

NATIONAL Assessment Centre Services. (Unit 1 Jan 2008)

Date In: 17/03/2008 09:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC/18036394	SAS e-tiling		
Veh No: PP 903E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 16/03/2008 16:20	1-Motor Claim Form	17/03/2008 16:17	
OD / TP <u>Reporting Only</u>	1-Motor W/O (Within 2hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SBV 5574M	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 repeller.

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

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

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Action

NA/20/701	Invoice Preparation Checklist	By: ()	Checked by: ()
Insured's particulars	1) AR: Accident Reporting (\$30)	\$30	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Assessed Portion:	4) PT: Follow-Through Survey	\$150	
	5) XT: Follow-Through Survey (Resurvey)	\$30	
	Forefeiting against INC Only (Wet 10 Jan 2008)		
	6) TR: Re-inspection	\$15	
	7) NI: Idle DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Idle Mobile	\$10	
C. Checked by (Engi-In-Charge):	Q11:		
	*N3: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$15	
	*N8: DV / Collision Unsett Coordination	\$5	
	TE (N11): TP (Run INC) against INC	\$20	
	Invoice dated	Fee Charged	
	Invoice valid	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 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	17/03/2018 09:38
Date Of Accident	16/03/2018 16:20
Exact Location Of Accident	ALONG TAMPINES LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP309E
Insured/Policyholder	
Name Of Registered Owner	SULEIMAN BIN AHMAD
NRIC No	S1558324Z
Email Address	AMAN@SPH.COM.SG
Mobile Phone No	(LOCAL) +65-90232010
Alternative Phone No	OFFICE-90232010

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC F3V
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
Fleet Policy	NO
Policy Number	5011290097-12
Cover Note Number	

Driver

Name of Driver	SULEIMAN BIN AHMAD
NRIC No	S1558324Z
Date Of Birth	07/07/1962
Occupation	INDOOR
Date Of Driving Pass	02/12/1991
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90232010
Fax Number	
Contact Number	OFFICE-90232010
EMail Address	AMAN@SPH.COM.SG

Address	BLK 272 PASIR RIS STREET 21 #02-470
Postcode	510272
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	SBV5574M
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG KIN FATT
NRIC/Passport Number	S0030292I
Contact Number	96315031
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

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.

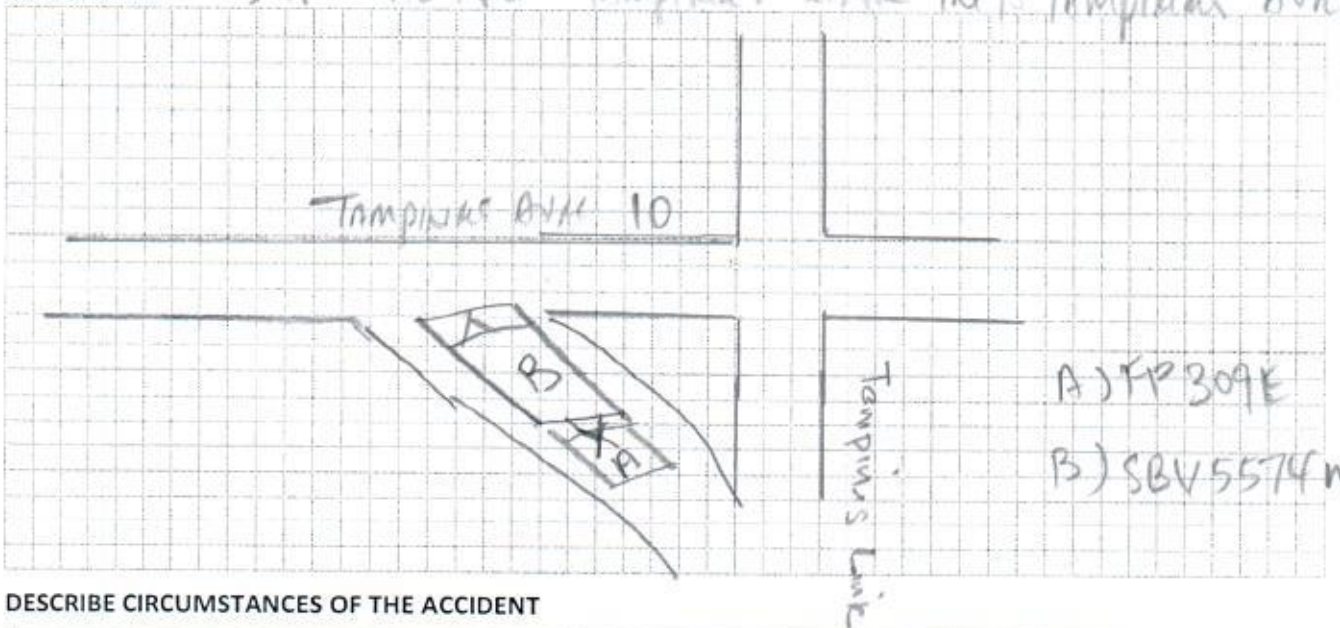
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

SLIP ROAD FROM TAMPIERES LINK INTO TAMPIERES AVENUE 10



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I signalled left at the slip road of Tampines Link. I stopped my motorbike as there was a car in front of me. The driver, however, did not signal his intention to turn left. When I checked, the traffic on major road was clear as the traffic light had changed to ~~red~~ red. The car in front of me hinged forward so I proceeded with cautious knowing that the major road was clear for him but suddenly for no reason the car in front of me stopped. I could not avoid it and my bike knocked the car. I could not balance my bike and fell down. Behind me, there was a ~~Patrol~~ Police patrol car and they assisted me. I changed particulars with the driver of the car.

DECLARATION

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

Am 12/3.
Policyholder's Signature
Date & Time:

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

13/03/2018
Reporting Centre Personnel's Signature
Name: Rosli WOHAB
NRIC/FIN No.:

Claim Handling

Accident MT/0986391

Policy No.	5011290097-12	Vehicle No.	FP309E	GST Registration No.	
Policyholder Name	SULEIMAN BIN AHMAD			Policyholder NRIC	S1558324Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90232010	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	Not available
Accident Details					
Report Date	17/03/2018 10:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/03/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES LINK				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 272 #02-470	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE S10272
Address 4		Address Type	Singapore address	Post Code	510272
Unit No.		Related Policy Number	5011290097-12		
OI Driver Info					
Driver Name	SULEIMAN BIN AHMAD	Driver Type	Main Driver	Driver DOB	07/07/1962
Unnamed driver Name		Driver NRIC	S1558324Z	Driving Experience	27
Register Date of Driver License	16/05/1990	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	90232010	Contact No.(Office)		Address 3	SINGAPORE S10272
Address 1	BLK 272 #02-470	Address 2	PASIR RIS STREET 21	Post Code	510272
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FP309E	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	SULEIMAN BIN AHMAD	Insured NRIC	S1558324Z
Contact No.(Mobile)	90232010	Contact No.(Home)	65831610	Contact No.(Office)	63195544
Email Address		OI Vehicle Number	FP309E	TP Vehicle Number	SBV5574M
Claim Description	FP309E / SBV5574M ON 16 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/03/2018 10:15	Claim Close Date		Date Received	17/03/2018 00:00
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save

Submit

Attachment

Accident No.	MT/0986391	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/03/2018 10:17
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

☐ Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:17	SAS	Normal	SAS 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:17	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:17	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:15	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:15	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:15	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:15	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:15	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 10:15	Photos	Normal	Photos 2018-3-17

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: 16/3/18 (DD/MM/YYYY), TIME: 4:20 (HH:MM)
 LOCATION: Tampines Link near Tampines Bus 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FP309E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 501129009712
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Super 4
 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: Suleiman Bin Ahmad (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S155832412 CONTACT: 90232010
 c) ADDRESS: Blk 272, Pasir Ris St 21 H02 470
(50272)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
(1)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 07/07/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/12/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CO-OWNER

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 passengers
 (including driver)
()

- a) VEHICLE NUMBER: FP309E MODEL: Honda
 b) DRIVER'S NAME: Suleiman Bin Ahmad
 c) NRIC/FIN/PASSPORT: S155832412 CONTACT: 90232010

9. THIRD PARTY VEHICLE

No of passengers
 (including driver)
(5)

- a) VEHICLE NUMBER: SBV5574M MODEL: MITSUBISHI LANCER
 b) DRIVER'S NAME: YOUNG KIN FAH
 c) NRIC/FIN/PASSPORT: S0030922 CONTACT: 96315031
DIRECT ASIA

email = aman@sph.com.sg

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1558324Z



Name

SULEIMAN BIN AHMAD

Race

JAVANESE

Date of birth

07-07-1962

Sex

M

Country/Place of birth

SINGAPORE



5773073



NRIC No. S1558324Z



Date of issue

24-07-2017

Address

APT BLK 272 PASIR RIS STREET 21
#02-470
SINGAPORE 510272

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1558324Z

Name

SULEIMAN BIN AHMAD

Birth Date 07 Jul 1962

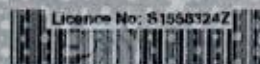
Valid Date 16 Dec 2002



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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	16 May 1990
Class 2A	Motorcycles between 201 cc and 400 cc	02 Dec 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jan 2000



NP 429A

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="16/03/2018 09:27"/>						
Vehicle No. (For Motor)	<input type="text" value="FP309E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5011290097-12	SULEIMAN BIN AHMAD	S1558324Z	GMC	Third Party	FP309E	FP309E	01/01/2018	31/12/2018
<input type="button" value="Continue"/>									