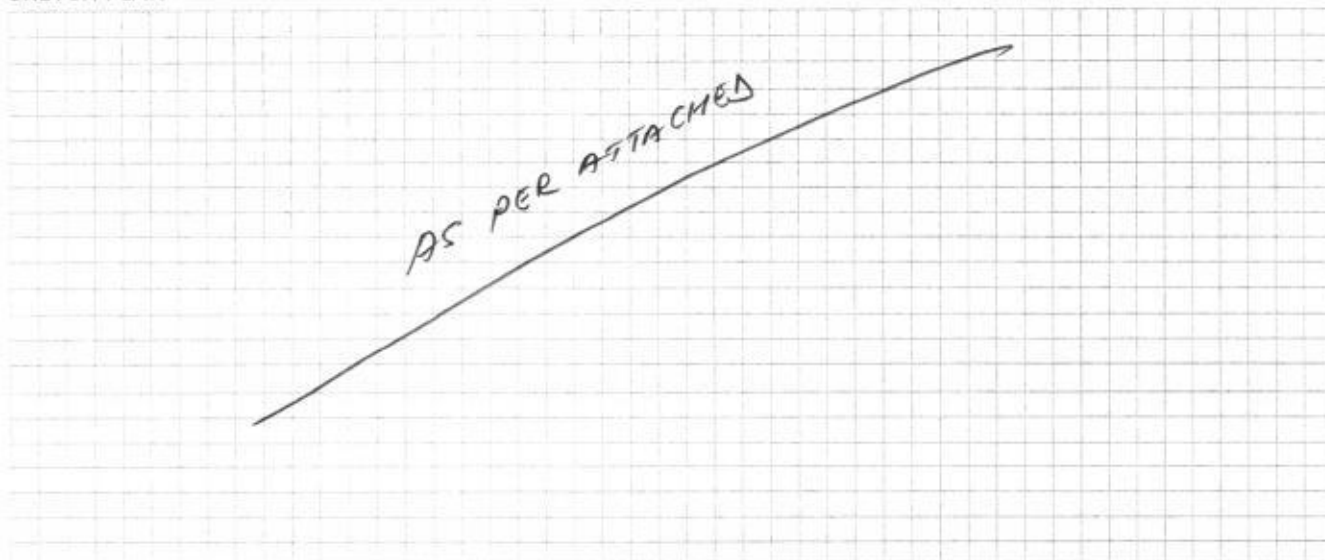
Date & Time: 21/09/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at a filter lane of Bedok Reservoir Road towards Jin Eunos. Sibus was on a straight towards my vehicle, I see the bus moving towards its right side to avoid my vehicle, when the front part of the bus passes by my vehicle, it moves back to the left side of lane. The back part of the bus then hit my vehicle from the driver until the passenger side.

DECLARATION

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

Policyholder's Signature
Date & Time: 21/9/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/09/20

Reporting Centre Personnel's Signature
Name: 21/09/20
NRIC/FIN No.:

Google Maps Singapore

BEDOK RESERVOIR SLIP RD TWAS
JALAN EUNOS

Image capture: Jun 2019 © 2020 Google

Google

Street View



A - SJZ 1011G

B - SBS 7377T

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 09 / 2020 (DD/MM/YYYY), TIME: 07 : 28 (HH:MM)

LOCATION: Bedok Reservoir Road, Filter Lane Towards Jln Gunda

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ1011G
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5118887590
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Lancer EX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
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: Mohammad Anshad B. Mohd Zulkarnain (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9146615E CONTACT: 9644 7799
c) ADDRESS: 613 Bedok Reservoir Road #10-1180 S(470613)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Nurhazwani Binte Jomari (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9436968A CONTACT: 8876 1574
c) ADDRESS: 625 Bedok Reservoir Road #02-1572
S(470625)

*d) DATE OF BIRTH: 14 / 10 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5

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

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: SBS7377T MODEL: SGIBUS
b) DRIVER'S NAME: LI HONG XI
c) NRIC/FIN/PASSPORT: CONTACT: 9856 2713

9. THIRD PARTY VEHICLE

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

Email = hazwanijomari@gmail.com

fax =

video =



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: 5118887590

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJZ1011G
 Chassis Number : JMYSRCY2AAU001659
2. Name of Policyholder : MOHAMMAD ARSHAD BIN MOHD ZULKEFLI
3. Effective Date of Insurance : 02 Sep 2020
4. Expiry Date of Insurance : 01 Sep 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMMAD ARSHAD BIN MOHD ZULKEFLI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MONEymax LEASING 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 : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 02 Sep 2020 15:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1104094

Policy No.	5118887590	Vehicle No.	SJZ1011G	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMAD ARSHAD BIN MOHD ZULKEFLI	Cover Type	drive CLASSIC	Policyholder NRIC	59146615E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96447799	Special Remark		Contact No.(Home)	0
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/09/2020 17:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/09/2020	Time of Accident hh:mm	07:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK RESERVOIR RD SLIP RDTWDS JLN EUNOS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2,500.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess	1,500.00				
Total OD Excess Applicable	4,600.00	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 613 #10-1120	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS GR
Address 4	SINGAPORE 470613	Address Type	Singapore address	Post Code	470613
Unit No.	10-1120	Related Policy Number	5118887590		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NURHAZWANI BINTE JOMARI	Driver NRIC	S9436968A	Driver DOB	14/10/199
Register Date of Driver License	26/05/2015	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	88761574	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 625	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	470625
Unit No.	#02-1572				
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMMAD ARSHAD BIN MOH	In NF
Contact No.(Mobile)		Contact No. (Home)		Ca
Email Address		OI vehicle Number	SJZ1011G	Nr (O
Claim Description	SJZ1011G / SBS7377T ON 20 Sept 2020			TP
Preferred Workshop		Insured Liability	Partially at Fault	Vc
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	NL
Date Registered		GIA report	Received	Na
Report Taken By		Claim Close Date	21/09/2020 17:57	Pn
		Workshop Repairer	ROSLINDA	W

Print AK letter

Save Submit

Attachment

Accident No.	MT/1104094	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/09/2020 00:00

Path *

Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 17:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 17:56	SAS		Normal	SAS 2020-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 17:56	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 17:56	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 17:56	Photos		Normal	Photos 2020-9-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 17:56	Photos		Normal	Photos 2020-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2020 17:56	Photos		Normal	Photos 2020-9-21

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	