

# NATIONAL Assessment Centre Services

Date In: 09/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1003126/13	SAS e-filing		
Veh No: SMRT 458R	E-mail (w/In, 8hrs, AIC 2hrs)		
D.O.A: 09/03/21 0840	i-Motor Claim Form 09/03 MT/1123772-001		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJA9991G	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 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*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: 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 Submission	09/03/2021 16:27 (SGT)
Date of Accident	09/03/2021 08:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS JURONG B4 JLN EUNOS EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT2458R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD AZHAR BIN ABDUL KADER
NRIC No	SXXXX275A
Email Address	SGAZHAR@YAHOO.COM
Mobile Phone No	(Phone) +65-97360734
Alternative Phone No	+65-97360734

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117007598
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMAD AZHAR BIN ABDUL KADER
NRIC No	SXXXX275A
Date Of Birth	26/06/1970
Occupation	Outdoor

Date Of Driving Pass .....	03/06/1988
Driving experience .....	32 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97360734
Alt. Phone Number .....	+65-97360734
Email Address .....	SGAZHAR@YAHOO.COM
Address .....	BLK 306D PUNGGOL DRIVE
Address complement .....	#06-903
Postcode .....	824306
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJA9991G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR PATRICK
Contact Number .....	(Phone) +65-96155514

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.

*Wahidur* 9/3/2021  
Policyholder's Signature / Date &  
Time

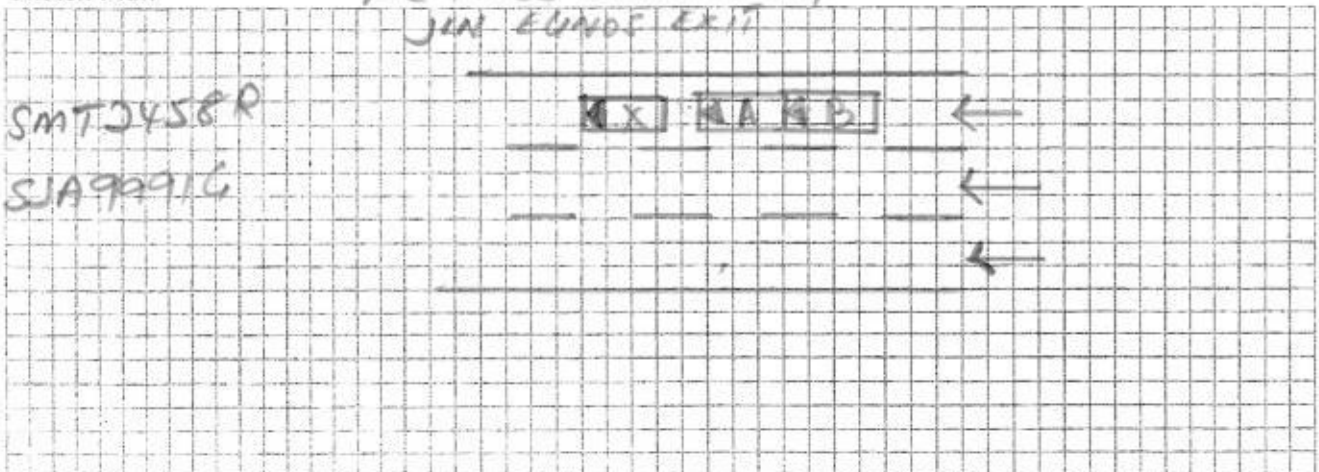
*Die Twos Jurong B4*  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

*Wahidur* 09/03/21  
Witnessed by Reporting Centre  
Personnel

#### Sketch Plan

*DIE TWOS JURONG B4*  
*JAN EUNGS EXIT*

A - *SMTJ458P*  
B - *SIAG991G*



**Describe Circumstances of the Accident**

I was travelling straight along Pie truck's Jorong  
at Satun on the 1<sup>st</sup> lane of A3-lanes road. Inft of  
my veh stop and i followed suit without any  
impact to the ft veh. Suddenly veh B came from  
behind and hit onto my rear portion of my veh.

**Declaration**

We declare the foregoing particulars are true in every respect.

 9/3/2021

Policyholder's Signature / Date &  
Time

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

 09/03/21

Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 09/03/21 (DD/MM/YYYY), TIME: 08:40 (HH:MM)

LOCATION: PIE TWA5 JURONG B4 JLN EUNOS EXIT

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT2458R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA VETEL (A) 1.5  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE  
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: MOHAMAD AZHAR BIN ABDUL KADER (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57020275A CONTACT: 97360734  
c) ADDRESS: BUC 2060 PUNGOL DRIVE  
#06-903 (834306)

\* 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: 26/06/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/06/1988

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: 5JA9991G MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: MR PATRICK  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96155514

### 9. THIRD PARTY VEHICLE

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

Email = sgazhar@yahoo.com

fax = \_\_\_\_\_

VIDEO = yes, with driver

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="09/03/2021 11:38"/>
Vehicle No.(For Motor)	<input type="text" value="SMT2458R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117007598		MOHAMAD AZHAR BIN ABDUL KADER	S7020275A	GPC	drive CLASSIC	SMT2458R	SMT2458R	02/04/2020	01/04/2021



## Claim Handling

Accident MT/1123772

Policy No.	5117007598	Vehicle No.	SMT2458R	GST Registration No.	
Certificate No.				Policyholder NRIC	S7020275A
Policyholder Name	MOHAMAD AZHAR BIN ABDUL KADER	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	97360734	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	Yes
NCD Protection	No				
<b>Accident Details</b>		Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
Report Date	09/03/2021 18:36	Time of Accident hh:mm		Country of Accident	Singapore
Date of Accident	09/03/2021	Orange Force		ICM No.	
Reporting Centre					
Accident Location	PIE TWOS JURONG B4 JLN EUNOS EXIT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2,000.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 306D #06-903	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 824306
Address 4		Address Type	Singapore address	Post Code	824306
Unit No.		Related Policy Number	5117007598-01		
<b>Q1 Driver Info</b>					
Driver Name	MOHAMAD AZHAR BIN ABDUL KADER	Driver Type	Main Driver	Driver DOB	26/06/1970
Unnamed driver Name		Driver NRIC	S7020275A	Driving Experience	32
Register Date of Driver License	03/06/1988	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	97360734	Contact No.(Office)	0	Address 3	SINGAPORE 824306
Address 1	BLK 306D	Address 2	PUNGGOL DRIVE	Post Code	824306
Address 4		Address Type	Singapore address		
Unit No.	#06-903			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMAD AZHAR BIN ABDUL KADER	Insured NRIC	S7020275A
Contact No.(Mobile)	97360734	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	SGAZHAR@YAHOO.COM	Q1 Vehicle Number	SMT2458R	TP Vehicle Number	SJA9991G
Claim Description	SMT2458R / SJA9991G ON 9 Mar 2021	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/03/2021 00:00
Date Registered	09/03/2021 18:39	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input type="checkbox"/> Print AK letter					
		Save Submit			

## Attachment

Accident No.	MT/1123772	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	09/03/2021 00:00			
Path *		Category *	Confidential	Urgency *	Description	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Attachment List						

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	SAS		Normal	SAS 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2021 18:39	Photos		Normal	Photos 2021-3-9	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						