

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA180437

Date In: 11/07/2018 18:30	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/180437/1	SAS e-filing		
Veh No: 1854X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/07/2018 21:35	I-Motor Claim Form	MT/1802568-002	11/07/2018
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:31
	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: SHB 8668 R	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

NA180437	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
Cat 1:	*N5: Courtesy Car / Tpt Allowance \$5		
Cat 2 / 3:	*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	11/07/2018 18:20
Date Of Accident	10/07/2018 21:35
Exact Location Of Accident	TPE EXITING PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7854X
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD SAZALI BIN SHAMSUDDIN
NRIC No	S8070888B
Email Address	M.DIVER.DOWN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90013643
Alternative Phone No	OTHERS-90013643

Vehicle Particulars

Manufacturer	TRIUMPH
Model	TIGER EXPLORER XC-1.2
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5062756044-04
Cover Note Number	

Driver

Name of Driver	MOHAMAD SAZALI BIN SHAMSUDDIN
NRIC No	S8070888B
Date Of Birth	09/12/1980
Occupation	INDOOR
Date Of Driving Pass	05/08/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013643
Fax Number	
Contact Number	OTHERS-90013643
Email Address	M.DIVER.DOWN@GMAIL.COM

Address	BLK 274C PUNGGOL PLACE #14-832
Postcode	823274
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	SHB8668R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG
NRIC/Passport Number	S0132329F
Contact Number	90082662
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 11/7/18 10:11a

Driver's Signature

(If driver is not the policyholder)

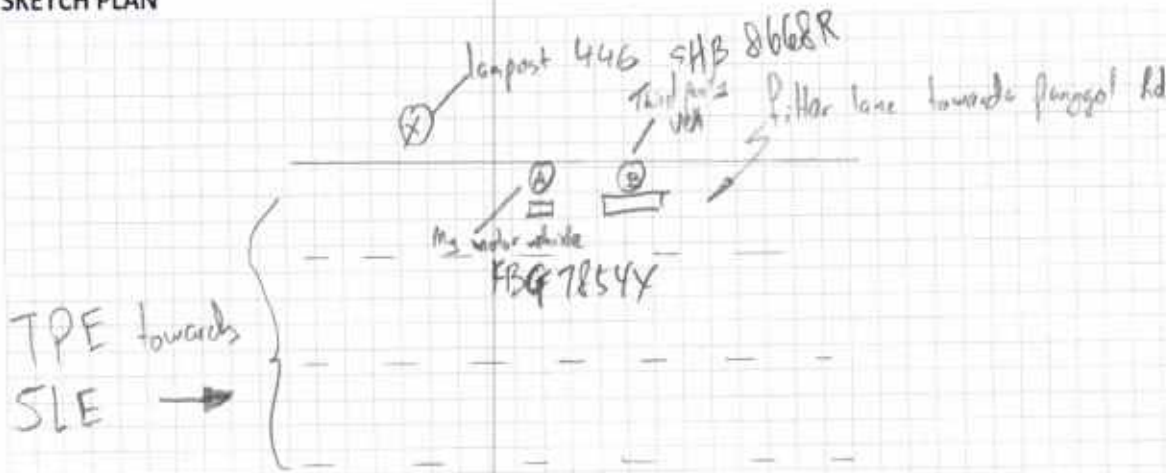
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 2135hrs on the 10/7/2018 as I was travelling along TPE towards SLE, I was filtering from the 3rd lane to the lane exiting towards Punggol Rd. At and around Langpost 446, I checked my blindspot on the left and filtered into the Punggol Road exit lane. While checking my blindspot into the lane, the vehicle in front of me plate no SHB 8668R came to a stop. I couldn't stop in time and rear ended the centre rear bumper of SHB 8668R of Hyundai silver coloured taxi.

The traffic was congested at the time of accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 11/7/18 1707hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1002568

Policy No.	5062756044-04	Vehicle No.	FBG7854X	GST Registration No.	
Policyholder Name	MOHAMAD SAZALI BIN SHAMSUDDIN	Cover Type	Comprehensive	Policyholder NRIC	580708888
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remarks		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	<input type="text" value="No"/>
KPI	= No Yes	NCD Enhancement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	11/07/2018 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/07/2018	Time of Accident Min:Sec	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	TPE- SEE INFO SLIP ROAD OF FUNGCOL ROAD				

Benefits

Excess

Own damage Excess	1,000.00	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 274C #14-832	Address 2	FUNGCOL PLACE	Address 3	SINGAPORE 823374
Address 4		Address Type	Singapore address	Post Code	823374
Unit No.		Related Policy Number	5062756044-04		

OI Driver Info

Driver Name	MOHAMAD SAZALI BIN SHAMSUDDIN	Driver Type	Main Driver	Driver DOB	09/12/1989
Unnamed driver Name		Driver NRIC	580708888	Driving Experience	9
Register Date of Driver License	05/08/2008	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	90013643	Contact No.(Office)		Address 3	SINGAPORE 823374
Address 1	BLK 274C #14-832	Address 2	FUNGCOL PLACE	Post Code	823374
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	MOHAMAD SAZALI BIN SHAMSUDDIN	Insured NRIC	580708888
Contact No.(Mobile)	90013643	Contact No.(Home)	67455459	Contact No.(Office)	
Email Address	m.slyer.dwh@gmail.com	OT Vehicle Number	FBG7854X	TP Vehicle Number	SHB88688
Claim Description	FBG7854X / SHB88688 ON 10 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/07/2018 18:28	Claim Close Date		Date Received	11/07/2018 00:00
Report Taken By	BOSLI WAHAB				

☐ Print AK letter

Attachment

Accident No.	MT/1002568	Claim No.	002
Last Out, Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/07/2018 18:31

Path *

Category *	Confidential	Urgency *	Description *
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
		SAS	Normal	SAS 2018-7-11		Edit
		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-11		Edit
		Photos	Normal	Photos 2018-7-11		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:31	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:31	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:28	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:28	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:28	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:28	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:28	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 18:28	Photos	Normal	Photos 2018-7-11	Edit
Video List					
Uploaded By/Date		Folder Date		File Name	Action
				Display in New Window	Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 04 / 2018) (DD/MM/YYYY), TIME: (21 : 35) (HH:MM)

LOCATION: TPE - exiting Ponggol Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRG 7854X
b) INSURANCE COMPANY: Wine Insure
c) POLICY NUMBER: 5062356044-04
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Triumph Explorer 1200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Mohamed Saadi Bin Shamsuddin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58070888B CONTACT: 90013643
c) ADDRESS: Blk 244 Ponggol Place #14-832 5823274

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (09 / 12 / 1980) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 5/8/2008

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

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: SHB 3668R MODEL: Hyundai
b) DRIVER'S NAME: heany
c) NRIC/FIN/PASSPORT: 50132329F CONTACT: 90082662

9. THIRD PARTY VEHICLE

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

Email = m.diver.down@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8070888B



Name
MOHAMAD SAZALI BIN SHAMSUDDIN

Race
MALAY

Date of birth
09-12-1980

Country of birth
MALAYSIA

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S8070888B**

Name
MOHAMAD SAZALI BIN SHAMSUDDIN

Birth Date **09 Dec 1980**

Issue Date **03 Dec 2003**



4785590



NRIC No. **S8070888B**



Date of issue
24-10-2011

APT BLK 274C PUNGGOL PLACE #14-832
SINGAPORE 823274

NRIC No. **S8070888B** Date: **17/05/2012** No: **7036261**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

CLASS	DATE
Class 2B Motorcycles <= 200 CC	04 Oct 2000
Class 2A Motorcycles between 201 CC and 400 CC	16 Jul 2002
Class 2 Motorcycles > 400 CC	05 Aug 2008
Class 3 Motor cars <= 1000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	02 Sep 2008

S / No. 9000080860

NRIC No. S8070888B



NP 425A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5062756044-04

Cover : Comprehensive

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBG7854X |
| Chassis Number | : SMTV1F11E9D569184 |
| 2. Name of Policyholder | : MOHAMAD SAZALI BIN SHAMSUDDIN |
| 3. Effective Date of Insurance | : 23 Nov 2017 |
| 4. Expiry Date of Insurance | : 22 Nov 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,000
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMAD SAZALI BIN SHAMSUDDIN
NAMED DRIVER (2)	: SAIFUL AMLI BIN AHMAD
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESALLES-DIRECT MARKETING (00000601661)

Date of Issue : 20 Nov 2017 21:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive