

NATIONAL Assessment Centre Services

Date In: 19/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005070/13	SAS e-filing		
Veh No: FBB8346R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/03/18 0850	i-Motor Claim Form	MT/0986524	
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MOTO 51 Tel: Fax:)

TP Particulars: Veh No: SGU19811 INC () / Non-INC () Tel:)

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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
) Apply for Transport Allowance () / Courtesy Car ()		
) QC Check / Post Repair Inspection ()		
) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

ate/Time	Actions

NA1801709	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill	
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);				
	2) DA : Damage Assessment (\$100); INC (\$80)				
	3) TF : Towing Fee \$40/\$45				
	4) FT : Follow-Through Survey \$120				
	5) RT : Follow-Through Survey (Resurvey) \$30				
	For claiming against INC Only (wef 10 Jan 2005)				
	6) TR : Re-inspection \$75				
	7) N1 : Idau DA + SMRT Survey \$160				
	8) NTUC Additional Services:-				
	OP:				
Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$5			
	*N6: Repair Co-ordination	\$10			
	*N7: Post Repair Inspection	\$25			
	*N8: DV / Collect Excess Coordination	\$5			
Editors' Comments :-	TP (N11) : TP (Non INC) against INC	\$20			
	9) N12: Idau Mobile	\$0			
2 / 3:	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 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	19/03/2018 11:51
Date Of Accident	19/03/2018 08:50
Exact Location Of Accident	JURONG EAST ST 21 BLK 217 CARPARK NEAR GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8346R
Insured/Policyholder	
Name Of Registered Owner	SAMRI BIN MOIN
NRIC No	S1455949C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98739776
Alternative Phone No	OTHERS-90917971

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK
Exact Purpose for which vehicle was being used at time of accident	OTW TO SCHOOL
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	5063106959-04
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAHMI BIN SAMRI
NRIC No	S9913951Z
Date Of Birth	04/05/1999
Occupation	INDOOR
Date Of Driving Pass	30/01/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90917971
Fax Number	
Contact Number	
Email Address	SYNYSTER9964@GMAIL.COM

Address	BLK 237 CHOA CHU KANG CENTRAL #02-61
Postcode	680237
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : DAFINAH SYARAH BINTE ROSLI GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SGU1981T
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND
NRIC/Passport Number	
Contact Number	93377356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SYAHMI BIN SAMRI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBB8346R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	DAFINAH SYARAH BINTE ROSLI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBB8346R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

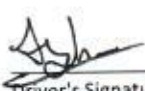
IMPORTANT NOTICE

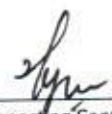
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

 19/3/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

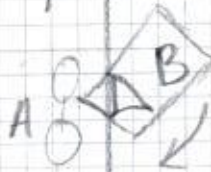
 19/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - FBB 8346 R

B - SGU 1981 T

GANTRY



JURONG EAST ST 21

BLK 217 CARPARK

NEAR GANTRY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was riding straight heading out towards the direction of the gantry of the exit of the carpark when the car from the opposite lane ~~turn~~ turned towards me and banged me abruptly to my right side of the bike. The impact was hard that it caused the foot brake of my bike to bent inwards towards the footrest.

DECLARATION

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

Policyholder's Signature


Date & Time:

 19/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 19/03/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9913951Z**



Name
MUHAMMAD SYAHMI BIN SAMRI

Race
BOYANESE


Date of birth
04-05-1999

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number **S9913951Z**

Name
MUHAMMAD SYAHMI BIN SAMRI

Birth Date: **04 May 1999**

Issue Date: **30 Jan 2018**



5329366



NRIC No. **S9913951Z**



Date of issue
15-07-2014

Address
**APT BLK 237 CHOA CHU KANG CENTRAL
#02-61
SINGAPORE 680237**

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

EFFECTIVE DATE
30 Jan 2018

Class 2B Motorcycles =< 200 cc

NF 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

19/03/2018 08:50

Vehicle No.(For Motor)

FBB8346R

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5063106959-04	SAMRI BIN MOIN	S1455949C	GMC	Third Party	FBB8346R	FBB8346R	14/02/2018	13/02/2019

Claim Handling

Accident MT/0986524

Policy No.	5063106959-04	Vehicle No.	FB88346R	GST Registration No.	
Policyholder Name	SAMRI BIN MOIN			Policyholder NRIC	S1455949C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98739776	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	19/03/2018 12:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/03/2018	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG EAST ST 21 BLK 217 CARPARK NEAR GANTRY				
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 237 #02-61	Address 2	CHOA CHU KANG CENTRAL	Address 3	SINGAPORE 680237
Address 4		Address Type	Singapore address	Post Code	680237
Unit No.		Related Policy Number	5063106959-04		
O1 Driver Info					
Driver Name	MUHAMMAD SYAHMI BIN SAMRI	Driver Type	Named Driver	Driver DOB	04/05/1999
Unnamed driver Name		Driver NRIC	S9913951Z	Driving Experience	0
Register Date of Driver License	30/01/2018	Driver Age	18	Contact No.(Home)	0
Contact No.(Mobile)	90917971	Contact No.(Office)	0	Address 3	SINGAPORE 680237
Address 1	BLK 237	Address 2	CHOA CHU KANG CENTRAL	Post Code	680237
Address 4		Address Type	Singapore address		
Unit No.	#02-61				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
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	SAMRI BIN MOIN	Insured NRIC	S1455949C
Contact No.(Mobile)	98739776	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	FB88346R	TP Vehicle Number	SGU1981T
Claim Description	FB88346R / SGU1981T ON 19 Mar 2018			Name of Preferred Workshop	MOTO 51
Preferred Workshop Contact No.		Insured Liability *	Not at fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	19/03/2018 00:00
Date Registered	19/03/2018 12:26	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0986524	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

3/19/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

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	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 12:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 12:25	SAS	Normal	SAS 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 12:25	Photos	Normal	Photos 2018-3-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 12:25	Photos	Normal	Photos 2018-3-19
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 12:24	Photos	Normal	Photos 2018-3-19
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 12:24	Photos	Normal	Photos 2018-3-19

Video List

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