

NATIONAL Assessment Centre Services. (ver 1 Jan 08) **SN0821290001**

Date In: 09/02/2021 11:03	Job description	Date & Time Completed	Done by
Ref No: NBA/NC210019124	SAS e-illing		
Veh No: SAR 9490 Y	E-mail (by date time, A/C time)		
D.O.A: 09/02/2021 09:28	I-Motor Claim Form	MT1120514-001	09/02/2021 11:13
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/VLKSZ		

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Highlights: Vch No: **PZ 56M** 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 > \$9000] ()

Injury: _____

NA2101092	1) All Accident Reporting (330)	INC (\$10)
Driver/Owner:	3) DA: Damage Assessment (\$100)	\$405.45
Contact No:	5) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	3) PT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:	Varial Invoice (incl INC Only) (ver 10 Jan 2009)	\$75
Sub Lt:	6) TR: Re-inspection	\$160
2/2	7) NI: Idea DA + SMRT Survey	
	4) NIUC Additional Services	
	OD:	\$3
	* NI: Courtesy Car / Tpl Allowance	\$10
	* NI: Repair Coordination	\$25
	* NI: Post Repair Inspection	\$5
	* NI: DV / Collect Excess Coordination	\$10
	TP (NIUC) TP (Non-INC) * latest DGE	\$0
	9) NI: Idea Mobile	
	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	09/02/2021 11:03 (SGT)
Date of Accident	09/02/2021 07:25 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	INFRONT OF BLOCK 892C
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE9470Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMINAH BTE ISMAIL
NRIC No	SXXXX451B
Email Address	mdsufiyan1987@yahoo.com
Mobile Phone No	(Phone) +65-92729002
Alternative Phone No	+65-92729002

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	5100270250-02
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD SUFIYAN BIN MOHD DAUD
NRIC No	SXXXX470Z

Date Of Driving Pass 18/04/2008
 Driving experience 12 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92729002
 Alt. Phone Number -
 Email Address mdsufiyan1987@yahoo.com
 Address BLK 865 WOODLANDS STREET 83 #11-301
 Address complement -
 Postcode 730865
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Child
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name WIFE
 Gender Female

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

PLEASE REFER TO SKETCH PLAN

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 PZ56M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus

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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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**.
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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

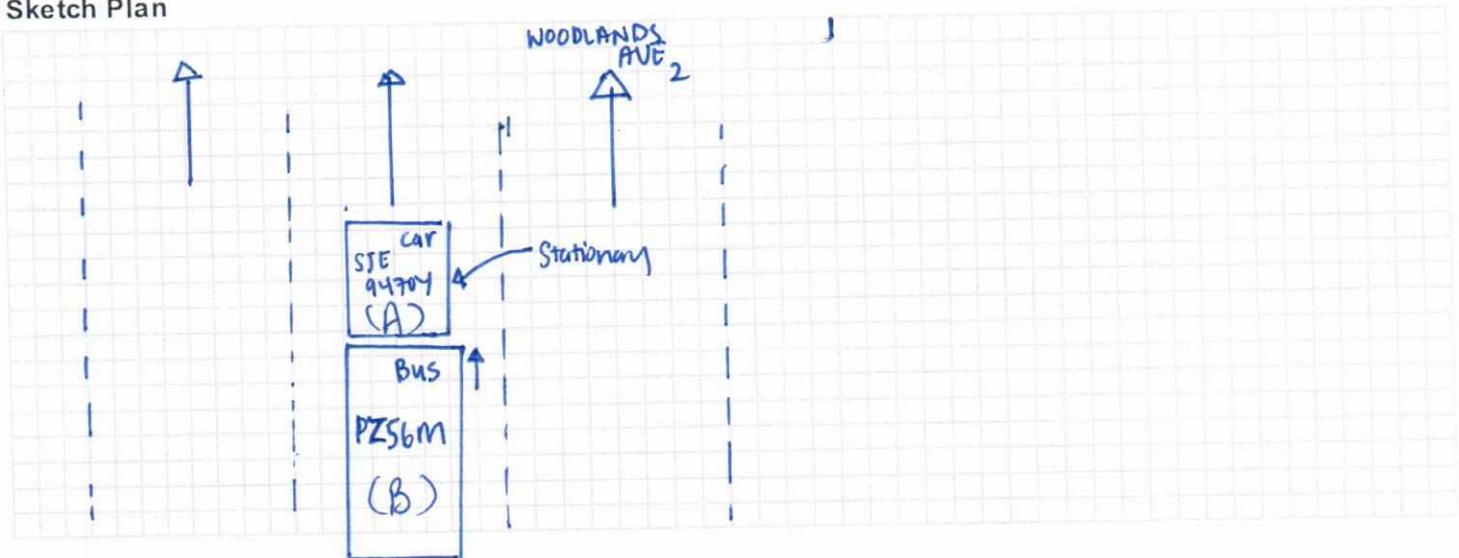
[Signature] 09/2/21 0940

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

[Signature] 09/02/2021

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On morning at 9 Feb 2021 at 0725am,

while stationary at Woodlands Ave 2 (in front of 892C coffeeshop)
waiting for traffic light to turn green, bus PZ56M collided with
the rear of my car, SJE9470Y.

No one was injured.

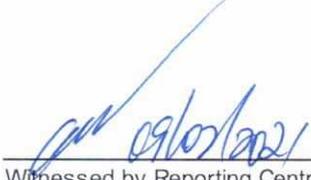
Declaration

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

Policyholder's Signature / Date &
Time

 9/2/2021 0940

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

 09/02/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (09/02/2021) (DD/MM/YYYY), TIME: (07:25) (HH:MM)

LOCATION: WOODLANDS AVENUE 2 (IN FRONT OF BLK 892C)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 9470Y
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MITSUBISHI LANCER
- f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: GOING FOR MEDICAL APPOINTMENT
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MOHAMMAD SU AMLIYAH BINTI ISMAIL (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1589451 B CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: MOHAMMAD SUFIYAN BIN MOHD DAUD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 987374707 CONTACT: 92729002
- c) ADDRESS: BLK 805 WOODLANDS ST 83 #11-301 S'PORE 730865

*d) DATE OF BIRTH: (21/11/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18 APR 2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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: PZ56M 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: _____

email = mdsufyan1987@yahoo.com

VIDEO

MFK

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Claim Handling

Accident MT/1120514

Policy No.	5100270250-02	Vehicle No.	SJE9470Y	GST Registration No.
Certificate No.				
Policyholder Name	AMINAH BTE ISMAIL			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92729002	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ **Accident Details**

Report Date	09/02/2021 10:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/02/2021	Time of Accident hh:mm	07:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS AVENUE 2 INFRONT OF BLOCK 892C			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	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 662C #12-300	Address 2	JURONG WEST STREET 64	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-300	Related Policy Number	5100270250-02	

▼ **OI Driver Info**

Driver Name	Mohammed Sufiyan Mohd Daud	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8737470Z	Driver DOB
Register Date of Driver License	21/01/2009	Driver Age	33	Driving Experience
Contact No.(Mobile)	92729002	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJE9470Y	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AMINAH
Contact No.(Mobile)		Contact No. (Home)	6794741
Email Address		OI Vehicle Number	SJE9470Y
Claim Description	SJE9470Y / PZ56M ON 9 Feb 2021		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			09/02/2021 11:12
		Claim Close Date	

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100270250-02		AMINAH BTE ISMAIL	S1589451B	GPC	drivo CLASSIC	SJE9470Y	SJE9470Y	14/05/2020	13/05/2021

Continue