

NATIONAL Assessment Centre Services [Stamp: 1 Jan 2005] **MNA46073421**

Date In: 06/06/2018 15:13	Job description:	Date & Time Completed	Done by
Ref No: NBA/INC/180/0297/Y	SAS e-filing		
Veh No: FBJ 9502H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/06/2018 11:15	i-Motor Claim Form	M710997501-001	06/06/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:57
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SLL 2206E** 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 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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: 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		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$0		
	Invoice date:	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 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	06/06/2018 13:55
Date Of Accident	05/06/2018 11:15
Exact Location Of Accident	ALONG AYE TOWARDS CITY AT AHMAD IBRAHIM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9502H
Insured/Policyholder	
Name Of Registered Owner	NURUL BAZILAH BINTE SHAFIE
NRIC No	S9729498D
Email Address	BAZILAHSHAFIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86616470
Alternative Phone No	OTHERS-86616470

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5079053674-01
Cover Note Number	

Driver

Name of Driver	NURUL BAZILAH BINTE SHAFIE
NRIC No	S9729498D
Date Of Birth	26/08/1997
Occupation	INDOOR
Date Of Driving Pass	21/03/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86616470
Fax Number	
Contact Number	OTHERS-86616470
Email Address	BAZILAHSHAFIE@GMAIL.COM

Address	BLK 5 TIONG BAHRU ROAD #01-14
Postcode	162005
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	COLLISION - HEAD TO REAR
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	SLL2206E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SKY
NRIC/Passport Number	
Contact Number	94878816
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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: 06/06/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



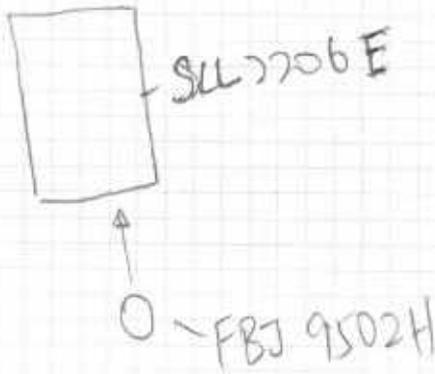
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG AYK TOWARDS CITY AT AHMAH ZBRATHIM EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SLL2206E

At the accelerating lane, entering the expressway, the car stops suddenly I didn't have time to stop ~~in lane~~ and hit the bumper of the car causing dent and scratches. Incident happened at about 11:18 am.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 06/06/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 06/06/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/0997501

Policy No.	5079053674-01	Vehicle No.	FBJ9502H	GST Registration No.	
Policyholder Name	NURUL BAZILAH BINTE SHAFIE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9729498D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86616470	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KPI	Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	06/06/2018 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/06/2018	Time of Accident (h:mm)	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AVE TOWARDS CITY AT AHMAD IBRAHIM EXIT				

Benefits

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore CG 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 5 #01-14	Address 2	TIONG BAHRU ROAD	Address 3	SINGAPORE 162005
Address 4		Address Type	Singapore address	Post Code	162005
Unit No.	07-439	Related Policy Number	5079053674-01		

01 Driver Info

Driver Name	NURUL BAZILAH BINTE SHAFIE	Driver Type	Main Driver	Driver DOB	26/08/1967
Unnamed driver Name		Driver NRIC	S9729498D	Driving Experience	2
Register Date of Driver License	21/03/2016	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	86616470	Contact No.(Office)		Address 1	SINGAPORE 162005
Address 1	BLK 5 #01-14	Address 2	TIONG BAHRU ROAD	Address 2	SINGAPORE 162005
Address 4		Address Type	Singapore address	Post Code	162005
Unit No.	07-439			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	FBJ9502H		

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes
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Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	NURUL BAZILAH BINTE SHAFIE	Insured NRIC	S9729498D
Contact No.(Mobile)	86616470	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	bazilahshafie@gmail.com	OT Vehicle Number	FBJ9502H	TP Vehicle Number	SLL7206E
Claim Description	FBJ9502H / SLL7206E ON 5 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/06/2018 00:00
Date Registered	06/06/2018 14:37	Claim Close Date			
Report Taken By	BOSLI WAHAB				

Print All letter

Attachment

Accident No.	MT/0997501	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/06/2018 14:37

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Message Read"/>				<input type="button" value="Send Message"/> <input type="button" value="Upload"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6		Edit
	NAC_BUKIT_MERAH_800676E NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6		Edit
	NAC_BUKIT_MERAH_800676F NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	Photos	Normal	Photos 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	SAS	Normal	SAS 2018-6-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 14:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-6	Edit

[Video List](#)

Uploaded By/Date	Folder Data	File Name		Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 05 / 2018) (DD/MM/YYYY), TIME: (11:18) (HH:MM)

LOCATION: Along AYE towards city at Ahmad Ibrahim exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Fb1 9502H
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 507905367401
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Yamaha Jupiter
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: On the way home
- 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: Nurul Bazilah Binte Shafie (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9729498D CONTACT: 86616470
- c) ADDRESS: Blk 5 Tiong Bahru Rd #01-14 S(162005)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: (26 / 08 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/03/2016

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

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: SLL 2206E MODEL: Hyundai

b) DRIVER'S NAME: Sky

c) NRIC/FIN/PASSPORT: _____ CONTACT: 94878816

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL : bazilahshafie@gmail.com

2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9729498D



Name
NURUL BAZILAH BINTE SHAFIE

Race
JAVANESE
Date of birth **26-08-1997** Sex **F**
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9729498D**

NURUL BAZILAH BINTE SHAFIE

Birth Date: **26 Aug 1997**
Issue Date: **21 Mar 2016**



002549499A1



4827510

NRIC No. **S9729498D**



Date of Issue
14-02-2012

APT BLK 5 TIONG BAHRU ROAD #01-14
SINGAPORE 102005
NRIC No: **S9729498D** Date: **01/07/2017**

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

21 Mar 2016

NP 428A



Licence No: S9729498D

Hello, NAC_BUKIT_MERAH_800676

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

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/06/2018 13:55"/>						
Vehicle No.(For Motor)	<input type="text" value="FBJ9502H"/>	<input type="button" value="Search"/>							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079053674-01	NURUL BAZILAH BINTE SHAFIE	S9729498D	GMC	Third Party, Fire & Theft	FBJ9502H	FBJ9502H	18/07/2017	05/07/2018
<input type="button" value="Continue"/>									



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : XMA418073421 Vehicle Registration No: FBJ 9502H
 Name (as shown in NRIC) : NURUL BAZILAH BINTI SHAFIQE NRIC/FIN/Passport No : 9972
 (*Vehicle Driver / Vehicle Owner) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 86616470
 Email Address : _____
 Date of Accident : 05/06/2018 Time of Accident : 11:15
 Place of Accident : ALONG AYK TOWARDS CITY AT AHMAD IBRAHIM EXIT
 Insurance Company : MTC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED H/P NUMBER 86616470

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No: [Signature]
 Date: 06/06/2018