

NATIONAL Assessment Centre Services

(Mile 1-1000)

MAA 486 44034

Date In: 02/04/2018 18:47

Ref No: NBA 486 44034

Veh No: FBK 5419L

D.O.A: 01/04/2018 17:25

OD / TP: Reporting Unit

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 24hrs, A/C 24hrs)

1-Motor Claim Form

1-Motor W/O (within 24hrs, TP 24hrs)

1-Photo Uploaded

Assessment/Survey Report

Assl Report by Fax/Hand to Owner/Wksp

mtl 88594

02/04/2018 19:10

Preferred Wksp / INC Assign Wksp / OWI:

Tel:

Fax:

TP Particulars:

Yell No:

SLK 96539

INC () / Non-INC ()

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

(%) (Note: B/L 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 release of repair.

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

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

Remarks: N/A Bill (6788 6016)

Date Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date Time: ()

Actions: ()

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MAH802072

Insurance Policy No:

Driver/Owner:

Policy No:

Insured Portion:

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Invoice/Preparation Charge

1) AR: Accident Reporting (330)

2) DA: Damage Assessment (3100) INC (25)

3) TP: Towing Fee (100)

4) PT: Follow Through Survey (310)

5) PT: Follow Through Survey (Recovery) (310)

Establishment against INC Date (Wed 10 Jan 2018)

6) TR: Trail Inspection (310)

7) NTUC: DA + SWRT Survey (3140)

8) NTUC: Additional Services

9) NTUC: Additional Services

10) NTUC: Additional Services

11) NTUC: Additional Services

12) NTUC: Additional Services

13) NTUC: Additional Services

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Checked by (Supervisor):

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MAH802072

Insurance Policy No:

Driver/Owner:

Policy No:

Insured Portion:

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9) NTUC: Additional Services

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12) NTUC: Additional Services

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	02/04/2018 18:47
Date Of Accident	01/04/2018 17:25
Exact Location Of Accident	BLK 81 REDHILL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5419L
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD TAUFIK BIN SUHAIMI
NRIC No	S8317228B
Email Address	TAUFIKSUHAIMI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93211294
Alternative Phone No	OTHERS-93211294

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200AL6 BURGMAN-200CC ABS
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5084900500-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD TAUFIK BIN SUHAIMI
NRIC No	S8317228B
Date Of Birth	02/06/1983
Occupation	INDOOR
Date Of Driving Pass	29/01/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93211294
Fax Number	
Contact Number	OTHERS-93211294
Email Address	TAUFIKSUHAIMI@YAHOO.COM.SG

Address	BLK 416 BEDOK NORTH AVENUE 2 #09-37
Postcode	460416
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	SLK9653G
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR.ONG
NRIC/Passport Number	
Contact Number	97810820
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

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: 2/4/2018
14:47 hrs

Driver's Signature

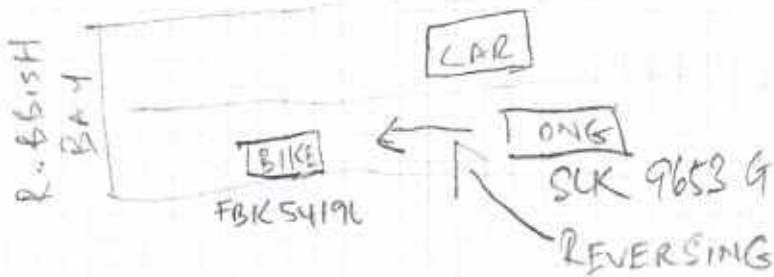
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Rasli N A H A S
NRIC/FIN No.:

SKETCH PLAN

BLK 81 REDHILL CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

@ 1725 HRS. A BLUE CAR (SLK 9653G) MR ONG WAS REVERSING @ BLK 81 REDHILL AND KNOCK MY BIKE FBK 5419L. WHICH WERE STATIONARY PARK DUE TO THE KNOCK, I FOUND OUT MY LEFT SIDE MIRROR AND BREAK HANDLE DENTED, MY BIKE SEAT BROKE AND CAME OFF. THATS ALL.

DECLARATION

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

 2/4/2018
Policyholder's Signature
Date & Time: 14 47 HRS

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

 02/04/2018
Reporting Centre Personnel's Signature
Name: ROSE/47 HRS
NRIC/FIN No.:

Claim Handling

[Exit](#)

Accident MT/0985594

Policy No.	5064000500-01	Vehicle No.	FBK5419L	GST Registration No.	
Policyholder Name	MUHAMMAD TAUFIK BIN SUHA			Policyholder NRIC	S83172286
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	LOADING	0
Contact No.(Mobile)	93211294	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	☐ No ☒ Yes	TCA	☐ No ☒ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	02/04/2018 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Damage whilst parked
Date of Accident	01/04/2018	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 81 REDHILL CARPARK				

Benefits

Excess

Own Damage Excess	0.00	Additional Excess		Worldwide Excess	
Uninsured 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 418 #09-37	Address 2	BEDOK NORTH AVE 2	Address 3	SINGAPORE 460418
Address 4		Address Type	Singapore address	Post Code	460418
Unit No.		Related Policy Number	5064000500-01		

OT Driver Info

Driver Name	MUHAMMAD TAUFIK BIN SUHA	Driver Type	Main Driver		
Uninsured Driver Name		Driver NRIC	S83172286	Driver DOB	02/09/1983
Register Date of Driver License	29/01/2004	Driver Age	34	Driving Experience	14
Contact No.(Mobile)	93211294	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 418 #09-37	Address 2	BEDOK NORTH AVE 2	Address 3	SINGAPORE 460418
Address 4		Address Type	Singapore address	Post Code	460418
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBK5419L	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD TAUFIK BIN SUHA	Insured NRIC	S83172286
Contact No.(Mobile)	93211294	Contact No.(Home)	93211294	Contact No.(Office)	
Email Address		OT Vehicle Number	FBK5419L	TP Vehicle Number	BLK54530
Claim Description	FBK5419L / BLK54530 ON 1 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/04/2018 19:09	Claim Close Date		Date Received	02/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Attachment

Accident No.	MT/0985594	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	02/04/2018 19:10
Path *		Category *	Confidential
Choose File: No file chosen		Urgency *	Normal
Choose File: No file chosen		Description *	
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)	Action
		Photos	Normal	Photos 2018-4-2		Edit
		Photos	Normal	Photos 2018-4-2		Edit
		Photos	Normal	Photos 2018-4-2		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	Photos	Normal	Photos 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	SAB	Normal	SAB 2018-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-2	Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
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[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 1/4/2018 (DD/MM/YYYY), TIME: 17.25 (HH:MM)
LOCATION: RED HILL BIK 81 CARPARK

1. DETAILS OF VEHICLE

FBK 5419L
a) VEHICLE NUMBER:
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BURGMAN SUZUKI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: MOHAMMAD TAFIK SUTHAIMI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58317228B CONTACT: 93211294
c) ADDRESS: BIK 416 BEDGE NORTH AVE 2 #09-37
SPURE 460416

* 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: 14/01/1984 (DD/MM/YYYY) 08106/983

e) OCCUPATION: (INDOOR / OUTDOOR) 29101 body

f) DATE OF DRIVING PASS: 29/01/2004

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

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) NO

7. c) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: SLK 9653 G MODEL: Mitsubishi LANCER

b) DRIVER'S NAME: ONG CONTACT: 97810820

c) NRIC/FIN/PASSPORT: MODEL:

9. THIRD PARTY VEHICLE
d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME: CONTACT:

f) NRIC/FIN/PASSPORT:

No. of passengers
(including driver)
(4)

No. of passengers
(including driver)
()

Email: TAFIK SUTHAIMI@Yahoo.com.SG
7/895.86

Fax:

V: 010

5/12

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8317228B**



Name

MOHAMMAD TAUFIK BIN SUHAIMI

Race

MALAY

Date of birth

02-06-1983

Sex

M

Country/Place of birth

SINGAPORE



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	01/04/2018 15:15						
Vehicle No.(For Motor)	FBK5419L								
Search									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5084900500-01	MOHAMMAD TAUFIK BIN SUHA	S6317228B	GMC	Third Party, Fire & Theft	FBK5419L	FBK5419L	14/10/2017	13/10/2018
Continue									