

Date In: 08/12/2017 19:34	Job description	Date & Time Completed	Done by
Ref No: NBA/INC170233967	SAS e-illing		
Veh No: FB411R	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 07/12/2017 08:15	I-Motor Claim Form	m/10912926	08/12/2017 19:55
OD / TP <u>Reporting Only</u>	I-Motor W/O (within 24hrs, TP 2hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

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

TP Particulars: Yeh No: STA 396J, INC ( ) / Non-INC ( )

Owner / Drivers: ( ) 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 repeller.

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

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

Removal: UNR/BO (line 678816616)	DATE Time Complete	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: \_\_\_\_\_ Action: \_\_\_\_\_

MAA1707659	Invoice Preparation Checklist	Bill	Work Bill
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contract No:	3) TP: Towing Fee	\$40/\$40	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Work's Comments:	Establishing against INC Only (w/ 10 Jan 2018)		
	6) TR: Re-inspection	\$30	
	7) NI: 1240 DA + SMRT Survey	\$160	
	8) NTUC Additional Services -		
	Q11:		
	*N1: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$15	
	*N8: DV / Collect Unpaid Coordination	\$3	
	TP (N1) + TP (N6) against INC	\$20	
	9) N2: Idm Mobile	\$0	
	Invoice dated	Not Charged	
	Invoice date	Not 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 ability.
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 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	08/12/2017 19:34
Date Of Accident	07/12/2017 08:15
Exact Location Of Accident	QUEENSWAY UNDERPASS ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FB411R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SARIFFIN BIN OOMAN
NRIC No	S7234686F
Email Address	FIN411@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97634070
Alternative Phone No	OTHERS-97634070

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXK-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5029398039-09
Cover Note Number	

### Driver

Name of Driver	SARIFFIN BIN OOMAN
NRIC No	S7234686F
Date Of Birth	26/09/1972
Occupation	INDOOR
Date Of Driving Pass	29/05/1989
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97634070
Fax Number	
Contact Number	OTHERS-97634070
EMail Address	FIN411@HOTMAIL.COM

Address	BLK 807A CHAI CHEE ROAD #02-16
Postcode	461807
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
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	SJA396J
Vehicle Make/Model/Colour	B.M.W
Details Of Properties	
Name of Driver	SITI KALSOM BINTE BANDING
NRIC/Passport Number	S1533090B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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.

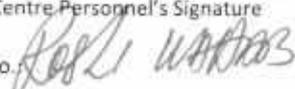
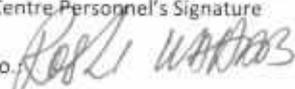
### 8. Consent under the Personal Data Protection Act (PDPA)

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.

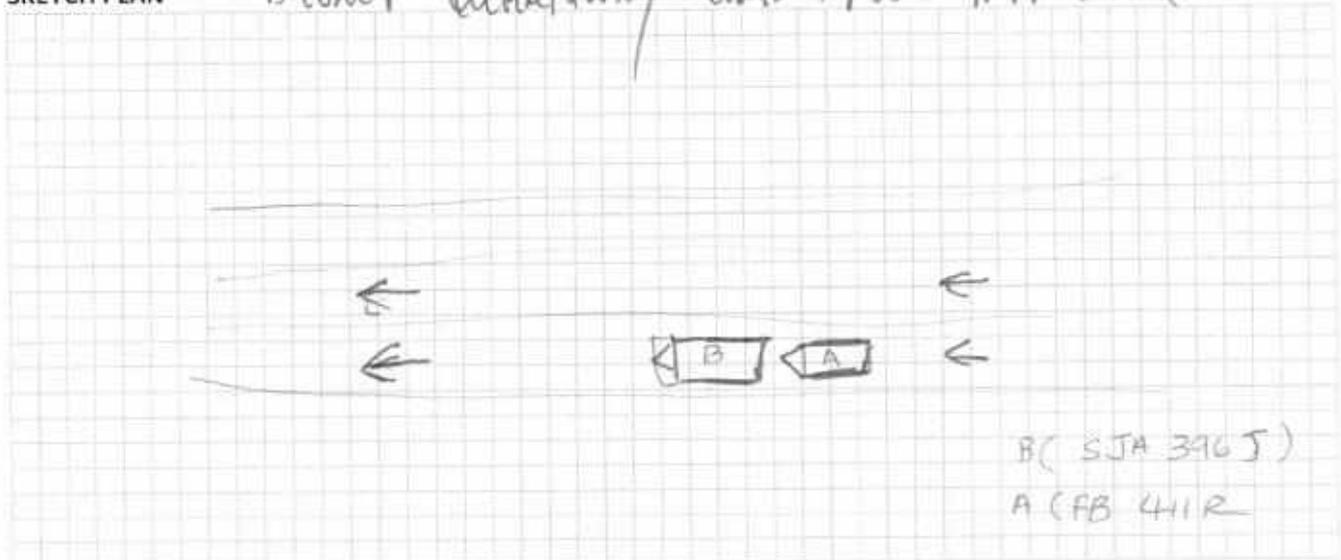
  
Policyholder's Signature  
Date & Time: 08 DEC 2017

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

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

SKETCH PLAN

Along Queensway underpass entrance



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 7 DEC 2017 AT 0815 HRS I WAS RIDING ALONG QUEENSWAY UNDERPASS. TRAFFIC WAS HEAVY AS I WAS RIDING BEHIND THE CAR B SUDDENLY THE CAR MAKE AN ABRUPTLY BRAKE AND I COULD STOP ON TIME AND HIT THE REAR OF THE CAR.

DECLARATION

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

*[Signature]*  
 8<sup>th</sup> Dec 2017  
 Policyholder's Signature  
 Date & Time:

\_\_\_\_\_  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

*[Signature]* 08/12/2017  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:

**Claim Handling**

Accident MT/0972926

Policy No.	5029398039-09	Vehicle No.	FB411R	GST Registration No.	
Policyholder Name	SARIFFIN BIN COMAN	Driver Type	Third Party	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	97634070	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
XFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No				

**Accident Details**

Report Date	08/12/2017 19:43	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	07/12/2017	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QUEENSWAY UNDERPASS ENTRANCE				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 807A #02-16	Address 2	CHAI CHEE ROAD	Address 3	
Address 4	SINGAPORE 461807	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5029398039-09		

**OI Driver Info**

Driver Name	SARIFFIN BIN COMAN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S7234686F	Driving Experience	
Register Date of Driver License	29/05/1989	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 807A #02-16	Address 2	CHAI CHEE ROAD	Post Code	
Address 4	SINGAPORE 461807	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FB411R	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SARIFFIN BIN COMAN	Insured NRIC	
Contact No.(Mobile)	97634070	Contact No.(Home)	08142446	Contact No.(Office)	
Email Address	FIN411@hotmail.com	OI Vehicle Number	FB411R	TP Vehicle Number	
Claim Description	FB411R / SJA3961 ON 7 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	08/12/2017 19:55	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

Print AX letter

Save Submit

**Attachment**

Accident No.	MT/0972926	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/12/2017 19:55
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select



# ACCIDENT STATEMENT

ACCIDENT DATE: (07 / DEC 2017) (DD/MM/YYYY), TIME: (08.15) (HH:MM)

LOCATION: QUEENSWAY UNDERPASS ENTRANCE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB 411R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 509395039-09  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO 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: SARIFIN BIN COMAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7330686F CONTACT: 97634070  
c) ADDRESS: BK 807A CHAI CHEE ROAD #02-16  
(461807)

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (26 / SEPT 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 29 MAY 1989

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

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: SJA 396J MODEL: BMW  
b) DRIVER'S NAME: SITI KALSOM BINTE BANDING  
c) NRIC/FIN/PASSPORT: S1533090B CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = FIN 411 @ HOTMAIL . COM

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7234686F



Name  
**SARIFFIN BIN OOMAN**

ساريفين بن ومان

Race  
**MALAY**

Date of birth  
**28-09-1972**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7234686F**

Name  
**SARIFFIN BIN OOMAN**

Birth Date: **26 Sep 1972**

Issue Date: **07 Sep 2010**




001880064C

5712544



NRIC No. **S7234686F**



Date of Issue  
**10-03-2017**

Address  
**APT BLK BOTA CHAI CHEE ROAD  
#02-16  
SINGAPORE 461807**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	29 May 1909
Class 2A	Motorcycles between 201 cc and 400 cc	14 Oct 1997
Class 2	Motorcycles > 400 cc	07 Sep 2010
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	01 Jul 2003

NP 428A



Licence No: S7234686F

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5029398039-09	SARIFFIN BIN OOMAN	S7234686F	GMC	Third Party	FB411R	FB411R	01/09/2017	31/08/2018