

NATIONAL Assessment Centre Services (with 3 lines) **MANA0047356**

Date In: **09/04/2018 18:50**
 Ref No: **NBA/20180065434**
 Veli No: **FBC 7183U**
 D.O.A: **08/04/2018 12:40**
 OD / TP: **Reporting Only**

Job description	Date & Time Completed	Done by
QAS e-filing		
E-mail (with this, also this)		
1-Motor Claim Form	09/04/2018 19:00	
1-Motor W/O (with this, also this)		
1-Photo Uploaded		
Assessment/Survey Report		
Assl Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / OW: ()
 TP Particulars: Yeli No: **YL9613M** INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20%; P: 21-79%; P: 80-100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: ()
 () Walk-In Customer: Customer's information survey 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 Transition Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Action

MANA02286

Human/Specimen	Invoice/Preparation/Check	Unit	Used Bill
Driver/Owner	1) AR: Accidental Reporting (\$50)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (20)	
Assigned Person:	3) TP: Towing Fee	200	
Checked by (Bug-in-Charge):	4) FT: Follow-Through Survey	100	
Comments:	5) FT: Follow-Through Survey (Recovery)	20	
	For claimant's report INC Only (WSP 10 JIA 200)		
	6) TR: Mileage Fee	20	
	7) NI: New DA + SMART Survey	100	
	8) NTUC Additional Survey Fee		
	9) NI: Post Repair Inspection	20	
	10) NI: Courtesy Car / Temp Allowance	20	
	11) NI: Repair Coordination	10	
	12) NI: Post Repair Inspection	20	
	13) NI: Mileage Fee	20	
	14) NI: Mileage Fee	20	
	15) NI: Mileage Fee	20	
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	100) NI: Mileage Fee	20	

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	09/04/2018 18:50
Date Of Accident	08/04/2018 12:40
Exact Location Of Accident	CTE TOWARDS CITY RANGOON ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7183U
Insured/Policyholder	
Name Of Registered Owner	BATHURUDEEN MOHAMED GANI
NRIC No	S8275256J
Email Address	SOULRIDER_707@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90054721
Alternative Phone No	OTHERS-90054721
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR-220CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	DELIVERY FOOD
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	5064888585-03
Cover Note Number	
Driver	
Name of Driver	BATHURUDEEN MOHAMED GANI
NRIC No	S8275256J
Date Of Birth	10/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90054721
Fax Number	
Contact Number	OTHERS-90054721
EMail Address	SOULRIDER_707@HOTMAIL.COM

Address	BLK 467 NORTH BRIDGE ROAD #04-5037
Postcode	190467
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	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL9613M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG KAM HOONG
NRIC/Passport Number	S6878539A
Contact Number	90054721
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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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**.
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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.

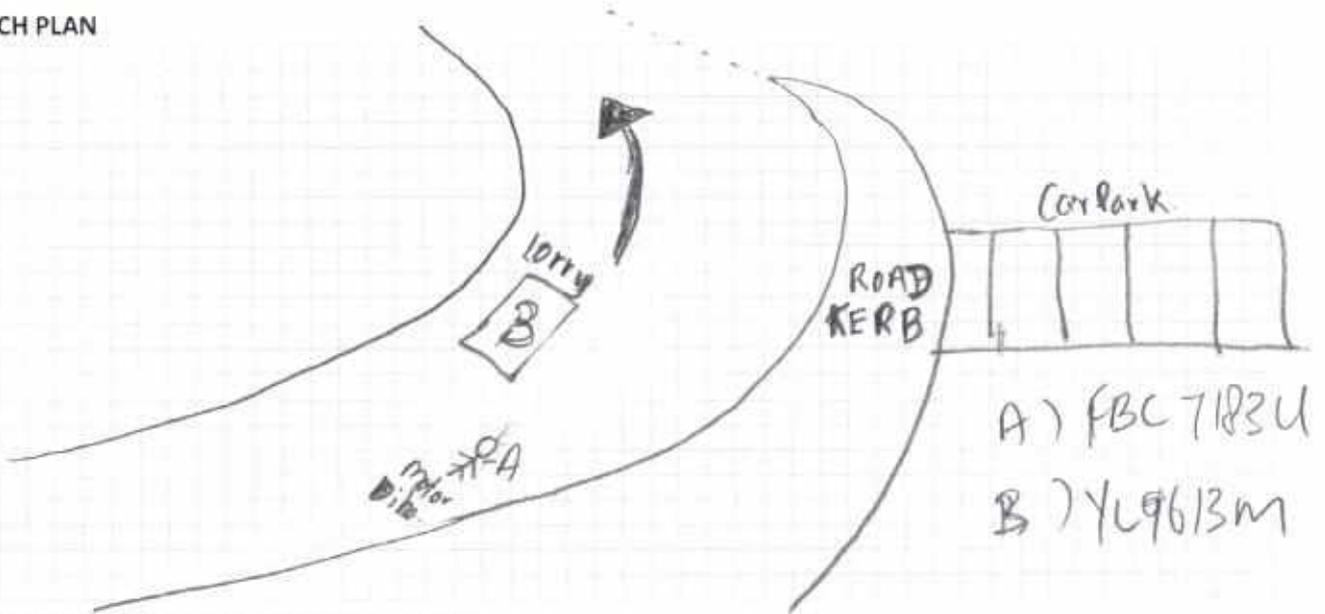
 09/04/18

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

On 08th April 2018 at about 12.40pm, I was travelling at CTE towards city Ransom exit. There was a lorry vehicle travelling in front, YL9613M. Suddenly the lorry slow down to avoid accident I moved to the right hand side of the road. Even though the road was a left turning only the lorry driver made a abrupt right turn to park his lorry at the carpark. He banged against my motorbike, FBC 7183U and my motorbike fell on the right side and damaged.

DECLARATION

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

[Signature] 08/04/18 1640
 Policyholder's Signature
 Date & Time:

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

[Signature] 29/04/2018
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.:

Claim Handling

Accident MT/0989633

Policy No.	586488593-02	Vehicle No.	FBC7183U	GST Registration No.	
Policyholder Name	BATHURUDEEN MOHAMED GANI	Contact No.(Office)		Policyholder NRIC	58275256J
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90054721	Contact No.(Home)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AK	- No - Yes	TCA	- No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▾ Accident Details

Report Date	09/04/2018 18:45	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/04/2018	Time of Accident (hh:mm)	12:40	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	CTE TOWARDS CITY HANGOODNEKIT				

▾ 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 467 #04-5037	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190467
Address 4		Address Type	Singapore address	Post Code	190467
Unit No.		Related Policy Number	586471066-02		

▾ OI Driver Info

Driver Name	BATHURUDEEN MOHAMED GANI	Driver Type	Man Driver	Driver DOB	10/05/1982
Unnamed Driver Name		Driver NRIC	58275256J	Driving Experience	6
Register Date of Driver License	13/09/2008	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 190467
Address 1	BLK 467 #04-5037	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190467
Address 4		Address Type	Singapore address	Post Code	190467
Unit No.		Driver Vehicle No.	FBC7183U	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Destination		Any injury?	Yes - No
Breathalyser or Blood Test Reading?	0 mg		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BATHURUDEEN MOHAMED GANI	Insured NRIC	58275256J
Contact No.(Mobile)	90054721	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	baunster_707@hotmail.com	OI Vehicle Number	FBC7183U	TP Vehicle Number	YL9613M
Claim Description	FBC7183U / YL9613M ON 8 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	CSA report	Received
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/04/2018 00:00
Date Registered	09/04/2018 18:48	Claim Close Date			
Report Taken By	BOSLI WAHAB				

Save Submit

Attachment

Accident No.	MT/0989633	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	09/04/2018 19:00

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

▾ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Apr 2018 19:00	SAS	Normal	SAS 2018-4-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Apr 2018 19:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Apr 2018 18:49	Photos	Normal	Photos 2018-4-9		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 18:49	Photos	Normal	Photos 2018-4-9	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Apr 2018 18:48	Photos	Normal	Photos 2018-4-9	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 04 / 18 (DD/MM/YYYY), TIME: 12 : 40 (HH:MM)

LOCATION: CTE Towards City Rangoon Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 71834
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5064888585 - 03
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: BAJAJ / AVISAR 200DTS
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Delivery Food
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: BATHURUDDEN MOHAMED GANI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 5875256T CONTACT: 90054721
- c) ADDRESS: Blk 467, North Bridgehead, #04-5037, SL-10467

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- ### DRIVER
- a) NAME: As above (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

- *d) DATE OF BIRTH: (10 / 05 / 1982) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS 28

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)
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)
- 7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(3)

- a) VEHICLE NUMBER: YL 9613M MODEL: TOYOTA
- b) DRIVER'S NAME: NONH KAM HOONH
- c) NRIC/FIN/PASSPORT: 5878539A CONTACT: 90054721

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- d) VEHICLE NUMBER: ~~YL 9613M~~ MODEL: ~~TOYOTA~~
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = soulrider.707@hotmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8275256J



Name
BATHURUDEEN MOHAMED GANI

பிதருதீன் முகம்மது கனி

Race
INDIAN
Date of birth
10-05-1982
Country of birth
INDIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8275256J



BATHURUDEEN MOHAMED GANI

Birth Date: 10 May 1982
Issue Date: 24 Nov 2017



4209994

NRIC No. S8275256J



Date of issue
24-04-2008

APT BLK 467 NORTH BRIDGE ROAD #04-5037
SINGAPORE 190467

NRIC No: S8275256J Date: 01/12/2008 No: 6289755

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B Motorcycles <= 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc

EFFECTIVE DATE
18 May 2006
17 Jul 2007
23 Sep 2008



NP 423A

Hello, NAC_BUKIT_MERAH_800676

• 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"/>	5064885565-03	BATHURUDEEN MOHAMED GANI	S8275256J	GMC	Third Party, Fire & Theft	FBC7183U	FBC7183U	31/07/2017	30/07/2018