

NATIONAL Assessment Centre Services (Unit 1 2000)

Date In: 19/06/2018 13:37	Job Description	Date & Time Completed	Done by
Ref No: NA/INC 18011054/K4	SAB e-tiling		
Veh No: FBG 9785 Z	B-small (white shell, A107112)		
D.O.A: 19/06/2018 09:15	1-Motor Claim Form	MT/0999295-001	20/6/18 10:05
OD / TP / Reporting Unit	1-Motor W/O (white shell, A107112)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Loss Report by Box/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OWI: \_\_\_\_\_ Toll \_\_\_\_\_ Fax \_\_\_\_\_

TP Particulars: Yell No: SLW 3342E, INC ( ) / Non-INC ( )

Owner / Driver: \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Insured/Driver Liability: ( ) % (Note: Bil Status (WO): N: 0.20%; P: 21.79%; P: 80.100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Work in progress - Customer's information strictly confidential & strictly NO refer of reporter.

( ) 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 Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Re-survey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Action

Union of Participants	Invoice Preparation Checklist	Value
Driver/Owner:	1) AR: Accident Reporting (300)	
Police No:	2) DA: Damage Assessment (300)	INC (40)
Assessed Part: _____	3) TP: Towing Fee	\$125.00
	4) FT: Follow Through Survey	115
	5) PT: Post Repair A Survey (Re-survey)	115
	6) TR: Bill Inspection	115
	7) RT: RTV DA & SHRT Survey	115
	8) NTUC Additional Survey (000)	
	9) Other	
	10) NI: Courtesy Car / Tpl Allowance	115
	11) NI: Repair Coordination	115
	12) NI: Post Repair Inspection	115
	13) NI: DY / Collision Coordination	115
	14) NI: TP (Non-INC) Repair INC	115
	15) NI: Rental Vehicle	115
	16) Invoice Paid	
	17) Invoice Paid	

NA 1803854

## 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	19/06/2018 13:37
Date Of Accident	19/06/2018 09:15
Exact Location Of Accident	FORT ROAD FLY OVER TWDS MCE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9785Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED ASHIK BIN HAMZAH
NRIC No	S7242492A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98323353
Alternative Phone No	OTHERS-98323353

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GTS 300 SUPER
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	5088757765
Cover Note Number	

### Driver

Name of Driver	MOHAMED ASHIK BIN HAMZAH
NRIC No	S7242492A
Date Of Birth	13/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98323353
Fax Number	
Contact Number	OTHERS-98323353
EMail Address	NOEMAIL

Address	BLK 8 MARINE TERRACE #04-190
Postcode	440008
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	WET

#### 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	MARINE PARADE N.P.C
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180619/2072

#### 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	SLW3342E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MOHAMED ASHIK BIN HAMZAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBG9785Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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:

  
19/6/2018

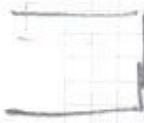
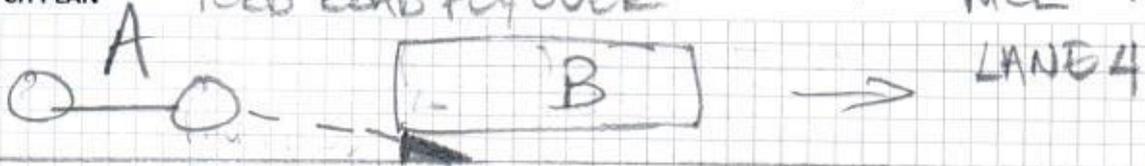
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

FORD ROAD FLY OVER

towards

MCE Tunnel



A - FBG9785Z  
 B - SLW3342E

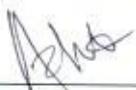
LANE 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

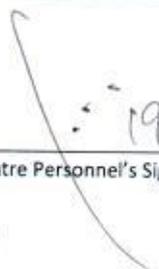
pls Refer to the Police Report -  
 T/20180619/2012

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: : 19/6/2018  
 NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180619/2072

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3

Report No. T/20180619/2072

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMED ASHIK BIN HAMZAH	ID No.	S7242492A
Related Vehicle	FBG9785Z (Motorcycle)	Contact No.	98323353
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 19/06/2018 at about 0915hrs, I was riding along Fort Road Flyover towards MCE tunnel at the extreme left lane. I wanted to change my lane to lane 3 and checked my blind spot and out of sudden the car in front suddenly stopped without stop light indicator. I then swirled my bike to the right to avoid major collusion and my bike bumped into the front car (SLW 3342E, Honda Civic, Grey) bumper and I fall. Both of us then exchanged our particulars as no one was injured at that point of time. However, after I reached work I realised that my body and my hips aching and numbness on my toes. Therefore, I decided to lodge a police report and go for medical treatment.



**SINGAPORE  
POLICE FORCE**



T/20180619/2072

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20180619/2072

**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: G / Staff Sgt MUHAMMED SHERIFF MOHAMMED HUSSAIN DEEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2018 13:04
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp  
NP168



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7242492A



Name  
**MOHAMED ASHIK BIN HAMZAH**

Race  
**MALAY**

Date of birth  
**13-11-1972**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7242492A**

Holder  
**MOHAMED ASHIK BIN HAMZAH**

Birth Date: **13 Nov 1972**

Issue Date: **27 Nov 2013**




5341937



NRIC No. **S7242492A**



Date of issue  
**01-08-2014**

**APT BLK 8 MARINE TERRACE #04-190**  
**SINGAPORE 440008**

NRIC No. **S7242492A** Date: **27/07/2016**

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	27 Jun 1996
Class 2A	Motorcycles between 201 cc and 400 cc	28 Apr 1996
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	26 Jun 2007

NP 428A

License No: **S7242492A**



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"/>	5088757765	MOHAMED ASHIK BIN HAMZAH	S7242492A	GMC	Third Party, Fire & Theft	FBG9785Z	FBG9785Z	18/03/2017	21/07/2018

Continue

▼ **Policy Information**

Policy No.	5088757765	Policyholder Name	MOHAMED ASHIK BIN HAMZAH	Policyholder NRIC	S7242492A
Address	BLK 8 #04-190 MARINE TERRACE MARINE TERRACE WALK SINGAPORE 440008				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/03/2017	Effective Date	18/03/2017 00:00	Expiry Date	21/07/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	A S PHOON PTE LTD	Agent Tel.	67470770	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 8 #04-190	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE WALK
Address 4	SINGAPORE 440008	Address Type	Singapore address	Post Code	440008
Unit No.		Related Policy Number	5088757765		

▶ **Insured Object: FBG9785Z**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	04/01/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 18 Mar 2017 TO 21 Jul 2018 In view of this amendment, an additional premium of \$86.74 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

## Claim Handling

Accident MT/0999295

Policy No.	5088757765	Vehicle No.	FBG9785Z	GST Registration No.	
Policyholder Name	MOHAMED ASHIK BIN HAMZAH	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S72
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98323353	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	20/06/2018 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	19/06/2018	Time of Accident hh:mm	09:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	FORT ROAD FLY OVER TWDS MCE TUNNEL				

## ▼ 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 8 #04-190	Address 2	MARINE TERRACE	Address 3	MAR
Address 4	SINGAPORE 440008	Address Type	Singapore address	Post Code	4401
Unit No.		Related Policy Number	5088757765		

## ▼ OI Driver Info

Driver Name	MOHAMED ASHIK BIN HAMZAH	Driver Type	Main Driver	Driver DOB	13/1
Unnamed driver Name		Driver NRIC	S7242492A	Driving Experience	21
Register Date of Driver License	27/06/1996	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	98323353	Contact No.(Office)	0	Address 3	
Address 1	BLK 8	Address 2	MARINE TERRACE	Post Code	4401
Address 4		Address Type	Singapore address		
Unit No.	#04-190	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMED ASHIK BIN HAMZAH	Insured NRIC	S72
Contact No.(Mobile)	98323353	Contact No.(Home)	62593355	Contact No.(Office)	
Email Address		OI Vehicle Number	FBG9785Z	TP Vehicle Number	SLW
Claim Description	FBG9785Z / SLW3342E ON 19 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	20/06/2018 10:03	Claim Close Date		Date Received	20/06
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.

MT/0999295

Claim No.

001

Last Doc. Received

Yes  No

Upload Date

20/06/2018 10:05

Path \*

- Choose File No file chosen
- Message Read

Category *		Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:03	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:02	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:02	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:02	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:02	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:02	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:02	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:01	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:01	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:01	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:01	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:01	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 10:01	Photos	Normal	Photos 20:

Video List

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