

NATIONAL Assessment Centre Services				Ref: JAN/21	MNA/0692864
Date In: 18/07/2018 15:57	Job description	Date & Time Completed	Done by		
Ref No: N/A/mu/80/3089A	SAS e-filing				
Veh No: FB55809T	E-mail (within 8hrs; A/C 2hrs)				
D.O.A: 18/07/2018 14:55	i-Motor Claim Form	MT/1003582-001	18/07/2018		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:09		
	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: SHC6766Z	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 :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2/3:	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) 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) RT : 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	18/07/2018 15:57
Date Of Accident	18/07/2018 14:55
Exact Location Of Accident	ALONG THOMSON ROAD TOWARDS BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB5309T
Insured/Policyholder	
Name Of Registered Owner	AISHAH BINTE JASNI
NRIC No	S8539500I
Email Address	ACEJACKO81@GMAIL.CO
Mobile Phone No	(LOCAL) +65-87504550
Alternative Phone No	OTHERS-87504550

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5093845861
Cover Note Number	

Driver

Name of Driver	AISHAH BINTE JASNI
NRIC No	S8539500I
Date Of Birth	22/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87504550
Fax Number	
Contact Number	OTHERS-87504550
EMail Address	ACEJACKO81@GMAIL.CO

Address	BLK 123 YISHUN STREET 11 #08-505
Postcode	760123
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)	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

ON 18-07-2018 AT ABOUT 14:55 I WAS TRAVELLING ALONG THOMSON ROAD TOWARDS BALESTIER ROAD JUST B/F LAMPOST 49 AND BUS STOP THOMSON B07 THERE WAS A BUS WHO STOP TO DROP OFF PASSANGER BUT THE TAXI JAM BRAKE FOR NOTHING AND I COULD NOT BRAKE ON TIME MY BIKE FBB5309T HIT THE REAR RIGHT SIDE OF THE TAXI SHC6766Z , I AND MY BIKE FELL OFF AND I HAD A SLIGHT INJURY AND MY BIKE HAD SOME DAMAGE. WE STOP AT THE SIDE ROAD AND EXCHANGE PARTICULARS THAT ALL.

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	SHC6766Z
Vehicle Make/Model/Colour	KIA SILVER
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH SOO PUNG
NRIC/Passport Number	S0201222G
Contact Number	90677377
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	AISHAH BINTE JASNI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBB5309T
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.

 18/7/18
4:23pm

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 18/07/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No: 

SKETCH PLAN

ALONG THOMPSON ROAD TOWARDS BAKKHEIM ROAD

A) FEB 5209T
B) SHC 6766Z

bh
Loadwhn

Thomson ROAD

Yellow Box

A) FBB 5209 T

B) SHC 6766Z

6h
150000

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

18/7/18
4:23 pm

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: *18601/2018*

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Claim Handling

Accident MT/1003582

Policy No.	3093845561	Vehicle No.	FBBS309T	GST Registration No.	
Policyholder Name	AISHAH BINTE JASNI			Policyholder NRIC	S85395001
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	87504550	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
ATK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/07/2018 18:55	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/07/2018	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG THOMSON ROAD TOWARDS BALESTIER ROAD				

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 123 #08-505	Address 2	YISHUN STREET 11	Address 3	CHONG PANG VIEW
Address 4	SINGAPORE 760123	Address Type	Singapore address	Post Code	760123
Unit No.		Related Policy Number	S093845561-01		

OI Driver Info

Driver Name	AISHAH BINTE JASNI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S85395001	Driver DOB	22/11/1985
Register Date of Driver License	06/07/2017	Driver Age	32	Driving Experience	1
Contact No.(Mobile)	87504550	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 123 #08-505	Address 2	YISHUN STREET 11	Address 3	CHONG PANG VIEW
Address 4	SINGAPORE 760123	Address Type	Singapore address	Post Code	760123
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBBS309T	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 New

Claim Type *	OT-MX	Insured Name	AISHAH BINTE JASNI	Insured NRIC	S85395001
Contact No.(Mobile)	87504550	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ACTIACK001@GMAIL.COM	OT Vehicle Number	FBBS309T	TP Vehicle Number	SHC6786Z
Claim Description	FBBS309T / SHC6786Z ON 18 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Pending
Date Registered	18/07/2018 17:00	Claim Close Date		Date Received	18/07/2018 00:00
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1003582	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/07/2018 17:09
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:09	GAS	Normal	SAC 2018-7-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 18/7/2018 (DD/MM/YYYY), TIME: 12:58 (HH:MM)

LOCATION: Novena Tjomban Rd towards Boonshan

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB5309T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SPARK 1.35
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: HISHAM BTE JASNI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S85395003 CONTACT: 87504550
c) ADDRESS: Blk 123 QISHUN ST 11 #08-505
(760123)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 22/11/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6/7/2017

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: SHC6766Z MODEL: KIA
b) DRIVER'S NAME: Koh Soo Pung
c) NRIC/FIN/PASSPORT: S0201222G CONTACT: 90677377

9. THIRD PARTY VEHICLE

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

email = ACCJACK081@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S85395001



Name: AISHAH BINTE JASNI

Race: MALAY
Date of birth: 22-11-1985
Country of birth: SINGAPORE

Sex: F



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S85395001



AISHAH BINTE JASNI

Birth Date: 22 Nov 1985
Issue Date: 10 May 2016

002565936G

3859353



NRIC No. S85395001



Date of issue: 16-03-2006

APT BLK 123 YISHUN STREET 11 #08-505
SINGAPORE 760123

NRIC No: S85395001 Date: 22/09/2016

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	06 Jul 2017
Class 3A	Motor cars without clutch pedals <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/Vehicles without clutch pedals <= 2500 kg	10 May 2016


16

S / No. 9000271376

S85395001

NP 426A

License No: S85395001



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="18/07/2018 15:51"/>						
Vehicle No.(For Motor)	<input type="text" value="FB85309T"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S093845861	AISHAH BINTE JASNI	S85395001	GMC	Third Party	FB85309T	FB85309T	29/08/2017	28/08/2018
<input type="button" value="Continue"/>									