

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MNA118087584

Date In: 07/07/2018 13:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA/INC180123884	E-mail (within 8hrs, A/C 2hrs):		
Veh No: FR 159 K	i-Motor Claim Form: MTL1002033-001		07/07/2018
D.O.A: 06/07/2018 03:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		13:54
OD: TP Reporting Only	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: FBK 231T

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

MNA1804272

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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 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	07/07/2018 13:06
Date Of Accident	06/07/2018 03:00
Exact Location Of Accident	ROLLS ROYCE SELETAR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR159K
Insured/Policyholder	
Name Of Registered Owner	NUR HAKIM BIN YASSIN
NRIC No	S9371490C
Email Address	NURHAKIMYASSIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88771982
Alternative Phone No	OTHERS-88771982

Vehicle Particulars

Manufacturer	CAGIVA
Model	MITO-125CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092086144
Cover Note Number	

Driver

Name of Driver	NUR HAKIM BIN YASSIN
NRIC No	S9371490C
Date Of Birth	10/06/1993
Occupation	INDOOR
Date Of Driving Pass	31/05/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88771982
Fax Number	
Contact Number	OTHERS-88771982
Email Address	NURHAKIMYASSIN@GMAIL.COM

Address	BLK 318 UBI AVENUE 1
	#02-481
Postcode	400318
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	FBK231T
Vehicle Make/Model/Colour	VESPA GTS300
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD ISKANDAR BIN SABTU
NRIC/Passport Number	S8411541Z
Contact Number	90621734
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


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: 7TH JULY 2016


Driver's Signature

(If driver is not the policyholder)

Date & Time: 7TH JULY 2016


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 

SKETCH PLAN

UNKNOWN THERE IS
A MARK ON THE BIKE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOUND THE BIKE WAS DAMAGED WITH A NOTE STATING 'I ACCIDENTLY DROP YOUR BIKE,
PLEASE CALL ME 906217341 AFTER MY WORKING HOUR

DECLARATION

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

Policyholder's Signature

Date & Time: 7TH JULY 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7TH JULY 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/07/2018
ROSE WATLAB

Claim Handling

Accident MT/1002033

Policy No.

5092086144

Vehicle No.

FR159K

GST Registration No.

Policyholder Name

NUR HAKIM BIN YASSIN

Policyholder NRIC

S9371490C

Product Code

MOTORCYCLE INSURANCE

Cover Type

Third Party

Loading

0

Contact No.(Mobile)

88771982

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

No

Accident Details

Report Date

07/07/2018 13:25

Accident Report Within 24 hrs

Yes

Accident Type

Damaged whilst parked

Date of Accident

06/07/2018

Time of Accident hh:mm

03:00

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ROLLS ROYCE SELETAR CARPARK

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 318 #02-481

Address 2

UBI AVENUE 1

Address 3

SINGAPORE 400318

Address 4

Address Type

Singapore address

Post Code

400318

Unit No.

02-481

Related Policy Number

5092086144

OI Driver Info

Driver Name

Nur Hakim Bin Yassin

Driver Type

Main Driver

Driver DOB

10/06/1993

Unnamed driver Name

Driver NRIC

S9371490C

Driving Experience

1

Register Date of Driver License

31/05/2017

Driver Age

25

Contact No.(Home)

Contact No.(Mobile)

88771982

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 318 #02-481

Address 2

UBI AVENUE 1

Address 3

SINGAPORE 400318

Address 4

Address Type

Singapore address

Post Code

400318

Unit No.

02-481

Does he own a Singapore Registered car?

Yes No

Driver Vehicle No.

FR159K

Driver Insurer Company

NTUC

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes No

Modification History

Claim 001 OD-MX New

Claim Type *

OD-MX

Insured Name

NUR HAKIM BIN YASSIN

Insured NRIC

S9371490C

Contact No.(Mobile)

96113695

Contact No.(Home)

67460019

Contact No.(Office)

Email Address

NURHAKIMYASSIN@GMAIL.COM

OI Vehicle Number

FR159K

TP Vehicle Number

FBK231T

Claim Description

FR159K / FBK231T ON 6 Jul 2018

Name of Preferred Workshop

Preferred Workshop Contact No.

Insured Liability *

Not at Fault

Require Finalisation

Yes

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

07/07/2018 13:30

Claim Close Date

Date Received

07/07/2018 00:00

Report Taken By

ROSLI WAHAB

Workshop Repairer

Total Loss but Repaired

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1002033

Claim No.

001

Last Doc. Received

Yes No

Upload Date

07/07/2018 13:54

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *

Clear

Please Select

Confidential

No

Urgency *

Normal

Descr

Clear

Please Select

Confidential

No

Urgency *

Normal

Descr

Clear

Please Select

Confidential

No

Urgency *

Normal

Descr

http://gicclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=195522887&caseId=2485920&objectId=null&taskId=501&actionT... 1/2

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

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Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 13:54	SAS	Normal	SAS 2018-7-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 13:54	Photos	Normal	Photos 2018-7-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 13:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 13:28	Photos	Normal	Photos 2018-7-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 13:28	Photos	Normal	Photos 2018-7-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 13:28	Photos	Normal	Photos 2018-7-7
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jul 2018 13:28	Photos	Normal	Photos 2018-7-7

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 06/07/2018 (DD/MM/YYYY), TIME: 03:00 (HH:MM)

LOCATION: ROLLS ROYCE SELATAN (CARPARK)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FR159K
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 509208614A
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CAGIVA MITO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PARKED
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: NUR HAZIM BIN YASSIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S937490C CONTACT: 88721982
c) ADDRESS: 421 ANG 1 BLK 318 HOW 481 (400318)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
(Including driver)
(0)

DRIVER

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

* d) DATE OF BIRTH: 10/06/1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1

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

* No of passengers
(Including driver)
(1)

- a) VEHICLE NUMBER: PBA23IT MODEL: VESPA GTS300
b) DRIVER'S NAME: MUHAMMAD ISKANDAR BIN SABTU
c) NRIC/FIN/PASSPORT: 8891541Z CONTACT: 9062173A

9. THIRD PARTY VEHICLE

* No of passengers
(Including driver)
(-)

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

Email = NURHAZIMYASSIN@GMAIL.COM

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9371490C**



Name
NUR HAKIM BIN YASSIN

Race
JAVANESE

Date of birth
10-06-1993

Sex
M

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S9371490C**

Name
NUR HAKIM BIN YASSIN

Birth Date: **10 Jun 1993**

Issue Date: **16 Mar 2015**



002405962D



SG
50

9940573



NRIC No. **S9371490C**



Nationality
MALAYSIAN

Date of issue
20-06-2008

Address
**APT BLK 318 UBI AVENUE 1
#02-481
SINGAPORE 400318**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)


	EFFECTIVE DATE
Class 2B Class 3 Motorcycles <= 200 CC Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	31 Mar 2017 16 Mar 2015

S9371490C

S / No. 9000300451

NP 428A

Licence No: S9371490C



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="06/07/2018 12:53"/>
Vehicle No.(For Motor)	<input type="text" value="FR159K"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092086144	NUR HAKIM BIN YASSIN	S9371490C	GMC	Third Party	FR159K	FR159K	24/06/2017	23/08/2018