

NATIONAL Assessment Centre Services

Date In: 28/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005772/13	SAS e-filing		
Veh No: FBM6494B	E-mail (within 8hrs, AD 2hrs)		
D.O.A: 27/03/18 1720	i-Motor Claim Form	MI/0988094	
OD: <u>Reporting Only</u>	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLD4243B	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 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

NA1801961

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

- | | Amt (\$) | Amt (\$) |
|---|----------|----------|
| | Est Bill | Add Bill |
| 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) NI : Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *N5: Courtesy Car / Tpt Allowance | \$5 | |
| *N6: Repair Co-ordination | \$10 | |
| *N7: Post Repair Inspection | \$25 | |
| *N8: DV / Collect Excess Coordination | \$5 | |
| TP (N11) : TP (Non INC) against INC | \$20 | |
| 9) N12: Idac 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 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	28/03/2018 15:50
Date Of Accident	27/03/2018 17:20
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6494B
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD SUFIYAN BIN JAMAL
NRIC No	S8413050H
Email Address	YAN_DAHUI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91052651
Alternative Phone No	OTHERS-91052651

Vehicle Particulars

Manufacturer	KTM
Model	SUPER ADVENTURE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097521675
Cover Note Number	

Driver

Name of Driver	MOHAMAD SUFIYAN BIN JAMAL
NRIC No	S8413050H
Date Of Birth	18/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91052651
Fax Number	
Contact Number	OTHERS-91052651
Email Address	YAN_DAHUI@HOTMAIL.COM

Address	BLK 470A FERNVALE LINK #13-406
Postcode	791470
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	AFTER RAIN
Road Surface	WET

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)	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

I WAS TRAVELLING STRAIGHT ALONG JALAN BOON LAY TWDS AYE ON THE EXTREME LEFT LANE OF A4-LANES RD B4 FILTERING LANE. SUDDENLY INFRT OF MY VEH E-BRAKE, TO AVOID COLLISION I SWERVED MY BIKE TO THE RIGHT BUT MY HANDGUARD & CRASHBAR GRAZED ONTO THE REAR RIGHT SIDE PORTION OF VEH A.

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	SLD4243B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG PAI SOON
NRIC/Passport Number	S1720436Z
Contact Number	92760069
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMAD SUFIYAN BIN JAMAL
Approximate Age	
Injuries Sustain	ABRASION
Injured person in which vehicle?	FBM6494B
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:

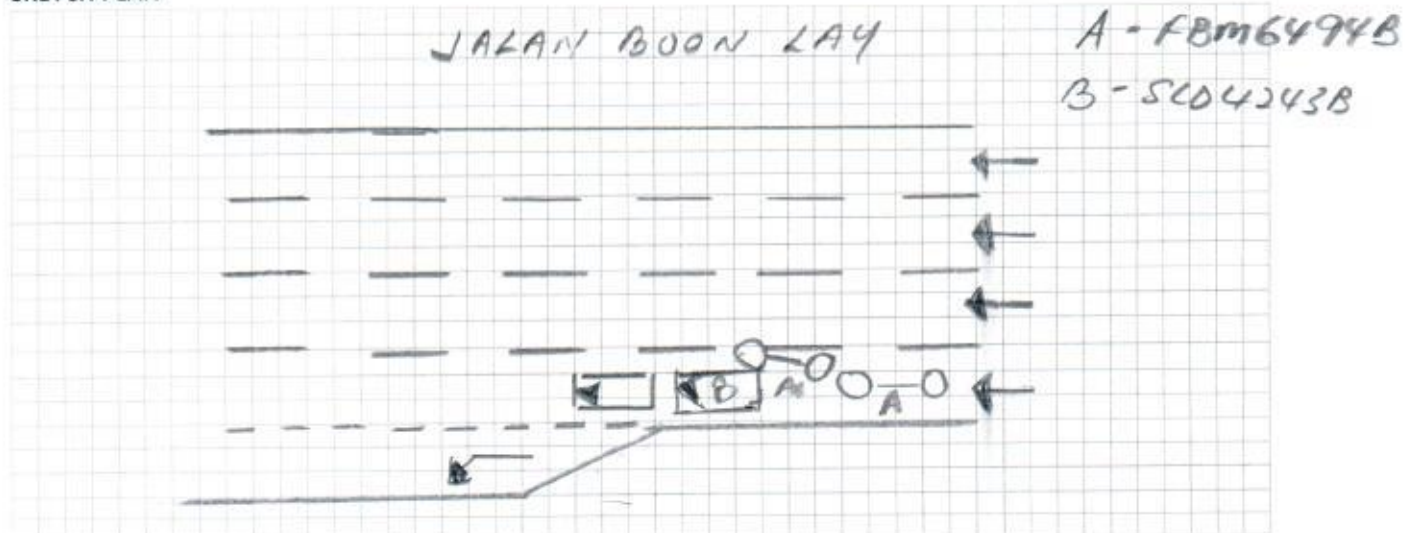
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN

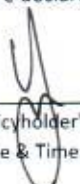


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

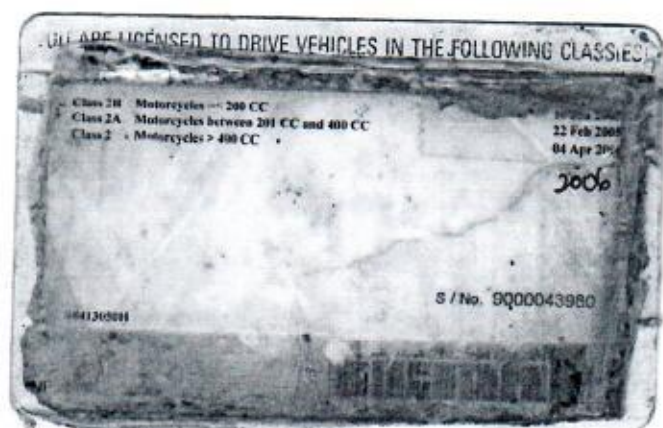
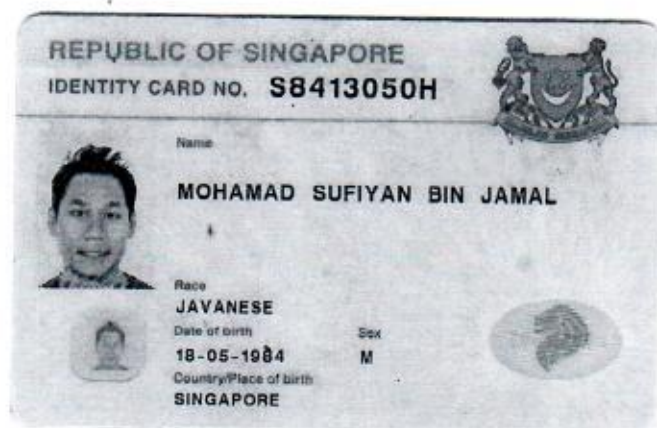
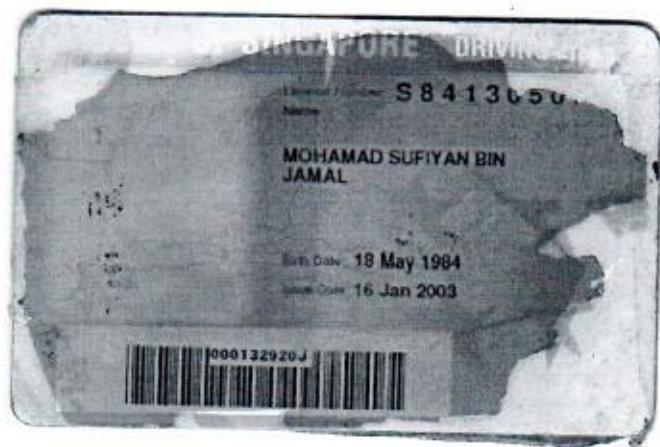
DECLARATION

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


 Policyholder's Signature
 Date & Time: 28/3/2018

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


 Reporting Centre Personnel's Signature
 Name: 28/03/18
 NRIC/FIN No.:



Hello, NAC_PAYA_UBI_800601

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

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097521675	MOHAMAD SUFIYAN BIN JAMAL	S8413050H	GMC	Comprehensive	FBM6494B	FBM6494B	19/01/2018	18/01/2019

Claim Handling

Accident MT/0988094

Policy No.	5097521675	Vehicle No.	FBM6494B	GST Registration No.	
Policyholder Name	MOHAMAD SUFIYAN BIN JAMAL			Policyholder NRIC	S8413050H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	Not available
Accident Details					
Report Date	28/03/2018 16:19	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	27/03/2018	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
Benefits					
Excess					
Own Damage Excess	1,000.00	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 63 #08-304	Address 2	LORONG 5 TOA PAYOH	Address 3	SINGAPORE 310063
Address 4		Address Type	Singapore address	Post Code	310063
Unit No.	13-406	Related Policy Number	5097521675		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMAD SUFIYAN BIN JAMAL	Insured NRIC	S8413050H
Contact No.(Mobile)	91052651	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FBM6494B	TP Vehicle Number	SLD4243B
Claim Description	FBM6494B / SLD4243B ON 27 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	28/03/2018 16:45	Claim Close Date		Date Received	28/03/2018 00:00
Report Taken By	KOSLINDA	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No.	MT/0988094	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/03/2018 00:00
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		
Choose File	No file chosen		
Choose File	No file chosen		

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:44	SAS	Normal	SAS 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:44	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:44	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:44	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2018 16:40	Photos	Normal	Photos 2018-3-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
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