NATIONAL Assessment Centre Services. KSNAM18049336

Date In: 13/04/2018 16:50	Job description	Date & Time Completed	Done by
Ref No: NBH/INC/B001/115N	SAS e-filing		
Veh No: SJE 6115T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/03/2018 14:55	I-Motor Claim Form	M7/0987380-002	14/04/2018 13:50
OD / TR / Reporting Only	I-Motor W/O (Within OD 3hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: FBX 7351J 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%; 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 0016)		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

XM2802887

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

Invoice Preparation Checklist		Non-Bill	Add Bill
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100);	INC ($50)		
3) TP: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$130		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jun 2010)			
6) TR: Re-Inspection	$35		
7) N1: Idev DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OIT			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$35		
*N8: DY / Collect Excess Coordination	$5		
TP (N11): TP (Non INC) against INC	$20		
9) N12: Idex Mobile	$0		
Invoice dated	*Fee Charged*		
Invoice date	*Fee Charged*		

MNA#18048E36 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 13/04/2018 16:50
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 14/04/2018 13:47

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 witholding 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	13/04/2018 16:50
Date Of Accident	18/03/2018 14:55
Exact Location Of Accident	WOODLANDS RINGS ROAD BESIDE BLOCK 648
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE6115T
Insured/Policyholder	
Name Of Registered Owner	JAMIL BIN MAKSOEM
NRIC No	S1450807D
Email Address	KENJAMILMAKSOEM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98461103
Alternative Phone No	OTHERS-98461103
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095305495
Cover Note Number	
Driver	
Name of Driver	JAMIL BIN MAKSOEM
NRIC No	S1450807D
Date Of Birth	29/03/1960
Occupation	INDOOR
Date Of Driving Pass	27/07/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98461103
Fax Number	
Contact Number	OTHERS-98461103
EMail Address	KENJAMILMAKSOEM@HOTMAIL.COM

Address	BLK 838 838 WOODLANDS STREET 82 #03-269
Postcode	730838
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	COLLIDED INTO MOTORCYCLIST
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	FBX7351J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

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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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5. **Any false reporting may be referred to the Police for investigation.**
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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.

13/4/18

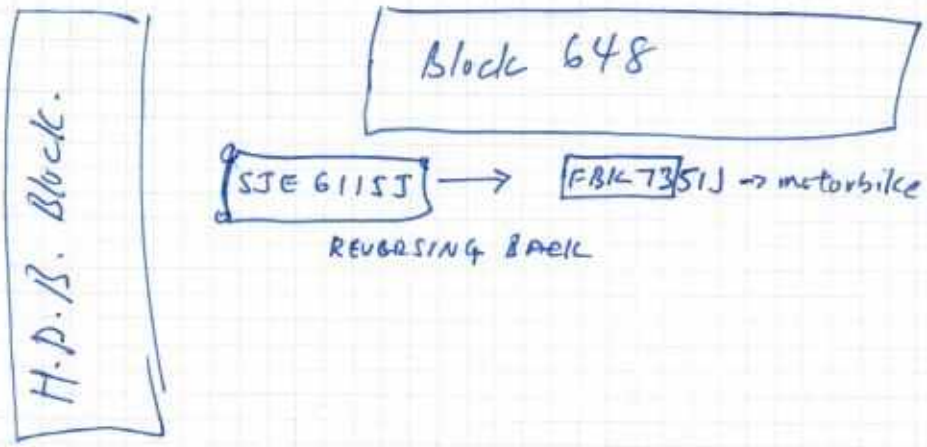
Policyholder's Signature
Date & Time:

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

14/04/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 18th March 2019 at about 1400 hr, at the scene, when I was reversing my vehicle, I felt a small jerk ~~and~~ with a sound. I came out from my car and I realised that I hit a motorbike. The owner of the motorbike wasn't there. I waited for a few second and there was a stranger (male chinese). Later this stranger and me pick up the motorbike and parked as it original position. I checked the motorbike and later my back area car, there were no clearly damage seen on the motorbike and my vehicle have a light scratch mark due to that small impact of the motorbike. Both of us the motorbike and my vehicle were not parked on a proper parking lot. We were on the open area without parking lot. Nobody were injured at that point of time. I left about 10 mins later.

Address of scenee. Woodland Rings Rd. (Beside Block 648) I presumed that was the Block number. (base on the 3rd party info)

DECLARATION

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

13/4/18

Policyholder's Signature
Date & Time:

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

14/08/2018

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

income
made different

Our Ref: MT/CA/TP/001/0987380-001/HT/VU

23 Mar 2018

JAMIL BIN MAKSOEM
BLK 838 #03-269
WOODLANDS STREET 82
SINGAPORE 730838

Dear Policyholder

CLAIM NUMBER: MT/0987380-001
ACCIDENT INVOLVING SJE6115T / FBK7351J on 18 Mar 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/0987380

Policy No.	5095305495	Vehicle No.	SJE6115T	GST Registration No.	
Policyholder Name	JAMIL BIN MAKSOEM			Policyholder NRIC	S1450807D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	23/03/2018 14:19	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	18/03/2018	Time of Accident hh:mm	14:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS RING ROAD BESIDE BLK 648				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 838 #03-269	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE 730838
Address 4		Address Type	Singapore address	Post Code	730838
Unit No.		Related Policy Number	5095305495		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Investigation

Claim 002 OD-MX

Claim Case Officer

Claim Type	OD-MX	Insured Name	JAMIL BIN MAKSOEM	Insured NRIC	S1450807D
Contact No.(Mobile)	98461103	Contact No.(Home)	63007911	Contact No.(Office)	NIL
Email Address	ilaganu13@hotmail.com	OI Vehicle Number	SJE6115T	TP Vehicle Number	FBX7351J
Claim Description	SJE6115T / FBX7351J ON 18 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/04/2018 13:50	Claim Close Date		Date Received	14/04/2018
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

✓ Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment | Notes

Accident No.	MT/0987380	Claim No.	002
Last Doc. Received	● Yes ○ No	Upload Date	14/04/2018 13:53

Path *		Category *	Confidential	Urgency *
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
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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:53	Photos	Normal	Photos 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:53	Photos	Normal	Photos 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:53	Photos	Normal	Photos 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:53	Photos	Normal	Photos 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:53	Photos	Normal	Photos 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:50	Photos	Normal	Photos 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:50	Photos	Normal	Photos 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:50	SAS	Normal	SAS 2018-4-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Apr 2018 13:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

DARYL Richards

ACCIDENT STATEMENT

ACCIDENT DATE: [18 / 3 / 2018] (DD/MM/YYYY), TIME: [14 : 55] (HH:MM)

LOCATION: ~~Woodland H.D Bases~~ Woodland Ring Rd beside block 648.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJE 6115 T
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5095305495
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: SUBARU FORESTER
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   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: JAMIL MAKSOEM (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1450807-D CONTACT: 98461103
   c) ADDRESS: BLK 838, Woodlands ST-82, #03-269 S'PORE 730838.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. DRIVER
   a) NAME: / (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: [29 / 03 / 1960] (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS
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
   a) VEHICLE NUMBER: FBX 7351J MODEL: MOTORCYCLE
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) (__)

email = kenjamilmaksoem@hotmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1450807D

Name

JAMIL BIN MAKSOEM

Race
INDONESIAN

Date of birth
29-03-1960

Sex
M

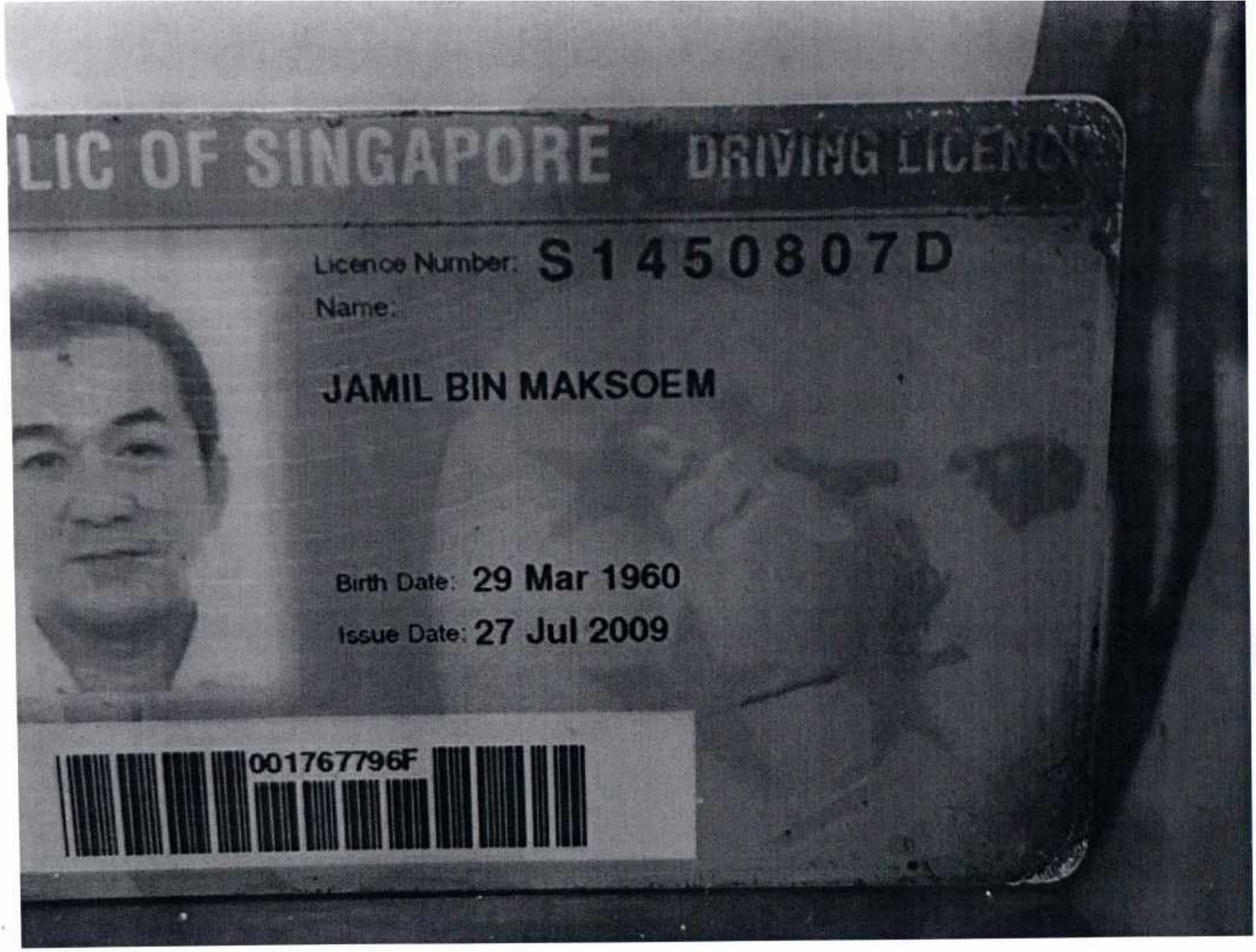
Country/Place of birth
SINGAPORE

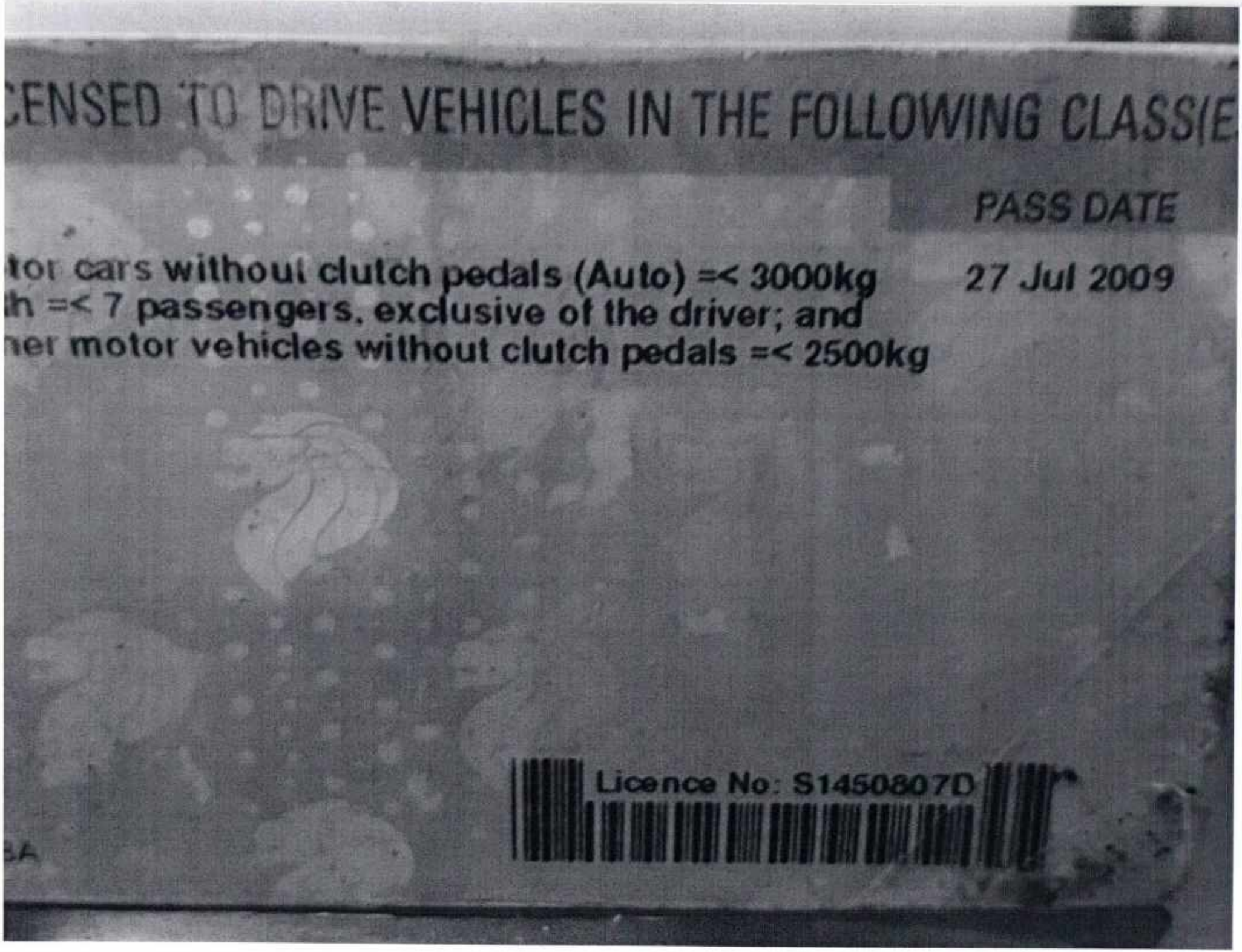
5405216

NRIC No. S1450807D

Date of issue
31-12-2014

Address
APT BLK 838 WOODLANDS STREET 82
#03-269
SINGAPORE 730838


LIC OF SINGAPORE DRIVING LICEN
Licence Number: S1450807D
Name:
JAMIL BIN MAKSOEM
Birth Date: 29 Mar 1960
Issue Date: 27 Jul 2009
001767796F


CENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSE
PASS DATE
tor cars without clutch pedals (Auto) =< 3000kg
h =< 7 passengers, exclusive of the driver; and
ner motor vehicles without clutch pedals =< 2500kg
27 Jul 2009
Licence No: S1450807D

eBaoTech GeneralClaim

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) SJE6115T

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
•	5095305495	IAMIL BIN MAKSOEM	S1450807D	GPC	drivo PREMIUM	SJE6115T	SJE6115T	25/11/2017	24/11/2018

Continue