

NATIONAL Assessment Centre Services. Part 1 Jan 2021 SN 092007000T

Date In: 7/12/20 17:34

Ref No MA1INC20013480144

Veh No SJR 5332X

TPA 6/12/20 14:55

OD - TP / Repair Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

MT/1112703⁰⁰¹

7/12/20 17:41

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: SMN 6082X

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 repolar.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

TPA (INC 0001 67084616) 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

NA210009

Customer's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bugs-In-Charge):

Assessors' Comments:

Ref 1:

Ref 2/3:

Invoice Description	Amount	PAID (S)
1) AR: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$43	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claim against INC Only (wef 10 Jan 2021)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$23	
*N8: DV / Collect Excess Coordination	\$3	
*N9: TP (N11) / TP (N14) against INC	\$20	
9) N12: Idas 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 Submission 07/12/2020 17:34 (SGT)
Date of Accident 06/12/2020 14:55 (SGT)
Exact Location of Accident Woodlands Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR5332X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KAMARUS ZAMAN B SANI
NRIC No SXXXX944C
Email Address QAMALCT@YAHOO.COM.SG
Mobile Phone No (Phone) +65-93896172
Alternative Phone No +65-93896172

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109797583-01
Cover Note Number -

DRIVER

Name of Driver KAMARUS ZAMAN B SANI
NRIC No SXXXX944C
Date Of Birth 04/09/1972
Occupation Indoor

Date Of Driving Pass	09/04/1996
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93896172
Alt. Phone Number	+65-93896172
Email Address	QAMALCT@YAHOO.COM.SG
Address	BLK 134 POTONG PASIR AVE 3 #02-186
Address complement	-
Postcode	350134
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SMN6082X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN ZE HUI
NRIC No	SXXXX640Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.

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

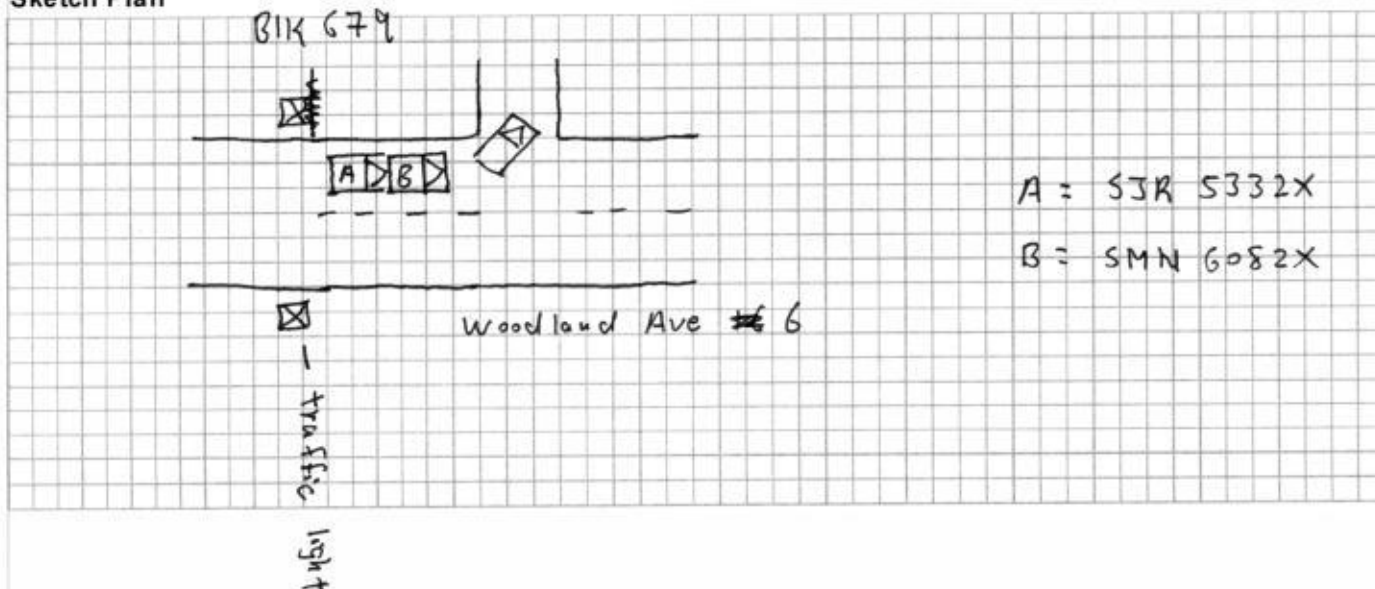
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



I was travelling along Woodlands Ave 6, Veh B was in front of me suddenly stop due to another veh in front of him stop. I manage to stop but still lightly touch onto Veh B rear portion. there was a number plate mark on the other party Veh. ^{bumper} the dent on the boot door is not done by my veh, because ~~my~~ my veh high only ~~but~~ able to hit the bumper of Veh B.

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

Witnessed by Reporting Centre
Personnel

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5109797583-01
The Policyholder	: KAMARUS ZAMAN B SANI BLK 134 #02-186 POTONG PASIR AVENUE 3 SINGAPORE 350134

Period of Insurance	: 29 Jun 2020 To 28 Jun 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$666.77

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 1600cc
Primary Driver	: Kamarus Zaman Bin Sani	Registration Year	: 2009
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: KIA/CERATO FORTE	NCD Entitlement	: 50%
Registration Number	: SJR5332X	NCD Protection	: Yes(Free)
Chassis Number	: KNAFH221395067546	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : M4

Agency	: MOTORIST PTE. LTD. (00000573851)
Date of Issue	: 05 Jun 2020 10:42 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 12 / 20) (DD/MM/YYYY), TIME: (14 : 55) (HH:MM)

LOCATION: Woodland Ave 6 in front BIK 679

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 5332X
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Kia Cerato Forte 1.6 Auto.
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 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: Kamrus Zaman Bin Sami (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 93896172
 c) ADDRESS: _____

* 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: (____/____/____) (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: owner.

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: SMN 6082X. MODEL: _____

b) DRIVER'S NAME: Tan Ze Hui

c) NRIC/FIN/PASSPORT: S 81066402. CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

attached scene photo

Email = gamalct@yahoo.com.sg

fax =

video = No.