

NATIONAL Assessment Centre Services

Date In: 03/04/2018 16:13	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006105/K4	SAS e-filing		
Veh No: FBG 3093B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/04/2018 19:30	i-Motor Claim Form	MT/0988890	4/4/18 09:48
OD: TP 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: ()

Tel:

Fax:

TP Particulars:

Veh No:

SHC 7248X

INC () / Non-INC ()

Tel:

Owner / Driver: ()

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: (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

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 (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$50)		
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:-		
ON*		
*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	

NA1802068

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 03/04/2018 16:13
 Date Of Accident 02/04/2018 19:30
 Exact Location Of Accident HOUGANG AVENUE 8 BLK 615 CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG3093B
Insured/Policyholder
 Name Of Registered Owner ABDUL SAFIYAN BIN ABDUL MALIK
 NRIC No S9001865E
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-94287490
 Alternative Phone No OTHERS-94287490

Vehicle Particulars

Manufacturer RIEJU
 Model MARATHON PRO 125 MANUAL
 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 THIRD PARTY
 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 5054546294-05
 Cover Note Number

Driver

Name of Driver ABDUL SAFIYAN BIN ABDUL MALIK
 NRIC No S9001865E
 Date Of Birth 23/01/1990
 Occupation OUTDOOR
 Date Of Driving Pass 06/11/2008
 Driving Experience 9 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-94287490
 Fax Number
 Contact Number OTHERS-94287490
 Email Address NOEMAIL

Address BLK 614 HOUGANG AVE 8
#12-410
Postcode 530614
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
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? 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) 0

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name HOGANG N.P.C
Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFR TO THE POLICE REPORT : T/20180402/2197

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

Details of Witness 1

Name MR JOSEPH HO
Phone Number 97337030
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7248X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


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

*pls Refer to the Police Report
T/20180402/2197*

DECLARATION

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


Policyholder's Signature
Date & Time:


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

 3/4/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180402/2197

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180402/2197

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 22:09	Vide Report No.:	Station Diary No.: 117
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Informant's Particulars

Name of Informant: ABDUL SAFIYAN BIN ABDUL MALIK			Address: APT BLK 614 HOUGANG AVENUE 8 #12-410 SINGAPORE 530614	
ID Type / ID No.: NRIC NO / S9001865E			Contact No.: Home/Office:	Mobile: 94287490
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 23/01/1990	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B Date of Expiry:	

General information of the Accident

General information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/04/2018 19:30	Type of Location: Car Park
Location: Along Road 1 HOUGANG AVENUE 8 BLK 615 CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3093B	Motorcycle	RIEJU	MARATHON PRO 125 MANUAL	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3093B	NTUC Income Insurance Co-Operative Limited	5054546294-05	12/06/2017	11/06/2018



**SINGAPORE
POLICE FORCE**



T/20180402/2197

2 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20180402/2197

CONTINUATION OF REPORT

Brief Details.

On 2/4/18 at about 1500hrs, I parked my motorcycle with vehicle no. FBG 3093B at open carpark. All is in order. On same day at about 1950hrs, I discovered that my bike fall off. When I was waiting at the carpark, there is a witness (Mr Joseph Ho Hp: 97337030) who is one of the resident informed that there is a taxi driver hit my motorbike earlier and showed me the CCTV footage.

The footage show that on 2/4/18 at about 1930hrs, there is a taxi with vehicle SHC 7248X hit my motorbike until it fall down. Subsequently the driver drove off. There is damages on my motorbike, the rear back light, signal light and front part of the motorbike is dented.



**SINGAPORE
POLICE FORCE**



T/20180402/2197

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180402/2197

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 NUR KHAIRIAH BINTE KHAIRIL ANWAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Signature Of Informant:

Date/Time:

02/04/2018 22:09

Classification Of Case:

SN 085




Signature:

Singapore Police Force

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9001865E



Name
ABDUL SAFIYAN BIN ABDUL
MALIK


Race
MALAY

Date of birth
23-01-1990

Sex
M

Country of birth
SINGAPORE

License Number S9001865E



Name
ABDUL SAFIYAN BIN ABDUL
MALIK

Birth Date 23 Jan 1990

Issue Date 06 Nov 2008

001673237J

3671880



NRIC No. S9001865E



Date of issue
04-02-2005

APT BLK 614 HOUGANG AVENUE 8 #12-410
SINGAPORE 530614

NRIC No: S9001865E Date: 10/04/2016

YOU ARE LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASSES

PASS DATE
06 Nov 2008

Class: 2B Motorcycles < 200 cc

License No. S9001865E

NP 428A

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"/>	5054546294-05	ABDUL SAFIYAN BIN ABDUL MALIK	S9001865E	GMC	Third Party, Fire & Theft	FBG3093B	FBG3093B	12/06/2017	11/06/2018

▼ Policy Information

Policy No.	5054546294-05	Policyholder Name	ABDUL SAFIYAN BIN ABDUL MAI	Policyholder NRIC	S9001865E
Address	BLK 614 #12-410 HOUGANG AVENUE 8 SINGAPORE 530614				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/06/2017	Effective Date	12/06/2017 00:00	Expiry Date	11/06/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 614 #12-410	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530614
Address 4		Address Type	Singapore address	Post Code	530614
Unit No.		Related Policy Number	5054546294-05		

▶ Insured Object: FBG3093B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0988890

Policy No.	5054546294-05	Vehicle No.	FBG3093B	GST Registration No.	
Policyholder Name	ABDUL SAFIYAN BIN ABDUL MALIK			Policyholder NRIC	S9001865E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94287490	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	04/04/2018 09:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	02/04/2018	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVENUE 8 BLK 615 CARPARK				

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 614 #12-410	Address 2	HOUGANG AVENUE 8	Address 3	Singapore
Address 4		Address Type	Singapore address	Post Code	530119
Unit No.		Related Policy Number	5054546294-05		

OI Driver Info

Driver Name	ABDUL SAFIYAN BIN ABDUL MALIK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9001865E	Driver DOB	23/04/1988
Register Date of Driver License	06/11/2008	Driver Age	28	Driving Experience	9
Contact No.(Mobile)	94287490	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 614	Address 2	HOUGANG AVENUE 8	Address 3	
Address 4		Address Type	Singapore address	Post Code	530119
Unit No.	#12-410				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ABDUL SAFIYAN BIN ABDUL MALIK	Insured NRIC	S9001865E
Contact No.(Mobile)	94287490	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FBG3093B	TP Vehicle Number	SHC
Claim Description	FBG3093B / SHC7248X ON 2 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/04/2018 09:49	Claim Close Date		Date Received	04/04/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/0988890

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

04/04/2018 09:45

Path *

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Message Read

Category *

Clear

Please Select

Confidential

NO

Urgency *

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Clear

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NO

Normal

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Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:48	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:47	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 09:46	Photos	Normal	Photos 20

Video List

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