

# NATIONAL Assessment Centre Services

Print 1/2/2009

MAA480/7603

Date In: 05/02/2018 14:27	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8002208/Y	SAS e-Milling		
Veh No: FY 6871B	E-mill (with 3hrs, A/C 2hrs)		
D.O.A: 05/02/2018 07:50	I-Motor Claim Form	MT10980971	05/02/2018 14:43
OD / TP / Reporting Only	I-Motor W/O (with 3hrs, A/C 2hrs)		
	I-Photo Uploaded		
TP Insureti:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars: Yeh No: SKU 13887	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 repairer.

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

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

Remarks: INC Bill No: 5788 6016	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: ( )

Invoice Preparation Checklist	
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$100
4) FT: Follow-Through Survey	\$130
5) PT: Follow-Through Survey (Resurvey)	\$20
Excluding apply INC Only (max 10 Jan 2009)	
6) TR: Re-inspection	\$15
7) NI: Inc DA + SMRT Survey	\$140
8) NTUC Additional Services	
9) Other	
10) NI: Courtesy Car / Tol Allowance	\$5
11) NI: Repair Coordination	\$10
12) NI: Post Repair Inspection	\$15
13) NI: BY / Collect Unacc Coordination	\$5
14) NI: TP (Kia INC) / Repair INC	\$20
15) NI: Other	\$0
Invoice dated	File Charged
Invoice due	File Charged

MAA480796

Human's Barcodes

Driver/Owner:

Control No:

Amused Portion:

C. Checked by (Bug-In-Charge):

Work/Comments:

1/2/2:

## 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 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	05/02/2018 14:27
Date Of Accident	05/02/2018 07:50
Exact Location Of Accident	ALONG CLEMENTI LOOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV6871B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZULKEPLI B OMAR
NRIC No	S1606523D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84242030
Alternative Phone No	OTHERS-84242030

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF2J-399CC
Exact Purpose for which vehicle was being used at time of accident	SENDIND SON TO NS CAMP
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	5032630813-09
Cover Note Number	

### Driver

Name of Driver	ZULKEPLI B OMAR
NRIC No	S1606523D
Date Of Birth	24/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/11/1989
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84242030
Fax Number	
Contact Number	OTHERS-84242030
EMail Address	NOEMAIL



Address:	BLK 612 WOODLANDS AVENUE 4 #02-465
Postcode:	730612
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	SKU1388J
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUA LAM KIONG
NRIC/Passport Number	S1553604G
Contact Number	
Address:	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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:

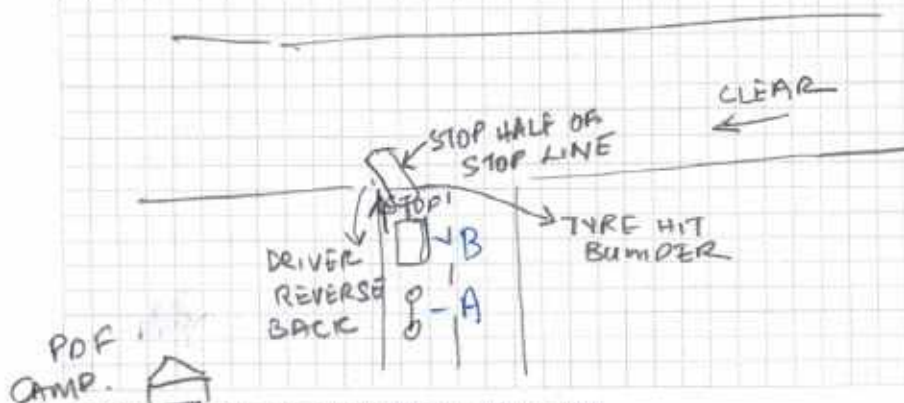
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

# SKETCH PLAN



A) FV 6871 B.

B) SKU 1388 J.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After alighting my son to his camp (NS) I drove-off till a stop-sign where there is another car in-front. We stop and when its clear traffic, he drove-off and stop half the stop-sign, there is where I jam brake and hit the car's back bumper. My front tyre hit the bumper with slight marking.

Car No: SKU 1388 J

DRIVER: PITUA LAM KIONG

S155 3604 G.

## DECLARATION

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

Policyholder's Signature

Date & Time:

05/02/2018

(1230 pm)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/02/2018

KEE LI ANTHONY



## Claim Handling

Accident MT/0980971

Policy No.	5032530813-09	Vehicle No.	FV6871B	GST Registration No.	
Policyholder Name	ZULKEPLI B OMAR			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	84242030	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	05/02/2018 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	05/02/2018	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI LOOP				
<b>Benefits</b>					
<b>Excess</b>					
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			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 612 #02-405	Address 2	WOODLANDS AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5032530813-09		
<b>OI Driver Info</b>					
Driver Name	ZULKEPLI B OMAR	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1606523D	Driving Experience	
Register Date of Driver License	06/11/1989	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 612 #02-405	Address 2	WOODLANDS AVENUE 4	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FV6871B	Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ZULKEPLI B OMAR	Insured NRIC	
Contact No.(Mobile)	84242030	Contact No.(Home)	83671596	Contact No.(Office)	
Email Address	NIL@VERIFIED.CC	OT Vehicle Number	FV6871B	TP Vehicle Number	
Claim Description	FV6871B / SKU1388J ON 5 Feb 2018			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	05/02/2018 14:43	Claim Close Date		Total Loss but Repaired	
Report Taken By	RDSLI WAHAB	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0980971	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2018 14:43
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select
			Normal

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	ADD	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	RED	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:43	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:43	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:41	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:41	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:41	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:41	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:41	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:40	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 14:40	NRIC/ Driving License	Normal	NRIC/ Driving

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

# ACCIDENT STATEMENT

ACCIDENT DATE: 05/02/2018 (DD/MM/YYYY), TIME: 07 50 AM (HH:MM)

LOCATION: CLEMENTE LOOP

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PV 6871 B  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5032630813-09  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: CB 400 V-TEC 2  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: SENDING SON TO NS CAMP  
 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: ZULKEPLI BIN OMAE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1606533D CONTACT: 84242030  
 c) ADDRESS: BUC 612 #02-465 LWOODLANDS AVE 4

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

No. of passenger  
(including driver)  
(1)

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

\* d) DATE OF BIRTH: 24/10/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS: 06/11/1989

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

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

No. of passenger  
(including driver)  
(1)

- a) VEHICLE NUMBER: OKU 1388J MODEL: AUDI

- b) DRIVER'S NAME: PITHA LAM KIM Y

- c) NRIC/FIN/PASSPORT: S15536044 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No. of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

- e) DRIVER'S NAME: \_\_\_\_\_

- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

fax =

V1060



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1606523D



ZUL'KEPLI BIN OMAR

Sex: MALAY  
Date of Birth: 24-10-1963  
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE - DRIVING LICENCE

License Number: S1606523D

Name: ZUL'KEPLI BIN OMAR

Birth Date: 24 Oct 1963  
Issue Date: 10 Apr 2003




S1606523D




Person Group: A+ Date of Issue: 07-08-1994

APT BLK 812 WOODLANDS AVENUE 4 #02-465  
SINGAPORE 730612  
MND No: S1606523D Date: 14-02-2004 No: 402 1168

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	06 Nov 1999
Class 2A	Motorcycles between 201 CC and 400 CC	06 Nov 1999
Class 2	Motorcycles > 400 CC	06 Nov 1999
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	02 Feb 2009

S1606523D S / No. 9000098364



## 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 : 5032630813-09

Cover : Third Party

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle    | : FV68718         |
| Chassis Number                                      | : NC391034697     |
| 2. Name of Policyholder                             | : ZULKEPLI B OMAR |
| 3. Effective Date of Insurance                      | : 21 Oct 2017     |
| 4. Expiry Date of Insurance                         | : 20 Oct 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)	: ZULKEPLI B OMAR
NAMED DRIVER (2)	: JAAFAR BIN OMAR
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 : COMMERCIAL AGENCY PTE LTD (00000614425)  
Date of issue : 19 Oct 2017 11:39 hrs  
Reprint : 19 Oct 2017 11:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive