

NATIONAL Assessment Centre Services

(Unit 1 Jan 00)

MANA 417167269

Date In: 20/12/2017 15:37	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/10.2449/Y	SAS e-filing		
Veh No: FBC 3807 J	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 13/12/2017 16:30	1-Motor Claim Form	MA10973901-001	20/12/2017
OD (TP) Reporting Only	1-Motor VVO (Within 60 mins, TP 3hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (

Tel: (

Fax: (

TP Particulars:	Veh No: SLK 2058 X	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 repeller.

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

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

Remarks: (INC hotline 6788 6016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Actions

NA1707870

Customer's Particulars	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$120	
	5) VT: Follow-Through Survey (Resurvey)	\$30	
	Excess/claim against INC Only (over 10 Jan 2010)		
	6) TR: Re-inspection	\$15	
	7) NI: Inc DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Q11:		
	*N2: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collision Excess Coordination	\$5	
	TP (NI): TP (Non INC) against INC	\$20	
	9) N12: Idm Mobile	\$0	
	Invoice total		
	Net Charged		
	Net Charged		

2/3

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	20/12/2017 15:37
Date Of Accident	13/12/2017 16:30
Exact Location Of Accident	ALONG SLE TOWARDS CTE NEAR SPEED CAMERA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG3807J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIFQI BIN MOHD RAFFID
NRIC No	S9631505H
Email Address	RIFQI.RAFFID@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91838343
Alternative Phone No	OTHERS-91838343

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
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
If No, Please state action to be taken	THIRD PARTY
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	5096365842
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIFQI BIN MOHD RAFFID
NRIC No	S9631505H
Date Of Birth	09/09/1996
Occupation	INDOOR
Date Of Driving Pass	23/11/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91838343
Fax Number	
Contact Number	OTHERS-91838343
Email Address	RIFQI.RAFFID@GMAIL.COM

Address	BLK 17 CANTONMENT CLOSE #03-51
Postcode	080017
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171214/2129

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	SLE3058X
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD RIFQI BIN MOHD RAFFID

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG3807J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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:

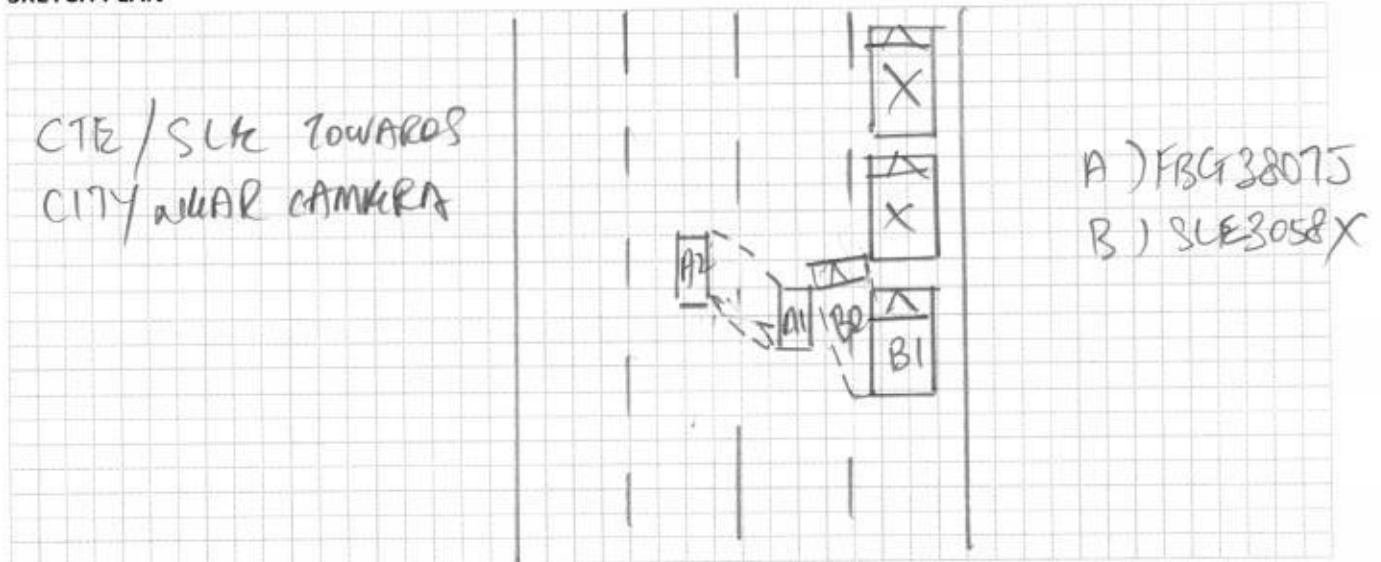


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/12/17 1418 Hrs.



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Paper 7
T/20/12/14/2129

DECLARATION

I/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: 20/12/17 1423Hrs

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



SINGAPORE POLICE FORCE



T/20171214/2129

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 3

Report No. T/20171214/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2017 15:35		Vide Report No.:		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: MUHAMMAD RIFQI BIN MOHD RAFFID			Address: APT BLK 17 CANTONMENT CLOSE #03-51 SINGAPORE 080017		
ID Type / ID No.: NRIC NO / S9631505H			Contact No.: Home/Office: Mobile: 91838343		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 09/09/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: ARMY NSF			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/12/2017 16:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY CENTRAL EXPRESSWAY near speed camera				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3807J	Motorcycle	YAMAHA	YZF-R15 MANUAL	Black		0
SLE3058X	Car	HONDA	VEZEL	Green		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3807J	NTUC Income Insurance Co-Operative Limited	5096365842	30/11/2017	29/12/2018



**SINGAPORE
POLICE FORCE**



T/20171214/2129

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 3

Report No: T/20171214/2129

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIFQI BIN MOHD RAFFID	ID No.	S9631505H
Related Vehicle	FBG3807J (Motorcycle)	Contact No.	91838343
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/12/2017	Date Discharge	13/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/12/2017 at about 1630hrs, I was riding on 2nd lane along SLE towards CTE. The car (SLE3058X) in front of me changed lane into the 1st lane. As such, I carried on and moved forward. While doing so, the car suddenly turn back into the 2nd lane and I could not stop in time, and collided in to the left side passenger door. When I got up I was on the 3rd lane.

I wish to state that the car did not signal when it change back into the 2nd lane. I suffered abrasion on my left hip, ankle, knee and bruises on my right hip, sprain on my right wrist.



**SINGAPORE
POLICE FORCE**



T/20171214/2129

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Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
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Tel No: 1800-2369999

3 of 3

Report No. T/20171214/2129

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 1 LOO CHIN HWEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2017 15:35
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	

rsbm

From: Theresa Vimala <thrsvim.bala@income.com.sg>
Sent: Thursday, 21 December, 2017 8:44 AM
To: 'rsbm'
Cc: Theresa Vimala
Subject: RE: MT/0973901 FBG3807J

Hi Rosli

Pse quote this claim MT/0973901-001 when billing invoice to Income.

Thank you.

With Regards

Theresa Vimala
Snr Administrator
Motor Department
T +65 6430 7898
www.income.com.sg



From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Wednesday, December 20, 2017 4:16 PM
To: Theresa Vimala <thrsvim.bala@income.com.sg>
Subject: MT/0973901 FBG3807J

Hi Theresa the above mention claim cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 12 / 2017) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: SLE (CTE) TOWARDS CNJ NIKAR CAMARA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 3807 J
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5096365842
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA YZF-R1S
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRASPORT TRANSPORT
 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: MUHAMMAD RIFQI BIN MOHD RAFFID (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9631505H CONTACT: 91838343
 c) ADDRESS: 17 CANTONMENT CLOSE #03-51 S(050017)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(Including driver)
(1)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (09 / 09 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 27/11/17

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 DRIZZLE)
 b) ROAD SURFACE: (DRY / WET / OTHERS DAMP)

6. WAS ANYBODY INJURED (YES / NO) YES

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: CANTONMENT POLICE COMPLEX

8. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
(3)

- a) VEHICLE NUMBER: SLE 3058 X MODEL: HONDA VEZEL
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

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

email = ritqi.raffid@gmail.com

fax =

V1060

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5096365842

Cover : Third Party

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBG3807J |
| Chassis Number | : ME11CK015C2023560 |
| 2. Name of Policyholder | : MUHAMMAD RIFQI BIN MOHD RAFFID |
| 3. Effective Date of Insurance | : 30 Nov 2017 |
| 4. Expiry Date of Insurance | : 29 Dec 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD RIFQI BIN MOHD RAFFID
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : VICOM LTD (00000612210)
Date of Issue : 30 Nov 2017 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive