

NATIONAL Assessment Centre Services (ver 1.0/000)

14/01/2018 14:38

Date In: 14/01/2018 14:38	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18003012/V	SAS e-illing		
Veh No: FBH 9305X	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 12/01/2018 07:00	E-Motor Claim Form	mt1802384-001	14/01/2018
OD / TP / Reporting Office	E-Motor W/O (within 100 hrs, TP 10hrs)		
	E-Photo Uploaded		
TP Insurech:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yell No: SKL 686TH	INC () / Non-INC ()	
Owner / Drivers:	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 repeller.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In ()	Invoice: YES () / NO ()
Towing Co: ()	

Remarks: INC Hotline: 6788 0068	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	Action:

NBA1800985	Invoice Preparation Checklist	Bill	Rep Bill
Customer Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$13	
Assessed Portion:	4) PT: Follow-Through Survey	\$130	
	5) PT: Follow-Through Survey (Resurvey)	\$20	
	For claimant against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection	\$13	
	7) NI: (w/ DA + SMRT Survey)	\$160	
	8) NTUC Additional Services:		
	Q13:		
	* NI: Courtesy Car / Tpl Allowance	\$3	
	* NI: Repair Coordination	\$10	
	* NI: Post Repair Inspection	\$13	
	* NI: DY / Collision/Excess Coordination	\$3	
	TP (NI) / TP (Non-INC) against INC	\$10	
	9) NTUC Mobile	10	
	Invoice Date	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 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	14/02/2018 14:38
Date Of Accident	12/02/2018 07:00
Exact Location Of Accident	ALONG ASCOT ROAD TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9305X
Insured/Policyholder	
Name Of Registered Owner	ZULKIFLEE B IBRAHIM
NRIC No	S7334480H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83224964
Alternative Phone No	OTHERS-83224964

Vehicle Particulars

Manufacturer	SYM
Model	GTS 200-172CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5068537061-03
Cover Note Number	

Driver

Name of Driver	ZULKIFLEE B IBRAHIM
NRIC No	S7334480H
Date Of Birth	05/10/1973
Occupation	INDOOR
Date Of Driving Pass	19/09/1995
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83224964
Fax Number	
Contact Number	OTHERS-83224964
EMail Address	NOEMAIL

Address	BLK 664A JURONG WEST STREET 64 #01-264
Postcode	641664
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?	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)	2
Passenger 1	NAME: : NORHIDAYATY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180212/2187

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	SKL5867H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XIN
NRIC/Passport Number	
Contact Number	98504417
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name ZULKIFLEE BIN IBRAHIM

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKL6867H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NORHIDAYATY

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH9305X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

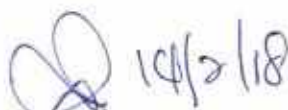
SKETCH PLAN

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.



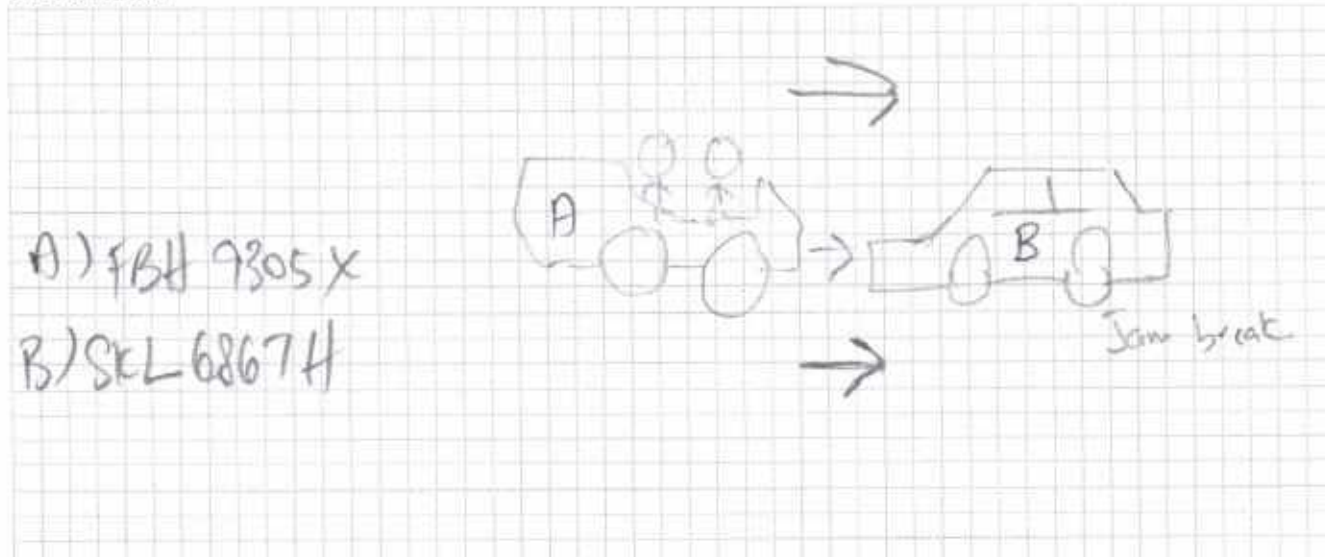
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO Police Report
7/2018 02/2/2018

DECLARATION

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

[Signature] 14/2/18

Policyholder's Signature
Date & Time:

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

[Signature] 14/02/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180212/2187

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20180212/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2018 18:39	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: ZULKIFLEE BIN IBRAHIM			Address: APT BLK 664A JURONG WEST STREET 64 #01-264 SINGAPORE 641664		
ID Type / ID No.: NRIC NO / S7334480H			Contact No.: Home/Office: Mobile: 83224964		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 05/10/1973	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Retail Supervisor			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/02/2018 07:00	Type of Location: Straight Road
Location: Along Road 1 ASCOT RISE FARRER ROAD ASCOT RISE TOWARDS FARRER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9305X	Motorcycle	SYM	GTS200	Black	Slightly Damaged	1
SKL6867H	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9305X	NTUC Income Insurance Co-Operative Limited	5068537061-03	12/11/2017	11/11/2018



**SINGAPORE
POLICE FORCE**



T/20180212/2187

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20180212/2187

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZULKIFLEE BIN IBRAHIM	ID No.	S7334480H
Related Vehicle	FBH9305X (Motorcycle)	Contact No.	83224964
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/02/2018	Date Discharge	12/02/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Other Person Involved			
Name	XIN	ID No.	NIL
Related Vehicle	SKL6867H (Car)	Contact No.	98504417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/2/2018 at about 7am, I(FBH9305X) was riding along Ascot Rise Road towards Farrer Rd and was on the middle lane when suddenly the car in front of me jammed brake. I then brake but could not stop in time and collided on to the rear of the car. I then fell to the ground together with my wife namely, Yati HP:90074697. My wife called for the ambulance. The Chinese male driver(SKL6867H) then came out of the car and rendered assistance and assisted to carry me to the side. Subsequently the ambulance came and I was conveyed to Ng Teng Fong Hospital whereby I received 4 days of MC.



**SINGAPORE
POLICE FORCE**



T/20180212/2187

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180212/2187

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:

J /

Sgt 1 NURAQILAH BINTE ABDUL HAMID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

12/02/2018 18:39

Classification Of Case:

Authentication Stamp

NP168

rsbm

From: Theresa Vimala <thrsvim.bala@income.com.sg>
Sent: Wednesday, 14 February, 2018 4:05 PM
To: 'rsbm'
Cc: Theresa Vimala
Subject: RE: MT/0982384 FBH9305X

Hi Rosli

Please quote this claim nbr when billing MT/0982384-001

Thank you.

With Regards

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



From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Wednesday, February 14, 2018 3:24 PM
To: Theresa Vimala <thrsvim.bala@income.com.sg>
Subject: MT/0982384 FBH9305X

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: 12/02/2018 (DD/MM/YYYY), TIME: 07:00 (HH:MM)
LOCATION: ASCO1 RISE RABEES FOREVER RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 9305X
b) INSURANCE COMPANY: NMC
c) POLICY NUMBER: 506853061-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SYM G18 200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: ZULKIFLI BIN ISHAKIM (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 57334404 CONTACT: 83224964
C) ADDRESS: _____

NORTHIDAYATY (F)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: DR. ABOM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

No of passenger
(including driver)
(2)

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

e) OCCUPATION: (INDOOR / OUTDOOR)

1) DATE OF DRIVING PASS: _____

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

- a) VEHICLE NUMBER: SKL 6867H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(2)

9. THIRD PARTY VEHICLE

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


No of passenger
(including driver)
()

email = NO EMAIL

fax =

VIDEO

REPUBLIC OF SINGAPORE
 *IDENTITY CARD NO. S7334480H



Name
 ZULKIFLEE BIN IBRAHIM

Race
 MALAY

Date of Birth
 05-10-1973

Country of Birth
 SINGAPORE

Sex
 M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensed Person
 S7334480H

Name
 ZULKIFLEE BIN IBRAHIM

Birth Date
 05 Oct 1973

Issue Date
 20 Aug 2003




0007611070

1843168



NRIC No. S7334480H



Blood Group
 B+

Date of Issue
 31-03-1994

APT BLK 684A JURONG WEST STREET 64 #01-264
 SINGAPORE 641664

NRIC No. S7334480H Date: 06/08/2009 No: 6250616

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

Class 2B Motorcycles not exceeding 200 cc

Valid DATE
 19 Sep 1995



NP 428A



Licence No. S7334480H

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[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="12/02/2018 14:37"/>						
Vehicle No. (For Motor)	<input type="text" value="FBH9305X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068537061-03	ZULKIFLEE B IBRAHIM	S7334480H	GMC	Third Party, Fire & Theft	FBH9305X	FBH9305X	12/11/2017	11/11/2018
<input type="button" value="Continue"/>									