

NATIONAL Assessment Centre Services (NCS) (01/1/2000)

Main 418001579

Date In: 03/01/2018 16:11	Job description	Date & Time Completed	Done by
Ref No: NA180000160/Y	SAS e-Milling		
Veh No: RL 742 J	E-mail (Vehicle, AIC, etc)		
D.O.A: 29/12/2018 15:00	1-Motor Claim Form	mt/0976246	03/01/2018 16:46
OD TP / Reporting Only	1-Motor W/O (Vehicle, AIC, etc, TP, etc)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI: SPEEDWAY MOTOR	Tel: 63161611	Fax:
TP Particulars: Yeh No: -	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	(Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem:	
() 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 call line 6788 6010	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

NA1800254	Invoice Breakdown: CHUCKS	Call / Mail Bill
Humanis Personnel	1) AR: Accident Reporting (\$30)	
river/Owner:	2) DA: Damage Assessment (\$100)	INC (\$20)
contact No:	3) TP: Towing Fee	\$40/\$40
amaged Portion:	4) FT: Follow-Through Survey	\$10
	5) FT: Follow-Through Survey (Resurvey)	\$10
	For claimant apply INC Only (waived Jan 2018)	
	6) TR: Re-inspection	\$15
	7) NI: Adv DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: NI	
	*NI: Courtesy Car / Tpl Allowance	\$1
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$15
	*NI: DV / Collision Unsett Coordination	\$1
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: Idm Mobile	\$0
	Invoice dated	Paid Charged
	Invoice No	Due Date

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	03/01/2018 16:11
Date Of Accident	29/12/2017 15:00
Exact Location Of Accident	ALONG ROUTE 410, BETONG, THAILAND
Country/State of Loss	THAILAND

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7482J
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAQIIB BIN ABDUL RAHMAT
NRIC No	S8524590B
Email Address	RAQHALZINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97289474
Alternative Phone No	OTHERS-97289474

Vehicle Particulars

Manufacturer	BMW
Model	R1200 GSA-1.2
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088266670
Cover Note Number	

Driver

Name of Driver	ABDUL RAQIIB BIN ABDUL RAHMAT
NRIC No	S8524590B
Date Of Birth	06/08/1985
Occupation	INDOOR
Date Of Driving Pass	14/06/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97289474
Fax Number	
Contact Number	OTHERS-97289474
Email Address	RAQHALZINE@GMAIL.COM

Address	BLK 13 HOLLAND DRIVE #22-58
Postcode	271013
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	SANDY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	BUONA VISTA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 HOLLAND DRIVE , POSTCODE: 271013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7779999 - FAX NO: 67765857
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180103/2037

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 INJURED PERSON 1

Name	ABDUL RAQIIB BIN ABDUL RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL7482J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

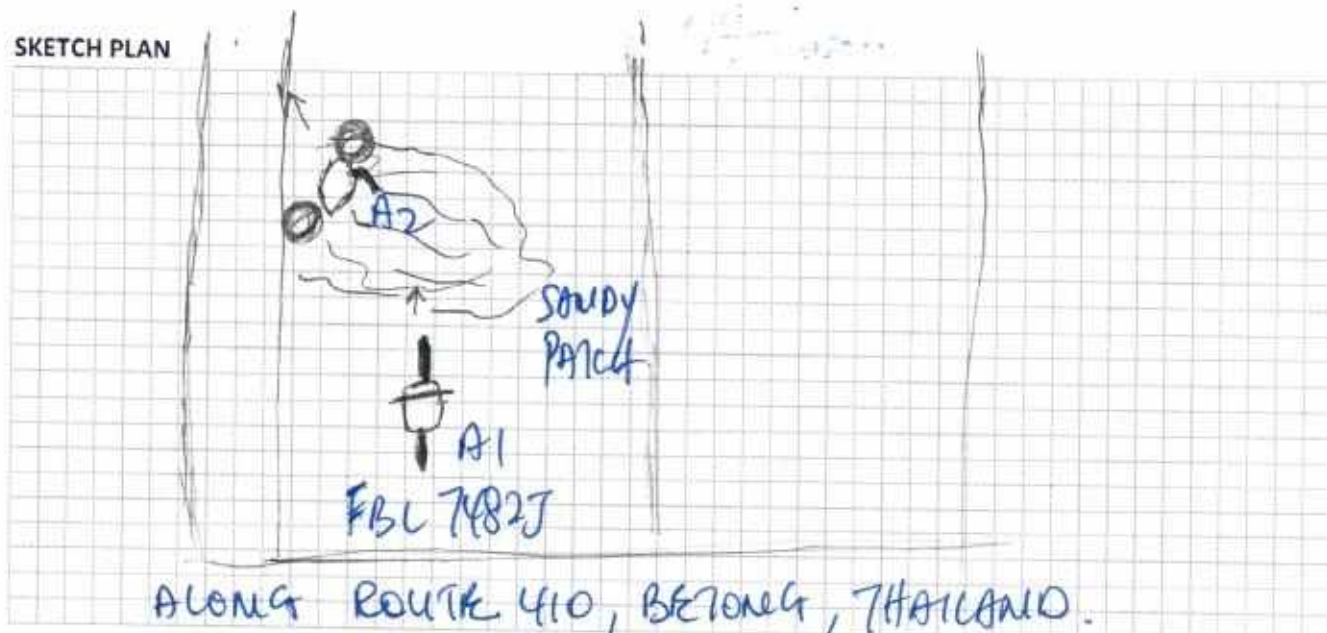
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report
D/20180103/2037

DECLARATION

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

Policyholder's Signature
Date & Time: 3/1/17

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

Reporting Centre Personnel's Signature
Name: Redi WATB
NRIC/FIN No. 03/01/2017



**SINGAPORE
POLICE FORCE**



D/20180103/2037

1 of 2

POLICE REPORT (NP299)

Report No. D/20180103/2037

Police Station Of Origin
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

Date/Time Report Made 03/01/2018 13:09	Vide Report No.	Station Diary No. 5		
Name Of Informant ABDUL RAQIIB BIN ABDUL RAHMAT	Address APT BLK 13 HOLLAND DRIVE #22-58 SINGAPORE 271013			
ID Type / ID No. NRIC NO / S8524590B	Contact No. Home/Office	Mobile 97289474		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation PRODUCTION SPECIALIST	Sex Male	Age 32	Date of Birth 06/08/1985	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 29/01/2017 15:00 - 29/01/2017 15:30	Location Of Incident Route 410, Betong THAILAND			

Brief details.

On 29/12/2017 @ 1500 hrs, at Route 410, Betong, Thailand, I was riding my Black colour motorbike FBL 7482J a BMW R1200 GSA when I hit a sandy patch on the road and I fell on the right side. The bike is still able to be rode but the panniers and crash bar are dented. I suffered some bruises on my right knee and left leg. My jacket, pants and boots prevent my injuries further when I fall. I am lodging this Police report for insurance claim as I have reported to my insurance company and they informed me to lodge a Police report for the claiming insurance purposes,

Signature Of Officer Recording The Report: D / Sr Staff Sgt LIM KIM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2018 13:09
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt BAI QIANHUI Contact No.:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20180103/2037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180103/2037

Signature Of Officer Recording The Report:

D / Sr Staff Sgt LIM KIM HUAT

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Sr Staff Sgt BAI QIANHUI
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
03/01/2018 13:09

Classification Of Case:

Claim Handling

Accident MT/0976246

Policy No.	5088266670	Vehicle No.	FBL7482J	GST Registration No.	
Policyholder Name	ABDUL RAQIIB BIN ABDUL RAHMAT			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	97289474	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
Accident Details					
Report Date	03/01/2018 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	29/12/2017	Time of Accident hh:mm	15:00	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ROUTE 410,BETONG, THAILAND				
Benefits					
Excess					
Own damage Excess	1,000.00	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 13 #22-58	Address 2	HOLLAND DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088266670		
OI Driver Info					
Driver Name	ABDUL RAQIIB BIN ABDUL RAHMAT	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8524590B	Driving Experience	
Register Date of Driver License	15/12/2008	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 13 #22-58	Address 2	HOLLAND DRIVE	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.	FBL7482J	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		

Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	ABDUL RAQIIB BIN ABDUL RAH	Insured NRIC	
Contact No.(Mobile)	97289474	Contact No.(Home)	67766014	Contact No.(Office)	
Email Address	raqhaizine@yahoo.com.sg	CI Vehicle Number	FBL7482J	TP Vehicle Number	
Claim Description	FBL7482J / - ON 29 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	63161611	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	03/01/2018 16:44	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
☐ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0976246	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	03/01/2018 16:46
Path *	Category *		
	Confidential Urgency		
	Browse... Clear Please Select		
	Normal		

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
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Attachment List

Attachment	Uploaded By/Data	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 16:46	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 16:46	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 16:46	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 16:46	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 16:46	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 16:38	Photos	Normal	Photo
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IT MERAH)) on 03 Jan 2018 16:34

Photos

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 03 Jan 2018 16:34

Photos

Normal

Photo

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

ASS. REC. 01

RIR

To Simon

JMS/01

VAT: 1176

ASSOCIATED MOTOR (UK) LTD

By Assessor - 1) Signature of Assessor:

1) Vehicle hit Vehicle:

2) Vehicle hit 177

a) Motorist ()

a) Pedestrian ()

b) Motorcycle ()

b) Animal ()

c) Bicycle ()

3) Vehicle Hit Road Side Objects:

a) Govn Property ()

b) Road Work Object ()

(e.g. signposts, litter, etc.)

c) Private Property ()

4) Vehicle drop into drain ()

5) Damage due to Act of God:

a) Fallen Object ()

b) Flood ()

c) Other ()

6) Parked & Found Damaged:

a) Vandalism ()

b) Hit by Moving Object ()

7) Theft Case

a) Stolen ()

b) Damage found when recovered ()

8) Fire

a) Whilst driving ()

b) Parked ()

9) Accident date more than 24hrs ()

Remarks for internal information

PRAXERAO WORKSHOP
SHADYWAY MOTOR
Tel: 63161611

Remarks to appear in Works Order & Assessment report

1) Potential Total Loss ()

2) SRS Light on ()

3) ABS Light on ()

By Assessor - 1) Vehicle Information:

Veh No:

FBL782J

Yr Reg:

FEB 2017

Type: M/Car / Cycle / Bus / Van / Lorry / Cab / Prime Mover / HGV

/ Truck / Trailer or

Make & Model: B.M.W R1200 GS Yr: 1170

Colour:

BLACK

Transmission Type: Auto / Manual

Eng/No:

37160149

Sp Reading:

O/Nr:

WB10A0206H277P155

Gen. Cond:

Good / Fair / Poor / Burnt or

Steering:

Good / Jammed / Leaked / Burnt or

Brake:

Good / Jammed / Leaked / Burnt or

Mod:

N / S/Rim / STD A/Rim or

Tyre Size:

F: / R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bol:

6

mm

R/Bol:

6

mm

L/Bol:

mm

L/Bol:

mm

Parallel Import: Yes / NoTowed-In: Yes / No

Repair Type: LS / I.B.I

Towing Required: Yes / No

No. of Repair Days:

4

Vehicle in Idoc: Yes / No

D.O.I:

4/1/2018

Time:

10AM

By Assessor - 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

a) Vehicle () b) Motorcycle () c) Bicycle () d) Pedestrian ()

e) Animal () f) Govn Object () g) Road Work Object ()

h) Private Property () i) Drain () j) Road Kerb/Glass Varga ()

3) Vehicle does not seem damaged as a result of:

a) Fallen Object () b) Flood () c) Vandalism () d) Fire ()

e) Moving Object () f) Stolen () g) Stolen & Recovered ()

SMA (SMA) 8

SMA (SMA) 8

1) OSR:

2) ASR:

3) Finalisation Completed Date:

Condition (CON)

(1) Item (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched
(7) Deformed (8) Shifted (9) Buckled (10) Broken (11) Necessary
(12) Missing (13) Torn (14) Unconfirmed (15) Not Working

FOR MOTORCYCLE

ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (?)
4. Not Consistent (NC)

May 2005

Motorcycle

Vehicle No: **FBL 7482J**

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard			
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp			
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing			
3017	992130	Front Windshield	SCR		
3018	992134	Front Wing Mirror	SCR		
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar			
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH	can		
1252	992179	Fuel Tank			
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever			
3035	992293	Hand Brake Lever	protector can		
3036	991119	Side Fairing	ALH SCR		
3037	994220	Side Fairing Top Garnish	ALH SCR		
3038	994219	Side Fairing Inner Garnish			
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing			
3043	993378	Rear Fairing			
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower			

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar	DM		
3048	990928	Engine Guard	DM		
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest	BT		
3051	991779	Front Foot Rest Bracket	BT		
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield	BT		
3061	991058	Exhaust Muffler Assy	BT		
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp	CRA		
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box	BR		
3077	992927	Rear Box	BR		
3078	992928	Rear Box Bracket	BR		
3079	991328	Emblem	NAL		
1136	990247	Sticker			

No of Items:

Assessor:

Claim Handling

[Task Transfer](#) [Exit](#)
[LOS](#) [SAL](#) [SUB](#)

Accident MT/0976246

Policy No.	5088266670	Vehicle No.	FBL74823	GST Registration No.	
Policyholder Name	ABDUL RAQIB BIN ABDUL RAHMAT			Policyholder NRIC	585245908
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	97289474	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Nil
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	03/01/2018 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	29/12/2017	Time of Accident hh:mm	15:00	Country of Accident	Outside Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	ALONG ROUTE 410, BETONG, THAILAND				

Benefits

Excess

Own damage Excess	1,000.00	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 13 #22-58	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 271013
Address 4		Address Type	Singapore address	Post Code	271013
Unit No.		Related Policy Number	5088266670		

OI Driver Info

Driver Name	ABDUL RAQIB BIN ABDUL RAHMAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	585245908	Driver DOB	06/08/1983
Register Date of Driver License	15/12/2008	Driver Age	32	Driving Experience	9
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 13 #22-58	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 271013
Address 4		Address Type	Singapore address	Post Code	271013
Unit No.					
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.	FBL74823	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimie Bin Mantau

Claim Type	OD-MD	Insured Name	ABDUL RAQIB BIN ABDUL RAH	Insured NRIC	585245908
Contact No.(Mobile)	97289474	Contact No.(Home)	67766014	Contact No.(Office)	
Email Address	raqibazine@yahoo.com.sg	OI Vehicle Number	FBL74823	TP Vehicle Number	
Claim Description	FBL74823 / - ON 29 Dec 2017			Name of Preferred Workshop	SPEEDWAY MOT
Preferred Workshop Contact No.	63161611	Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	03/01/2018 16:48	Claim Close Date		Date Received	03/01/2018 16:48
Report Taken By	RDSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval Reason

Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	BMW	Vehicle Model	R 1200 GS ADVENTURE	Engine Capacity	1170
Date of Registration	28/02/2017	Classis No.	WB10A0206H2778155		
Towing Required *	☐ Yes ☒ No	Vehicle in IDAC *	☐ Yes ☒ No	Parallel Import *	☐ Yes ☒ No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	☐ Yes ☒ No		
Market Value (\$)		Scrap Value(\$)		Economical Repair Value(\$)	
Remark					

Damage Listing

BM	No.	Part No.	Description	Qty *	Repair Code
root					
Not Applicable	1	452001	WINDSCREEN SHIELD (M/C)	1	Replace
ABS	2	45300102	WING MIRROR (RIGHT)	1	Replace
ADSORBER	3	27400101	HANDLE BAR (M/C) (FRONT)	1	Unconfirm
ACCELERATOR	4	27400601	HANDLE BAR (M/C) GRIP (FRONT)	1	Unconfirm
ACTUATOR	5	27400301	HANDLE BAR (M/C) BALANCER (FRONT)	2	Unconfirm
ADVERTISMENT STICKER					
AIR BAG					
AIR BLOWER	6	273004	HAND BRAKE CONSOLE	1	Replace
AIR BOX	7	25200196	FAIRING (RIGHT)	1	Replace
AIR CHAMBER BOX	8	25200105	FAIRING (REAR)	1	Replace
AIR CLEANER	9	25200103	FAIRING (FRONT)	1	Replace
AIR COMPRESSOR					
AIR CON	10	252003	FAIRING SHIELD	1	Unconfirm
AIR CON (VAN)	11	252004	FAIRING STAY	1	Unconfirm
AIR COOLER	12	252005	FAIRING STOPPER	1	Unconfirm
AIR DISTRIBUTOR	13	244001	ENGINE (M/C) BLOCK SHIELD	1	Replace
AIR FILTER	14	244002	ENGINE (M/C) GUARD	1	Replace
AIR FLOW	15	244003	ENGINE (M/C) PROTECTOR BAR	1	Replace
AIR GRILLE	16	261001	FOOT REST (M/C)	1	Replace
AIR HORN	17	261002	FOOT REST (M/C) BRACKET	1	Replace
AIR INTAKE	18	247001	EXHAUST	1	Replace
AIR RESONATOR BOX	19	247014	EXHAUST MUFFLER	1	Replace
AIR THROTTLE BODY AND SENSOR	20	386001	SIGNAL (M/C) LAMP	1	Replace
ALARM	21	15100101	BOX (M/C) (LEFT)	1	Replace
ALTERNATOR	22	15100102	BOX (M/C) (REAR)	1	Replace
ALUMINUM PANEL - SIDE	23	15100103	BOX (M/C) (RIGHT)	1	Replace
AMPLIFIER	2	24200101	EMBLEM (FRONT)	1	Replace
ANTENNA	2	24200102	EMBLEM (REAR)	1	Replace
ANTI ROLL					
APRON					
ARCH					
ARM REST					
ASH TRAY					
AUTO CLUTCH					
AUTO COOLER PIPE					
AUTO CRUISE MOTOR					
AUTO TRANSMISSION					

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 12 / 2017) (DD/MM/YYYY), TIME: (15.00) (HH:MM)

LOCATION: Betong, Thailand

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB 7482 J
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 508826670
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Bmw R1200 Gs Adventure
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) (MOTORCYCLE) / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) (MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
 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: ABDUL RAHIM BIN ABUL RAHMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8524590B CONTACT: 97289474
 c) ADDRESS: 13 HOLLAND DRIVE #22-58 S(271013)

* 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: (06 / 08 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING LICENCE: 15 DEC 2008

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) AND X

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: BUONA VISTA POLICE POST

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ 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: _____

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

No of passenger
(Including driver)
()

PERKARUP WORKSHOP SPEEDWAY MOTOR
63161611.

email = raghalzine@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8524590B



Name
ABDUL RAQIB BIN ABDUL RAHMAT
عبدالرحيم بن عبدالرحمة

Race
MALAY

Date of birth
06-08-1985

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8524590B
Name
ABDUL RAQIB BIN ABDUL RAHMAT

Birth Date 06 Aug 1985
Issue Date 03 Sep 2008

001646245E

5630337



NRIC No. S8524590B



Date of issue
02-08-2016

Address
APT BLK 13 HOLLAND DRIVE
#22-58
SINGAPORE 271013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASS	VALIDITY DATE
Class 2B	Motorcycles <= 200 CC	15 Dec 2008
Class 2A	Motorcycles between 201 CC and 400 CC	23 Nov 2010
Class 2	Motorcycles > 400 CC	14 Jun 2012
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1500 kg	03 Sep 2008

S / No. 9000160605

S8524590B

License No. S8524590B

eBaoTech

General Claim

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5088266670	ABDUL RAQIIB BIN ABDUL RAHMAT	S85245908	GMC	Comprehensive	FBL7482J	FBL7482J	28/02/2017	27/02/2018

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