

NATIONAL Assessment Centre Services

Ref: NA118027580

Date In: 26/2/18 19:29	Job description: SAS e-filing	Date of Time Completed: 26/2/18 19:50	Done by: MT/0983770
Ref No: NA/INC18003678/h4	E-mail (within 3hrs, AIO 3hrs)		
Veh No: FY 5545J	i-Motor Claim Form		
D.O.A: 25/2/18 02:25	i-Motor W/O (Within OD 3hrs, 75 4hrs)		
OD: (P) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars: Veh No: SHC8339K	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%; 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 repairer.  
 Total Loss Case : to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist		Amo (\$)	Amo (\$)
	Inc Bill	Amo (\$)	Inc Bill	Amo (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		30.00	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)		
Damaged Portion:	3) TF: Towing Fee	\$40.548		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$30		
Part 1	For claiming against INC Only (ref 10 Jan 2005)			
Part 2/3	6) TR: Re-inspection	\$70		
	7) NI: Idao DA - SMRT Survey	\$150		
	8) NTUC Additional Services -			
	OD:			
	*NS: Courtesy Car / Tpl Allowance	\$5		
	*NS: Repair Co-ordination	\$10		
	*NS: Post Repair Inspection	\$25		
	*NS: DV / Collect Excess Coordination	\$5		
	TP (Nil) - TP (Nil) INC against INC	\$20		
	9) NI: Idao Mobile	\$30		
	Invoice dated	Fee Charged		
	Invoice dated	Fee 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 willful 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	26/02/2018 19:29
Date Of Accident	25/02/2018 02:25
Exact Location Of Accident	UNITY STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY5545J
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#### Insured/Policyholder

Name Of Registered Owner	MUHAMMAD DINO BIN MOHAMED AMIN
NRIC No	S8537863E
Email Address	MUHDDINO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82997344
Alternative Phone No	OFFICE-82997344

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB400 SF2J M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5069098027-03
Cover Note Number	-

#### Driver

Name of Driver	MUHAMMAD DINO BIN MOHAMED AMIN
NRIC No	S8537863E
Date Of Birth	10/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2013
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82997344
Fax Number	
Contact Number	OFFICE-82997344
Email Address	MUHDDINO@GMAIL.COM

Address	BLK 25 JLN BERSEH #08-128
Postcode	200025
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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.

#### 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	SHC8339K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD DINO BIN MOHAMED AMIN
Approximate Age	
Injuries Sustain	LEFT BODY
Injured person in which vehicle?	FY5545J
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.



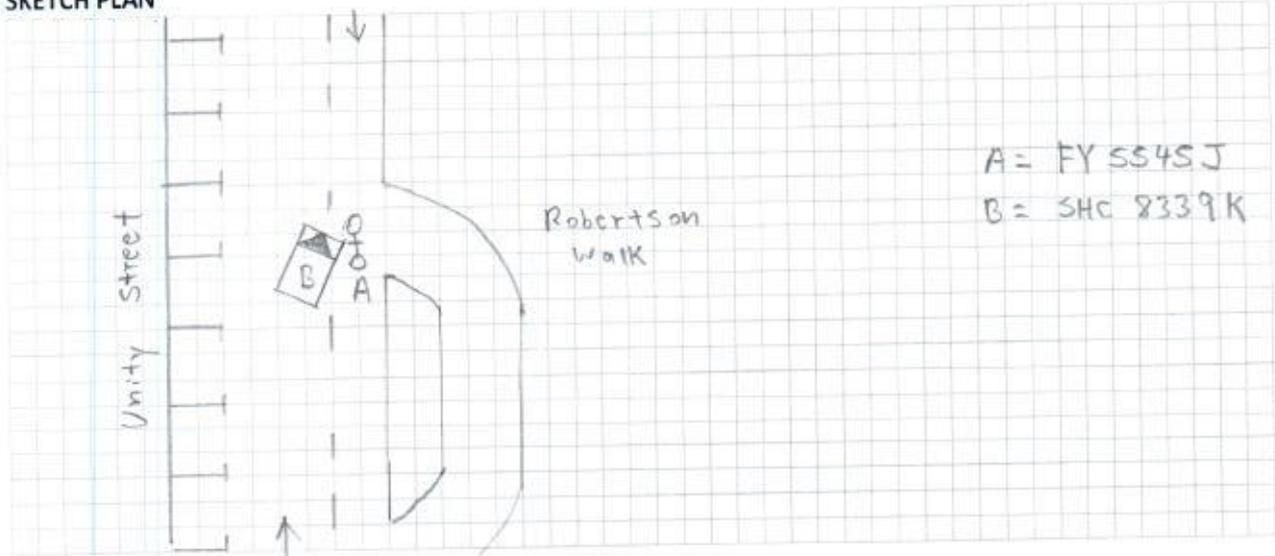
Policyholder's Signature  
Date & Time:

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

Please Refer to Police Report

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:

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

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 25 / 2 / 18 ) (DD/MM/YYYY), TIME: ( 02 : 25 ) (HH:MM)

LOCATION: Unity Street

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY 5545 J  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE ( YES / NO )  
IF NO, PLEASE STATE ( THIRD PARTY CLAIM / REPORTING ONLY )

## 2. INSURED / POLICY HOLDER

- Amin  
a) NAME: Muhammad Dino Bin Mohamed ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 82997344  
c) ADDRESS: \_\_\_\_\_

\* 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: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) ( DD / MM / YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO )

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

## 5. a) WEATHER CONDITION: ( CLEAR / RAINING / OTHERS )

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

## 6. WAS ANYBODY INJURED ( YES / NO ) left body

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

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Merah East NP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8339 K 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 )  
( 1 )

\* No of passenger  
( Including driver )  
(    )

email = MUHDDINO @ GMAIL.COM

fax =





**SINGAPORE  
POLICE FORCE**



T/20180225/2074

2 of 3

Report No. T/20180225/2074

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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD DINO BIN MOHAMED AMIN	ID No.	S8537863E
Related Vehicle	FY5545J (Motorcycle)	Contact No.	82997344
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	25/02/2018	Date Discharge	25/02/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

**Brief Details.**

On 25 Feb 2018 at about 0220hrs, I was on the way to deliver food from Studio M Hotel at Mohamed Sultan Rd to Cavenagh Rd. After I turned to Unity St, I noticed one Comfort cab (SHC8339K) stationary on the lane, however its hazard light was not switched on. As there was no oncoming traffic from the opposite lane, hence I thought the driver was not going to move. Thus, I then wanted to overtake the driver from the right.

When I was overtaking the driver on the right, the driver started turning right towards the dropoff point at Robertson Walk. As I was unable to react in time, driver collided onto me and I fell to the ground. I was subsequently conveyed to SGH. I was discharged on the same day but I was issued with 6 days MC by Dr Teh Swee Ping.

During the accident, I am unsure if I had signaled. I did not have camera installed to record during the time of accident.

My bike was seriously damaged and my injury was mainly on my left body.



**SINGAPORE  
POLICE FORCE**



T/20180225/2074

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

3 of 3

Report No. T/20180225/2074

**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 2 GOH ZI LIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/02/2018 19:15

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Classification Of Case:

Authentication Stamp  
NP168



Signature

Singapore Police Force

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S8537863E**



Name  
**MUHAMMAD DINO BIN MOHAMED AMIN**

Race  
**JAVANESE**

Date of birth  
**10-11-1985**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

**S8537863E**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8537863E**

Name:  
**MUHAMMAD DINO BIN MOHAMED AMIN**

Birth Date: **10 Nov 1985**

Issue Date: **07 Oct 2010**



**001899825E**



5537021



NRIC No: **S8537863E**

**FY5545J**  
**89227344**

Date of issue  
**02-12-2015**

Address  
**APT BLK 25 JALAN BERSEH  
 #08-12B  
 SINGAPORE 200025**



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

		EFFECTIVE DATE
C	Class 2B Motorcycles up to 200 CC	07 Oct 2010
C	Class 2A Motorcycles between 201 CC and 400 CC	16 Sep 2013

**S8537863E**

S / No. 9000183604

**Licence No: S8537863E**



NP 428A

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
<input type="checkbox"/>	5069098027-03	MUHAMMAD DINO BIN MOHAMED AMIN	S8537863E	GMC	Third Party	FY5545J	FY5545J	01/12/2017	30/11/2018

Continue

**Claim Handling**

Accident MT/0983770

Policy No.	5069098027-03	Vehicle No.	FY5545J	GST Registration No.	
Policyholder Name	MUHAMMAD DINO BIN MOHAMED AMIN	Cover Type	Third Party	Policyholder NRIC	S85
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	82997344	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ **Accident Details**

Report Date	26/02/2018 19:47	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	25/02/2018	Time of Accident hh:mm	02:25	Country of Accident	Sing
Reporting Centre		Orange Forté		ICM No.	
Accident Location	UNITY STREET				

▼ **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 25 #08-128	Address 2	JALAN BERSEH	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	200111
Unit No.	08-128	Related Policy Number	5069098027-03		

▼ **OJ Driver Info**

Driver Name	MUHAMMAD DINO BIN MOHAMED AMIN	Driver Type	Main Driver	Driver DOB	10/1
Unnamed driver Name		Driver NRIC	S8537863E	Driving Experience	7
Register Date of Driver License	07/10/2010	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	82997344	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 25 #08-128	Address 2	JALAN BERSEH	Post Code	200111
Address 4		Address Type	Singapore address		
Unit No.	08-128			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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

Modification History

**Claim 001** New

Claim Type *	OD-MX	Insured Name	MUHAMMAD DINO BIN MOHAMED	Insured NRIC	S85
Contact No.(Mobile)	82997344	Contact No.(Home)		Contact No.(Office)	
Email Address		OJ Vehicle Number	FY5545J	TP Vehicle Number	SHC
Claim Description	FY5545J / SHC8339K ON 25 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/02/2018
Date Registered	26/02/2018 19:49	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

**Attachment**

Accident No.  
Last Doc. Received

MT/0983770  
 Yes  No

Claim No. 001  
Upload Date 26/02/2018 19:50

Path \*

- Choose File No file chosen
- Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:50	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:50	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:50	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:50	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:49	Photos	Normal	Photos 20:

Video List

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