

NATIONAL Assessment Centre Services.

[part 1 Jan02]

SM 0920CB0002-02

Date In: 11/12/20 10:09	Job description	Date & Time Completed	Done by
Ref No: MALINC20013712164	SAS e-filing		
Veh No: GX 5746P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 24/11/20 11:10	I-Motor Claim Form	GMT/11/1349 ⁰⁰²	11/12/20 10:44
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/Whse		

Preferred Wksp / INC Assign Wksp / GW: (

Tel: (

Fax: (

TP Particulars:	Veh No: SMN 6727U	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: ()

Reminders: (INC to date: 07/08/2016)	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

NA2100300

Claimant's Particulars:	Invoice/Registration Checklist	Am. (\$)	Am. (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao 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 11/12/2020 10:09 (SGT)
Date of Accident 24/11/2020 11:10 (SGT)
Exact Location of Accident Moulmein Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX5746P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAHMAH BINTE BUKARI
NRIC No SXXXX538D
Email Address LYZASANI@GMAIL.COM
Mobile Phone No (Phone) +65-98254994
Alternative Phone No +65-98254994

VEHICLE PARTICULARS

Manufacturer Toyota
Model Liteace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5110774416-01
Cover Note Number -

DRIVER

Name of Driver KARMAN BIN TAHA
NRIC No SXXXX890F
Date Of Birth 31/12/1986
Occupation Outdoor

Date Of Driving Pass	04/06/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83650170
Alt. Phone Number	-
Email Address	LYZASANI@GMAIL.COM
Address	BLK 470 SEMBAWANG DR #01-439
Address complement	-
Postcode	750470
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20201125/2064

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	SMN6727U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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

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 willful 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 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

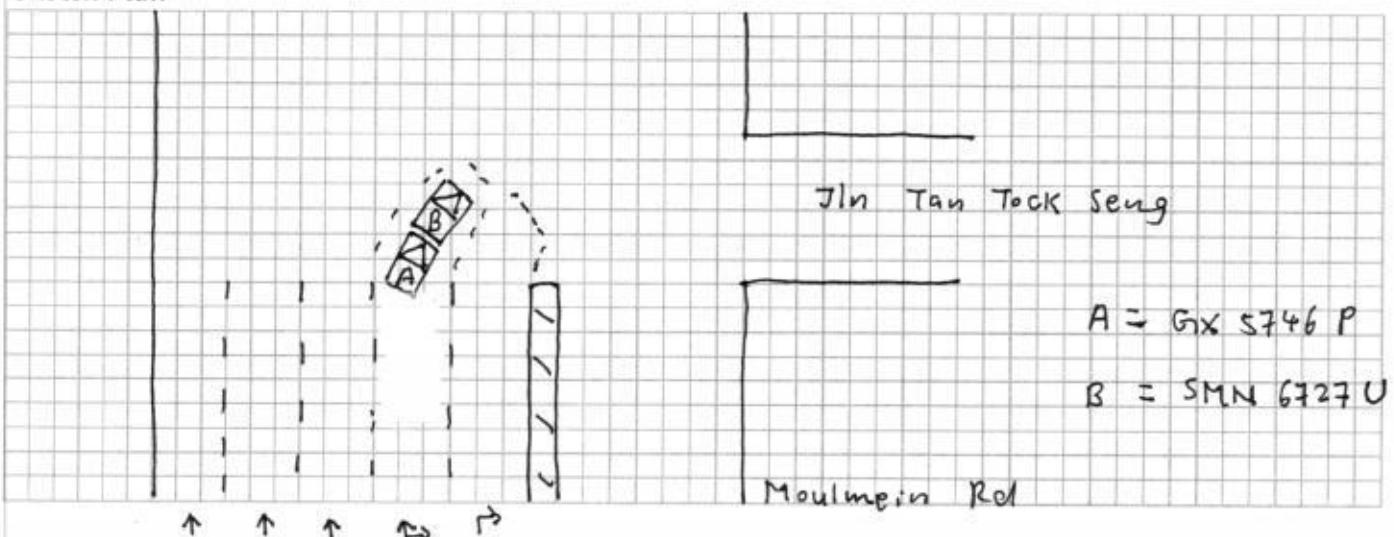
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report F/2020/125 / 2064

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel

[Signature]



SINGAPORE POLICE FORCE



F/20201125/2064

1 of 2

POLICE REPORT (NP299)

Report No. F/20201125/2064

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 25/11/2020 15:24	Vide Report No.	Station Diary No. 34
Name Of Informant KARMAN BIN TAHA	Address APT BLK 470 SEMBAWANG DRIVE #01-439 SINGAPORE 750470	
ID Type / ID No. NRIC NO / S8637890F	Contact No. Home/Office Mobile 83650170	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Delivery Man	Sex Male	Age 33
	Date of Birth 31/12/1986	Race Malay
Institution/School Name	Language	
Date/Time Of Incident 24/11/2020 11:05	Location Of Incident 131 MOULMEIN ROAD MOULMEIN CHURCH OF CHRIST SINGAPORE 308082 Along Moulmein Road near Moulmein Church Of Christ Turning Right onto Jalan Tan Tock Seng	

Brief details.

On the 24/11/2020 at around 1109hrs, I was driving my vehicle (GX5746P) along Moulmein Road and was on the right lane, intending to turn right onto Jalan Tan Tock Seng. As I was approaching the stop light, my vehicle stalled and kissed the vehicle (SMN6727U) in front of me. I saw that there was a slight dent on the right rear end. When I exited the vehicle, I only took down the license plate number of the

Signature Of Officer Recording The Report: F / Sgt 2 TAN YAN ZHI DANIEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/11/2020 15:24
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt CHANG POH CHUAN ZED Contact No.: 64849999	Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



F/20201125/2064

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201125/2064

vehicle I came into contact with and the phone number(HP: 88707686) of the driver. I did not manage to take down her name.

The other driver took a photo of my NRIC and vehicle and told me that the company the vehicle is registered under will contact me back. She claimed that she had to pick up passenger and left the area.

She called me on 25/11/2020 at 1335hrs and informed me that the company the vehicle is registered under will be doing their own legal action. I am lodging the report for record purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 TAN YAN ZHI DANIEL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt CHANG POH CHUAN ZED
Contact No.: 64849999

Signature Of Informant:

Date/Time:
25/11/2020 15:24

Classification Of Case:

Authentication Stamp



Signature

Singapore Police Force

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SM0920CB 0001 Vehicle Registration No: GX 5746P
Name(as shown in NRIC) : Karman Bin Taha NRIC/FIN/Passport No : SXXXX 890F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 83650170
Email Address : _____
Date of Accident : 24/11/20 Time of Accident : 11:10
Place of Accident : Moulmein Rd
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Scene Photo

Policyholder / Driver's Signature
Date:


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

Hello, NAC_PAYA_UBI_800601

• 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="24/11/2020 11:54"/>
Vehicle No.(For Motor)	<input type="text" value="GX5746P"/>	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"/>	5110774416-01		RAHMAH BINTE BUKARI	S1790538D	GCV	Third Party, Fire & Theft	GX5746P	GX5746P	12/07/2020	11/07/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 11 / 20) (DD/MM/YYYY), TIME: (11 : 19) (HH:MM)

LOCATION: Along moulumun Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX 5746P
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Liteace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Rahmah Binte Bulqari (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98254994
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Karmen Ben Taha (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 83650170
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: _____

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: Ang Mo Kio North MPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN 6727U 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: _____

attached scene photo.

Email = lyzasani@gmail.com

fax =

waiting veh.

video = No.