

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1200903717

Date In: 16/10/12 - 15:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC2011247/24	SAS e-filing		
Veh No: 5256987A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/9/12 - 12:00	i-Motor Claim Form	M/1106832-001	16/10/12 15:48
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:	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 ()	
General Remarks:-		
() 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: ()		

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

NA205571	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		In Bill	Add Bill
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) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OP:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	16/10/2020 15:36
Date Of Accident	24/09/2020 12:00
Exact Location Of Accident	ANSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6987X
Insured/Policyholder	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	2XXXXX137E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991331
Alternative Phone No	OFFICE-90991331

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SP
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113916345-01
Cover Note Number	

Driver

Name of Driver	WAYUDY BIN ABDUL MALEK
NRIC No	SXXXX672C
Date Of Birth	31/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97161800
Fax Number	
Contact Number	OFFICE-97161800
Email Address	NOEMAIL

Address	BLK 632A SENJA ROAD #03-191
Postcode	671632
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20201016/2005.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.

New Autodrive Credit (S) Pte Ltd
RUC No: 201223137E
8B Swanage Road
Singapore 437191
Tel: 9099 1331

Policyholder's Signature _____ Date & Time: _____
Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

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

SKETCH PLAN

Manner of accident happen.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 6/22/10/2005.

DECLARATION

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

New Auto Drive Credit (S) Pte Ltd
ROC No. 201223137E
6B Swanage Road
Singapore 437191
Tel: 9099 1331

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 9 / 20) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Anson rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL56987X
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9099 1331
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 7716 1800
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

fax =

video =



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



G/20201016/2005

1 of 2

Report No. G/20201016/2005

Date/Time Report Made 16/10/2020 01:41	Vide Report No.	Station Diary No. 4
Name Of Informant LIM TOW THENG	Address 28 LORONG 30 GEYLANG #04-07 SINGAPORE 398361	
ID Type / ID No. NRIC NO / S1662734H	Contact No. Home/Office	Mobile 90991331
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 56
Institution/School Name	Date of Birth 15/04/1964	Race Chinese
Date/Time Of Incident 24/09/2020 12:00	Location Of Incident 210 TURF CLUB ROAD THE GRANDSTAND SINGAPORE 287995 NEW AUTODRIVE CREDIT PTE LTD	

Brief details.

On 24/09/2020, I was contacted by a female Traffic Police officer, informing me that one of our cars, a silver coloured Mazda 3 bearing registration number SJS6987X, had been in an accident along Anson Road. She then told me that the officer in charge will contact me.

On 05/10/2020, I contacted the Traffic Police hotline to ask for my officer in charge. I was provided with the name of my Investigation Officer, Philip Lee, and his contact number, 65476960. I subsequently

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2020 01:41
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 WANG JUNJIE Contact No.: 62447200	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

G/20201016/2005

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201016/2005

contacted him and asked if the vehicle can be collected. The vehicle was subsequently collected on 09/10/2020.

As such, as instructed by our insurance provider, I am lodging this report to state that the said vehicle had been rented out from 14/08/2020 to 14/11/2020 to:

Wayudy Bin Abdul Malek
S8140672C
Blk 632A Senja Road #03-191
HP: 97161800 / 87371185

I was also informed by IO Philip Lee that the driver arrested was not the above person. That is all.

Signature Of Officer Recording The Report:
G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sgt 2 WANG JUNJIE
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time:
16/10/2020 01:41

Classification Of Case: