

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] MNA18078394

Date In: 18/6/18-16:18	Job description	Date & Time Completed	Done by
Ref No: NA/NC18011009/24	SAS e-filing		
Veh No: PDA 8629E	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 14/6/18-17:50	i-Motor Claim Form	MT/0999050-001	18/5/18 20:09
OD / TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SF655J 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:	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

NA1803803	<b>Invoice Preparation Checklist</b>		Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Dat 1:	6) TR : Re-inspection \$75			
Dat 2/3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OT*			
	*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		

## 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 willful 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	18/06/2018 16:18
Date Of Accident	14/06/2018 17:50
Exact Location Of Accident	ALONG JOO CHIAT RD NEAR KHALID MOSQUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8629E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED FAISAL BIN ABDUL RAHMAN
NRIC No	S8002149F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98005369
Alternative Phone No	OFFICE-98005369

### Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ400SMK7
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	5048205451-06
Cover Note Number	

### Driver

Name of Driver	MOHAMED FAISAL BIN ABDUL RAHMAN
NRIC No	S8002149F
Date Of Birth	20/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2000
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98005369
Fax Number	
Contact Number	OFFICE-98005369
EMail Address	NOEMAIL

Address	BLK 742 PASIR RIS STREET 71 #08-21
Postcode	510742
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?	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)	2
Passenger 1	NAME: : ASHRAFF BIN AB SAMAD GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY N.P.C
Police Station Address	ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180614/2189.

#### 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	SFG55J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARREN GOH YEE WEI
NRIC/Passport Number	S9148741A
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name MOHAMED FAISAL BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain HANDS, KNEE AND RIBCAGE

Injured person in which vehicle? FBA8629E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name ASHRAFF BIN AB SAMAD

Approximate Age

Injuries Sustain ABRASION ON LEFT FINGERS AND RIGHT KNEE

Injured person in which vehicle? FBA8629E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

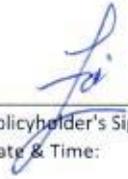
## SKETCH PLAN

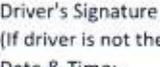
### IMPORTANT NOTICE

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:

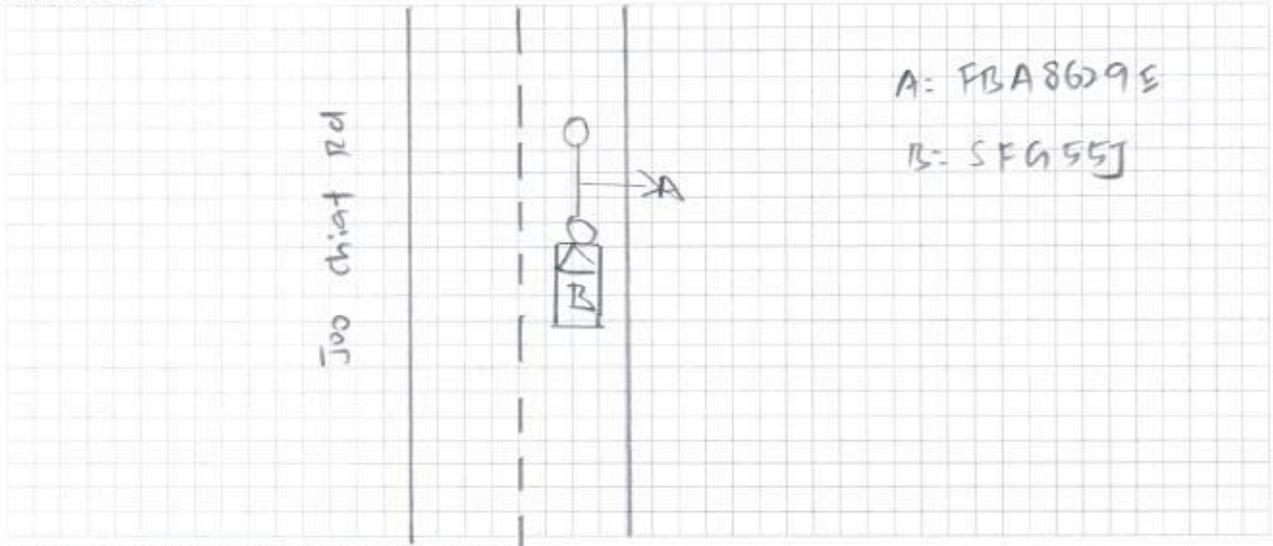
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report - T/20180614/2189.

*(The remaining lines of the form are crossed out with a diagonal line.)*

**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.:





Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	ASHRAFF BIN AB SAMAD	ID No.	S9049817G
Related Vehicle	FBA8629E (Motorcycle)	Contact No.	90277264
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Rider</b>			
Name	MOHAMED FAISAL BIN ABDUL RAHMAN	ID No.	S8002149F
Related Vehicle	FBA8629E (Motorcycle)	Contact No.	98005369
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	DARREN GOH YEE WEI	ID No.	S9148741A
Related Vehicle	SFG55J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 14/06/2018 at about 1750hrs, I was travelling on a straight road along Joo Chiat Road near to Khalid Mosque. I was travelling with a pillion on my Suzuki DRZ (FBA 8629E) when all of a sudden I felt an impact from the back of my motorcycle. A black Alfa Romeo Giulietta (SFG55J) had hit my motorcycle with the front ride side of its vehicle.

Upon collision, I lost balance and my motorcycle hit the side of the vehicle before it fell to the road. The driver of the vehicle did stop but I cannot recall what he had said to us. I remember him telling us that he was in a rush. There were passerby who had stopped to help me carry up the motorcycle which had been



**SINGAPORE  
POLICE FORCE**



T/20180614/2189

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

3 of 4

Report No. T/20180614/2189

**CONTINUATION OF REPORT**

damaged. I managed to exchange particulars with the driver of the vehicle but I believe that the mobile number he had provided me is not his number as when I tried to call, someone else had picked up.

I sustained abrasion on both of my hands and side of my right knee as well as pain on the right of my ribcage. My pillion sustained abrasions on his left fingers and his right knee.

The motorcycle also sustained some damages which includes scratches and dent on the handle and exhaust pipe, broken side mirror and right signal, dent on the right foot rest pedal, right side brake lever dented and the alignment of the motorcycle was off.

I am lodging this report for record purposes as well as for insurance claims.



# SINGAPORE POLICE FORCE



T/20180614/2189

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

4 of 4

Report No. T/20180614/2189

## 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:

A /  
Sgt 2 SRI SALMINAH BINTE SELAMAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/06/2018 22:41

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

SN 173

Authentication Stamp  
NP168



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8002149F



Name  
**MOHAMED FAISAL BIN ABDUL RAHMAN**

Race  
**MALAY**

Date of birth  
**20-01-1980**

Sex  
**M**

Country of birth  
**SINGAPORE**



S8002149F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8002149F**  
Name  
**MOHAMED FAISAL BIN ABDUL RAHMAN**

Birth Date **20 Jan 1980**  
Issue Date **14 Jul 2010**



001875502K1

4534332



NRIC No. S8002149F



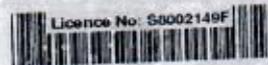
Date of issue  
**08-02-2010**

Address  
**APT BLK 742 PASIR RIS STREET 71  
#08-21  
SINGAPORE 510742**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

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

EFFECTIVE DATE  
**05 Jul 1999  
30 Nov 2000**



Licence No: S8002149F

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5048205451-06	MOHAMED FAISAL BIN ABDUL RAHMAN	S8002149F	GMC	Third Party, Fire & Theft	FBA8629E	FBA8629E	14/09/2017	13/09/2018

Continue

**Policy Information**

Policy No.	5048205451-06	Policyholder Name	MOHAMED FAISAL BIN ABDUL R	Policyholder NRIC	S8002149F
Address	BLK 742 #08-21 PASIR RIS STREET 71 SINGAPORE 510742				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/09/2017	Effective Date	14/09/2017 00:00	Expiry Date	13/09/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	INCOME - ANG MO KIO BRANCH	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 742 #08-21	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510742
Address 4		Address Type	Singapore address	Post Code	510742
Unit No.		Related Policy Number	5048205451-06		

**Insured Object: FBA8629E**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/0999050

Policy No.	5045205451-06	Vehicle No.	FBA8629E	GST Registration No.	
Policyholder Name	MOHAMED FAISAL BIN ABDUL RAHMAN			Policyholder NRIC	S8002149F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98005369	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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: 18/06/2018 20:07    Accident Report Within 24 hrs: Yes    Accident Type: Collision - Head to Rear  
 Date of Accident: 14/06/2018    Time of Accident hh:mm: 17:50    Country of Accident: Singapore  
 Reporting Centre:    Orange Force  
 Accident Location: ALONG JOO CHIAT RD NEAR KHALID MOSQUE    ICM No:

**Benefits**  
 **Excess**  
 Own damage Excess: 0.00    Additional Excess:    Windscreen Excess: 0.00  
 Unnamed Driver Excess:    Outside Singapore OD Excess:    Outside Singapore TP Excess:

**GST Registered Information**  
 GST Registered: No    GST Registration Date:    GST Status Verified: Yes  
 GST Registration No.:    Modification History:

**Policyholder Mailing Address**

Address 1	BLK 742 #08-21	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510742
Address 4		Address Type	Singapore address	Post Code	510742
Unit No.		Related Policy Number	5045205451-06		

**O1 Driver Info**

Driver Name	MOHAMED FAISAL BIN ABDUL RAHMAN	Driver Type	Main Driver	Driver DOB	20/01/1990
Unnamed driver Name		Driver NRIC	S8002149F	Driving Experience	17
Register Date of Driver License	30/11/2000	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	98005369	Contact No.(Office)	0	Address 3	SINGAPORE 510742
Address 1	BLK 742	Address 2	PASIR RIS STREET 71	Post Code	510742
Address 4		Address Type	Singapore address		
Unit No.	08-21				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration:  
 Breathalyser or Blood Test Reading? 0 mg    Any injury?  Yes  No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MOHAMED FAISAL BIN ABDUL R	Insured NRIC	S8002149F
Contact No.(Mobile)	98005369	Contact No.(Home)	55822407	Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	FBA8629E	TP Vehicle Number	SFG553
Claim Description	FBA8629E / SFG553 ON 14 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/06/2018 00:00
Date Registered	18/06/2018 20:09	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

Attachment

Accident No.	MT/0999050	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/06/2018 20:10

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Send Message **Upload**

**Attachment List**

