NATIONAL Assessment Centre Services (NAC Ref No) NMA/18033160

Date In: 09/03/2018 16:24	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/800 4886/7	SAS e-filing		
Veh No: FBC 7484 T	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 09/03/2018 13:00	I-Motor Claim Form	MT1098544 7	09/03/2018 16:5
OD / TP / Reporting Only	I-Motor W/O (Within OD 3hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SKN 7555R , 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 (NC Hotline: 6788 8016)	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

NA180/563

Summary Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC / Comments:

[ ] 1

[ ] 2 / 3

Invoice Preparation / Charges		Charges	Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($30)		
3) TP : Towing Fee	$40/$43		
4) FT : Follow-Through Survey	$130		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claims against INC Only (w.e.f 10 Jan 2010)			
6) TR : Re-Inspection	$35		
7) NI : (Inv DA + SMRT Survey	$160		
8) NTUC Additional Service(s):			
QIII			
*N1: Courtesy Car / Tpt Allowance	$5		
*N2: Repair Co-ordination	$10		
*N3: Post Repair Inspection	$15		
*N4: DY / Collect Excess Co-ordination	$5		
ZZ (N11) : TP (Non INC) against INC	$30		
9) NIl Items Noted	10		
Invoice dated	Not Charged		
Invoice dated	Not Charged		

MN4418033180 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 09/03/2018 16:24
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	09/03/2018 16:24
Date Of Accident	09/03/2018 13:00
Exact Location Of Accident	COMMONWEALTH AVE JUNCTION(RIVER VALLEY ROAD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL1484T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NURHAFIZ BIN FADZILAH
NRIC No	S8622780J
Email Address	HAFIZFADZILAH@LIVE.COM
Mobile Phone No	(LOCAL) +65-90218869
Alternative Phone No	OTHERS-90218869
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MTM850A (XSR900)-847CC
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	5081477960-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NURHAFIZ BIN FADZILAH
NRIC No	S8622780J
Date Of Birth	20/08/1986
Occupation	INDOOR
Date Of Driving Pass	03/03/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90218869
Fax Number	
Contact Number	OTHERS-90218869
EMail Address	HAFIZFADZILAH@LIVE.COM

Address	BLK 408 YISHUN AVENUE 6 #06-1254
Postcode	760408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	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	SKN7555R
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NIA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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

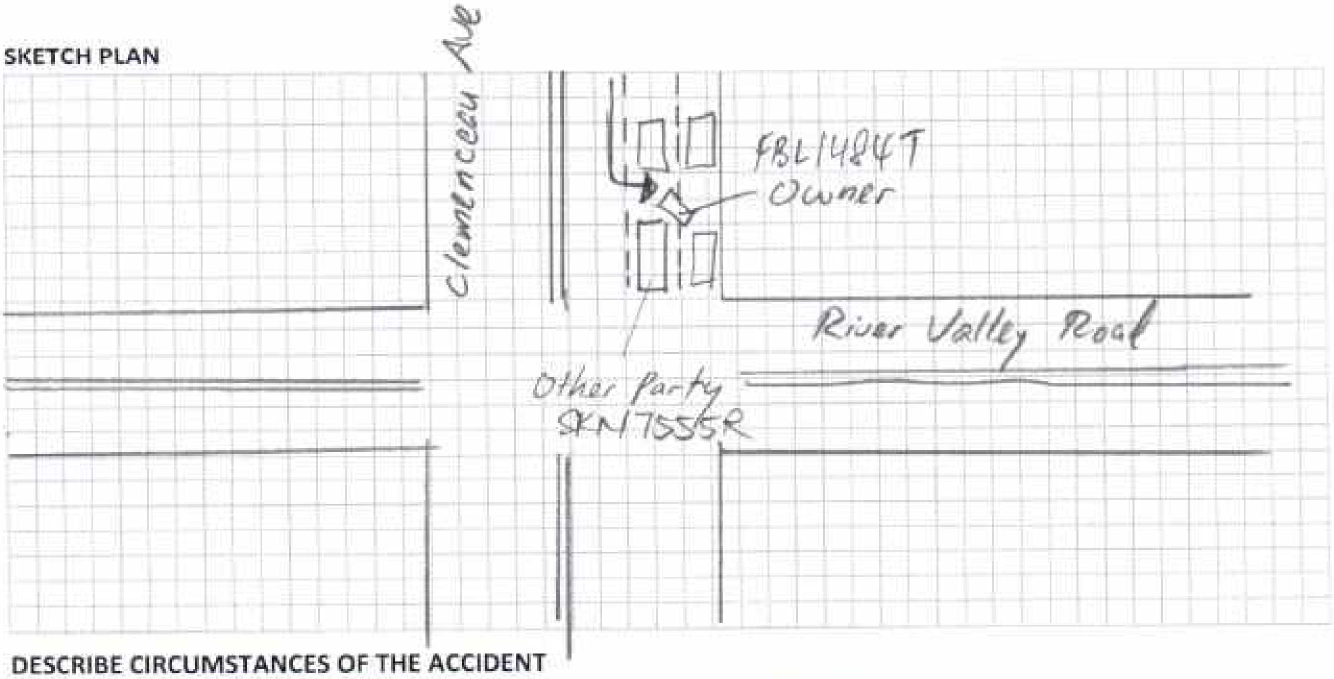
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 09/03/18 15.00

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

09/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: [illegible]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Clemenceau Avenue, approaching a 'T' junction at River Valley Road. It was a red light. I filter / lane split from 3rd lane & 2nd lane and then between 2nd & 1st. My motorcycle side box hit ē rear bumper of vehicle SKN 7555R.

We exchange details. The driver didn't speak to me. It was the passenger who did the exchange. She agreed to do private settlement so we go on parting ways

DECLARATION

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

Policyholder's Signature Date & Time: 09/03/18 1500	Driver's Signature (If driver is not the policyholder) Date & Time:	09/03/2018 Reporting Centre Personnel's Signature Name: ROSLI WAHAB NRIC/FIN No.:

Claim Handling

Accident MT/0985447

Policy No.	5081477960-01	Vehicle No.	FBL1484T	GST Registration No.	
Policyholder Name	MUHAMMAD NURHAFIZ BIN FADZILAH			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	90218869	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	09/03/2018 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/03/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVE JUNCTION(RIVER VALLEY ROAD)				

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 408 #06-1254	Address 2	YISHUN AVENUE 6	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-1254	Related Policy Number	5081477960-01		

OI Driver Info

Driver Name	MUHAMMAD NURHAFIZ BIN FADZILAH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8622780J	Driver DOB	
Register Date of Driver License	13/12/2012	Driver Age	31	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 408 #06-1254	Address 2	YISHUN AVENUE 6	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-1254				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBL1484T	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAMMAD NURHAFIZ BIN FAI	Insured NRIC	
Contact No.(Mobile)	90218869	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBL1484T	TP Vehicle Number	
Claim Description	FBL1484T / SKN7555R ON 9 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Please Select	GIA report	
Date Registered	09/03/2018 16:57	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/0985447	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/03/2018 16:57

Path * Category * Confidential Urgency

Browse... Clear Please Select Normal

Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:57	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:57	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:56	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:56	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:56	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:56	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:55	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:55	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:55	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:53	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Mar 2018 16:53	NRIC/ Driving License	Normal	NRIC/ Drivin

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (09/03/2018) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: Clementi Ave junction (River Valley Road)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBL 1484 T
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5081477960-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: YAMAHA XSR 900
   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: MUHAMMAD HURHAFIZ B. FADZILAH (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8622780J CONTACT: 9021 8869
   c) ADDRESS: BLK 408 YISHUN AVENUE 6 #06-1254

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: As Above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (20/08/1986) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS - 03/05/2016

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)
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: SKN 7555R MODEL: MERCEDES
   b) DRIVER'S NAME: Nia
   c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME: CONTACT:
   f) NRIC/FIN/PASSPORT:

No of passenger (including driver) (1)

No of passenger (including driver) (2)

No of passenger (including driver) (__)

email = hafizfadzilah@live.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8622780J

Name
MUHAMMAD NURHAFIZ BIN FADZILAH

Race
MALAY

Date of birth
20-08-1986

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8622780J
Name
MUHAMMAD NURHAFIZ BIN FADZILAH
Birth Date 20 Aug 1986
Issue Date 30 Nov 2009

001808525F

5788575

NRIC No. S8622780J

Date of issue
23-08-2017

Address
APT BLK 408 YISHUN AVENUE 6
#06-1254
SINGAPORE 760408

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

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	13 Dec 2012
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	29 Apr 2014
Class 3	MOTORCYCLES EXCEEDING 400 CC	03 Mar 2014
Class 3	MOTOR CARS AND MOTOR VANS/GOODS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	30 Nov 2009

S / No.9000247377

License No. S8622780J

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) FBL1484T
Date of Accident 09/03/2018 14:50

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5081477960-01	MUHAMMAD NURHAFIZ BIN FADZILAH	S8622780J	GMC	Third Party, Fire & Theft	FBL1484T	FBL1484T	20/06/2017	19/06/2018

Continue