

NATIONAL Assessment Centre Services

part 1 (2005) MMA 118051396

Date In: 18/14/18 14:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WA/INC180071751/4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FT 650Y	i-Motor Claim Form	MT10970928-001	18/14/18 16:22
D.O.A: 17/14/18 22:05.	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLN 9405 R. 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)	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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			Est Bill	Adj Bill
Driver/Owner	1) AR: Accident Reporting (\$30);		30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Date 1:	For claiming against INC Only (wef 10 Jan 2005)			
Date 2/3:	6) TR: Re-inspection \$75			
	7) NI: Idan DA + SMRT Survey \$160			
	8) NTUC Additional Services -			
	Q1:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N1): TP (Non-INC) against INC \$20			
	9) N12: Idan Mobile \$0			
	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 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. 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	18/04/2018 14:30
Date Of Accident	17/04/2018 22:05
Exact Location Of Accident	BOSCOMBE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT650Y
Insured/Policyholder	
Name Of Registered Owner	AAZMAN BIN MOHAMED
NRIC No	S7001139E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83336025
Alternative Phone No	OFFICE-83336025

Vehicle Particulars

Manufacturer	YAMAHA
Model	TZM150
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
Fleet Policy	NO
Policy Number	5098383044
Cover Note Number	-

Driver

Name of Driver	NAUFAL NASRULLAH BIN AAZMAN
NRIC No	S9829348E
Date Of Birth	02/09/1998
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83331532
Fax Number	
Contact Number	
E-Mail Address	NVUFVL1998@GMAIL.COM

Address BLK 338 UBI AVE 1 #02-869
 Postcode 400338
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - U-TURN
 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? 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? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SLN9405R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN HANG HWA
 NRIC/Passport Number S1373159D
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	NAUFAL NASRULLAH BIN AAZMAN
Approximate Age	
Injuries Sustain	TOE
Injured person in which vehicle?	FT650Y
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:



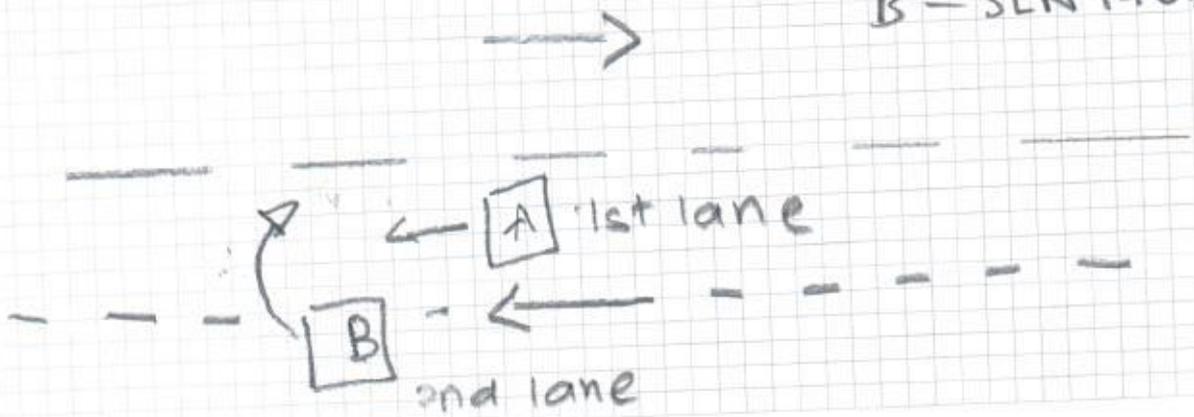
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

A - FT650Y
B - SLN9405R

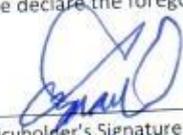


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the first lane going straight car B make a sudden u-turn on the 2nd lane so I jam break to avoid the clash so I skid and fall down and injured my toe. The accident happened on 17 April 2018 at 10.04pm. This incident happened at Boscombe Rd.

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:


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

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 4 / 18) (DD/MM/YYYY), TIME: (22 : 05) (HH:MM)

LOCATION: Boscombe Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT650Y
b) INSURANCE COMPANY: IUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: AAzman Bin Mohamed. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8333 6025
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Naufal Masrullah Bin AAzman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8333 1532
c) ADDRESS: _____

*d) DATE OF BIRTH: (___ / ___ / ___) (DD / MM / YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Child

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: SLN 9405 R. MODEL: _____
b) DRIVER'S NAME: Tay Hang Hwa
c) NRIC/FIN/PASSPORT: S 1373159D CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

Email = nvufvl1998@gmail.com

fax =

nvufvl1998@gmail.com



**SINGAPORE
POLICE FORCE**



T/20180418/2066

1 of 3

Report No. T/20180418/2066

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2018 14:12	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: NAUFAL NASRULLAH BIN AAZMAN			Address: APT BLK 338 UBI AVE 1 #02-869 HDB-GEYLANG SINGAPORE 400338		
ID Type / ID No.: NRIC NO / S9829348E			Contact No.: Home/Office:		Mobile: 83331532
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 02/09/1998	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name: ITE
Occupation: PART-TIME RIDER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2018 10:05	Type of Location:
Location: Along Road 1 BOSCOMBE ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT650Y	Motorcycle					0
SLN9405R	Car					0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20180418/2066

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180418/2

CONTINUATION OF REPORT

Rider Name	NAUFAL NASRULLAH BIN AAZMAN	ID No.	S9829348E
Related Vehicle	NIL	Contact No.	83331532
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS TRAVELLING ON THE 1ST LANE GOING STRAIGHT WHEN THE CAR(SLN9405R) THAT WAS TRAVELLING ON THE 2ND LANE MADE A SUDDEN U-TURN. I JAM BRAKED TO AVOID THE COLLISION AND SELF-SKIDDED. AS I INJURED MY TOE, I WENT TO GEYLANG POLYCLINIC AND RECEIVED 3-DAYS MC. AT THE POLYCLINIC I RECEIVED A INJECTION AS THE DOCTORS SAID THAT MY TOE COULD HAVE INFECTION. THE OTHE RPARTY WANTED TO PRIVATE SETTLE BUT WE COULD NOT REACH HIM.



SINGAPORE POLICE FORCE



T/20180418/2066

3 of 3

Report No. T/20180418/2066

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:

TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/04/2018 14:12

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9829348E



Name
 NAUFAL NASRULLAH BIN
 AAZMAN

Race
 MALAY

Date of birth 02-09-1998 Sex M

Country of birth
 SINGAPORE

14




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9829348E

Name
 NAUFAL NASRULLAH BIN AAZMAN

Birth Date: 02 Sep 1998

Issue Date: 06 Feb 2018




002771139J

4845574



NRIC No: S9829348E



Date of issue
 06-03-2013

Address
 APT BLK 338 UBI AVENUE 1
 #02-869
 SINGAPORE 400338

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE
 06 Feb 2018

Class 2B Motorcycles =< 200 cc

NP 428A

Licence No: S9829348E



Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098383044	AAZMAN BIN MOHAMED	S7001139E	GMC	Third Party	FT650Y	FT650Y	24/02/2018	23/02/2019

Continue

4/18/2018

Claim Handling

Accident MT/0990928

Policy No.	5098383044	Vehicle No.	FT650Y	GST Registration No.	57001139E
Policyholder Name	AAZMAN BIN MOHAMED	Cover Type	Third Party	Policyholder NRIC	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	83336025	Special Remark		eCode	No
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	18/04/2018 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	17/04/2018	Time of Accident hh:mm	22:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	805COMBE RD				

Benefits

Excess		Windscreen Excess
Own damage Excess	0.00	Additional 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 338 #02-869	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400338
Address 4		Address Type	Singapore address	Post Code	400338
Unit No.		Related Policy Number	5098383044		

01 Driver Info

Driver Name	NAUFAL NASRULLAH BIN AAZMAN	Driver Type	Named Driver	Driver DOB	02/09/1998
Unnamed driver Name		Driver NRIC	59829348E	Driving Experience	0
Register Date of Driver License	06/02/2018	Driver Age	19	Contact No.(Home)	
Contact No.(Mobile)	83331532	Contact No.(Office)		Address 3	SINGAPORE 400338
Address 1	BLK 338 #02-869	Address 2	UBI AVENUE 1	Post Code	400338
Address 4		Address Type	Singapore address		
Unit No.	02-869			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

Declaration		Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
Breathalyzer or Blood Test Reading?	0 mg		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AAZMAN BIN MOHAMED	Insured NRIC	57001139E
Contact No.(Mobile)	83336025	Contact No.(Home)	67444530	Contact No.(Office)	
Email Address	azmanmohamed1970@hotmail.com	OI Vehicle Number	FT650Y	TP Vehicle Number	SLN9405R
Claim Description	FT650Y / SLN9405R ON 17 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/04/2018 00:00
Date Registered	18/04/2018 16:20	Claim Close Date			
Report Taken By	LIJEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
			Save	Submit	

Attachment

Accident No.	MT/0990928	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/04/2018 16:22
Path *		Category *	
Choose File	No file chosen		Confidential
Choose File	No file chosen		Urgency *
Choose File	No file chosen		Descr

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

