

NATION 11 Assessment Centre Services

Ref: JAW05

MMA418093663

Date In: 20/07/2018 11:37	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC18013204/1	E-mail (w/In: 8hrs, A/C 2hrs):		
Veh No: FBM 683	i-Motor Claim Form: m1/1003807-001	20/07/2018	
D.O.A: 19/07/2018 05:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs):	12:08	
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: (I. MORRIS (SALLY) Tel: 63771285 Fax:)

TP Particulars:	Veh No: 63161611	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

NA/05342	Invoice Preparation Checklist	Amt (\$) 1st 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)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	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	20/07/2018 11:37
Date Of Accident	19/07/2018 05:00
Exact Location Of Accident	ALONG SELETAR EXPRESSWAY TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM683L
Insured/Policyholder	
Name Of Registered Owner	FAIZ ANIS BIN MOHAMAD
NRIC No	S9327315Z
Email Address	FAIZANISM93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98595887
Alternative Phone No	OTHERS-98595887

Vehicle Particulars

Manufacturer	BMW
Model	S1000RR ABS MANUAL
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093262915
Cover Note Number	

Driver

Name of Driver	FAIZ ANIS BIN MOHAMAD
NRIC No	S9327315Z
Date Of Birth	01/08/1993
Occupation	INDOOR
Date Of Driving Pass	11/07/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98595887
Fax Number	
Contact Number	OTHERS-98595887
Email Address	FAIZANISM93@GMAIL.COM

Address	BLK 905 JURONG WEST STREET 91 #06-169
Postcode	640906
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 INJURED PERSON 1

Name	FAIZ ANIS BIN MOHAMAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM683L
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: 19 JUL 2018
16:52:25

Driver's Signature

(If driver is not the policyholder)

Date & Time:

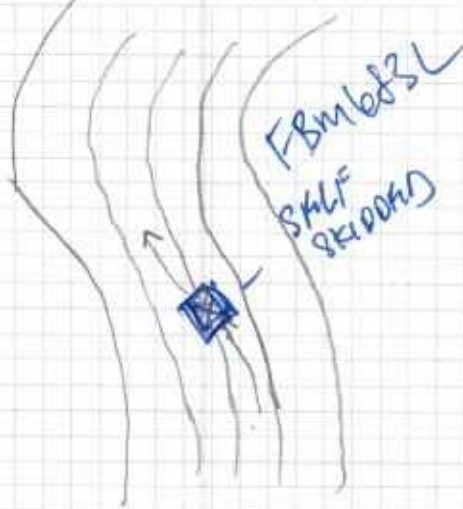
Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

SLK Towards Woodlands



X-Fall of motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along ekehar expressway towards woodlands under the heavy rain. was making a lane change during a wide bend and my tyre gave away causing my bike to skid.

DECLARATION

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

Policyholder's Signature
Date & Time: 19 JULY 2018
1655 HRS

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

20/07/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/1003807

Policy No.	5093262915	Vehicle No.	FBM683L	GST Registration No.	
Policyholder Name	FAIZ ANIS BIN MOHAMAD			Policyholder NRIC	S9327315Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98555887	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
RFL	- No - Yes	TCA	- No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	20/07/2018 11:52	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	19/07/2018	Time of Accident hh:mm	05:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SELETAR EXPRESSWAY TOWARDS WOODLANDS				

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 906 #06-199	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640906
Address 4		Address Type	Singapore address	Post Code	640906
Unit No.	06-199	Related Policy Number	5093262915		

OI Driver Info

Driver Name	FAIZ ANIS BIN MOHAMAD	Driver Type	Main Driver		
Unnamed driver name		Driver NRIC	S9327315Z	Driver DOB	01/08/1993
Register Date of Driver License	22/02/2012	Driver Age	24	Driving Experience	6
Contact No.(Mobile)	98555887	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 906 #06-199	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640906
Address 4		Address Type	Singapore address	Post Code	640906
Unit No.	06-199				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBM683L	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		
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Modification History

Claim 001 New

Claim Type *	OD-ND	Insured Name	FAIZ ANIS BIN MOHAMAD	Insured NRIC	S9327315Z
Contact No.(Mobile)	98555887	Contact No.(Home)		Contact No.(Office)	
Email Address	FAIZANISHM93@GMAIL.COM	OI Vehicle Number	FBM683L	TP Vehicle Number	
Claim Description	FBM683L / - ON 19 Jul 2018				
Preferred Workshop Contact No.	61771385	Insured Liability *	Fully at Fault	Name of Preferred Workshop	S-MOTORING (SALLY)
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	20/07/2018 12:00	Claim Close Date		Date Received	20/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1003807	Claim No.	501		
Last Doc. Received	Yes No	Upload Date	20/07/2018 12:06		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2018 12:08	Photo	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2018 12:08	Photo	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2018 12:08	Photo	Normal	Photos 2018-7-20		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 12:08	Photos	Normal	Photos 2018-7-20	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 12:07	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 12:07	Photos	Normal	Photos 2018-7-20	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 12:00	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 12:00	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 12:00	SAS	Normal	SAS 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 12:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-20	Edit

Video List

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

rsbm

From: Theresa Vimala <thrsvim.bala@income.com.sg>
Sent: Friday, 20 July, 2018 1:34 PM
To: 'rsbm'
Cc: Theresa Vimala
Subject: RE: MT/1003807-001 FBM683L

Hi Rosli

Noted with thanks

With Regards

Theresa Vimala
Snr Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Friday, July 20, 2018 12:06 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala <thrsvim.bala@income.com.sg>
Subject: MT/1003807-001 FBM683L

Hi the above mention o/d claim will submit the damage assessment earliest next week waiting for rider preferred workshop to give me the Damage listing thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ASSIGNMENT (IDAC)

By CSO - Nature of Accident:

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ? ☐
- a) Motorcar ☐ b) Pedestrian ☐
- c) Motorcycle ☐ d) Animal ☐
- e) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govn. Property ☐ b) Road Work Object ☐
- (Ex: signboard, barrier, tree etc)
- c) Private Property ☐
- 4) Vehicle drop into drain ☐
- 5) Damage due to Act of God: ☐
- a) Fallen Object ☐ b) Flood ☐
- c) Other ☐
- 6) Parked & Found Damaged: ☐
- a) Vandalism ☐ b) Hit by Moving Object ☐
- 7) Theft Case ☐
- a) Stolen ☐ b) Damage found ☐
- when recovered.
- 8) Fire ☐
- a) Whilst driving ☐ b) Parked ☐
- 9) Accident date more than 24hrs ☐

Remarks for internal information

Remarks to appear in Works Order & Assessment report

1) Potential Total Loss ☐2) SRS Light on ☐3) ABS Light on ☐

By Assessor - 1) Vehicle Information

Vehicle No: BM 683L Date: June 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / ☐

/ Truck / Trailer or ☐

Make & Model: B.M.W 51000 RR C.G. 999

Colour: Black/Red Transmission Type: Auto / Manual

Eng No: 104FA23168191 Sp. Reading: 15773

C/Nr: WBA0D1009GZ340003

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: ☒ Good / Jammed / Leaked / Burnt or

Brake: ☒ Good / Jammed / Leaked / Burnt or

Modi: ☒ Rr / Sr Rim / STD A/Rim or

Tyre Size: F: 120/70/R17

R: 200/55/R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU ☒ PIR / SUMI /

TOYO / YOKO or

Front: 6 mm Rear: 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

Parallel Import: Yes / ☒ No Towed-In: ☒ Yes / No

Repair Type: LS / I.B.I Towing Required: ☒ Yes / No

No of Repair Days: 20/09/2016 Vehicle in Idac: ☒ Yes / No

D.O.I: 20/09/2016 Time: 1400

By Assessor - 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

a. Vehicle ☐ b. Motorcycle ☐ c. Bicycle ☐ d. Pedestrian ☐e. Animal ☐ f. Govn Object ☐ g. Road Work Object ☐h. Private Property ☐ i. Drain ☐ j. Road Kerb/Grass Verge ☐

3) Vehicle does not seem damaged as a result of:

a. Fallen Object ☐ b. Flood ☐ c. Vandalism ☐ d. Fire ☐e. Moving Object ☐ f. Stolen ☐ g. Stolen & Recovered ☐

Time Started:

Time completed:

1) CSO

2) ABS

3) Entire Operation Completed Time:

Condition (CON)

(01) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched
 (07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary
 (12) Missing (13) Form (14) Unconfirmed (15) Not Working

ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (?)
 4. Not Consistent (NC)

May 2005

FOR MOTORCYCLE

Motorcycle

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim (WIRE)	SCR		
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Brake Disc	BT		
3005	991283	Rear Brake Shock	CUT		
3006	991281	Front Brake Caliper	W		
3007	991785	Front Fork	CUT		
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp			
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing			
3017	992130	Front Windshield	BR		
3018	992134	Front Wing Mirror			
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar	W	BT	
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH	CUT		
3032	992300	Fuel Tank	SCR		
1252	992179	Fuel Tank	SCR		
3033	990438	Fuel Tank Side Cover LH	W		
3034	990621	Clutch Lever	CUT		
3035	992293	Hand Brake Lever			
3036	991119	Side Fairing	W	BR	
3037	994220	Side Fairing Top Garnish			
3038	994219	Side Fairing Inner Garnish			
3039	991118	Fairing Shield	SCR		
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing	BR		
3043	993378	Rear Fairing			
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower	W	SCR	

Vehicle No:

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest	W	CUT	
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter	BR		
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy	BT		
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box			
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
1136	990247	Sticker			
		Motorcycle Coil Cover			

No of Items:

Assessor:

Claim Handling

Accident MT/1003807

Policy No.	5093262915	Vehicle No.	FBM683L	GST Registration No.	
Certificate No.					
Policyholder Name	FAIZ ANIS BIN MOHAMAD	Policyholder NRIC	593273152		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Leasing	0
Contact No.(Mobile)	98595887	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	20/07/2018 11:52	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	19/07/2018	Time of Accident h:mm	05:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	ALONG SELETAR EXPRESSWAY TOWARDS WOODLANDS				

Benefits

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 906 #06-169	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640906
Address 4		Address Type	Singapore address	Post Code	640906
Unit No.	06-169	Related Policy Number	5093262915		

OI Driver Info

Driver Name	FAIZ ANIS BIN MOHAMAD	Driver Type	Main Driver	Driver DOB	01/08/1993
Unnamed driver Name		Driver NRIC	593273152	Driving Experience	6
Register Date of Driver License	22/02/2012	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	98595887	Contact No.(Office)		Address 3	SINGAPORE 640906
Address 1	BLK 906 #06-169	Address 2	JURONG WEST STREET 91	Post Code	640906
Address 4		Address Type	Singapore address		
Unit No.	06-169				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBM683L	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
Modification History			

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimie Bin Mantau

Claim Type	OD-MD	Insured Name	FAIZ ANIS BIN MOHAMAD	Insured NRIC	593273152
Contact No.(Mobile)	98595887	Contact No.(Home)		Contact No.(Office)	
Email Address	FAIZANISBM3@GMAIL.COM	Ol Vehicle Number	FBM683L	TP Vehicle Number	
Claim Description	FBM683L / - ON 19 Jul 2018			Name of Preferred Workshop	1-MOTORING (SALLY)
Preferred Workshop	63771385	Preferred Repair Option	Preferred Workshop (refer below)	Insured Liability report	Fully at fault
Finalisation	Yes	Date Registered	20/07/2018 13:35	Claim Close Date	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Date Received	20/07/2018 12:08
Print AK letter				Total Loss but Repaired	
Modification History				OD Excess Collected by Workshop	

Special Claim Creation Approval

Approval	Reason
Remarks	

Damage assessment Attachment

Vehicle Info	
Vehicle Make	BMW
Vehicle Model	S 1000 RR
Date of Registration	08/06/2018
Class No.	WB10D1009GZ340003
Towing Required *	Yes No
Vehicle in IDAC *	Yes No
Type of Tender	Own Damage
Assessor Name *	ROSLI WAHAB
Engine Capacity	
Parallel Import *	Yes No
Survey Current Status	

IDAC/Workshop Name NATIONAL ASSESSMENT CENTR

IDAC/Workshop Location: 51 UBI AVENUE 1 #01-25 PAYA

Windscreen
Parts & Labour
CostTotal Loss * ☐ Yes ☒ NoMarket
Value(\$)

Scrap Value(\$)

Economic Repair Value(\$)

1)REAR TAIL LIGHT-1 UNCONFIRM, 2)MAGNET COIL COVER-1 UNCONFIRM, 3)FRONT WINDSHIELD -1 REPLACE, 4)ENGINE PROCTOR -1 UNCONFIRM, FRONT MUDGUARD -1 REPLACE, 5)FRONT TYRE -1 UNCONFIRM, 6)FRONT BRAKE DISC -1 REPLACE, 7)FRONT AXLE SLIDER -1 REPLACE, 8)REAR ARM SLIDER -1 REPLACE.

Remark

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	25200101	FAIRING (BOTTOM)	1	Replace	X
ABS	2	25200102	FAIRING (CENTRE)	1	Replace	X
ABSORBER	3	25200104	FAIRING (LEFT)	1	Replace	X
ACCELERATOR	4	25200107	FAIRING (TOP)	1	Replace	X
ACTUATOR	5	25200105	FAIRING (REAR)	1	Replace	X
ADVERTISEMENT STICKER	6	320001	MUFFLE (M/C)	1	Replace	X
	7	261001	FOOT REST (M/C)	1	Replace	X
	8	268012	GEAR LEVER	1	Replace	X
	9	200011	CLUTCH LEVER	1	Replace	X
	10	264008	FUEL TANK	1	Replace	X
	11	264010	FUEL TANK COVER	1	Replace	X
	12	27400103	HANDLE BAR (M/C) (FRONT)	1	Replace	X
	13	27400201	HANDLE BAR (M/C) BALANCER (LEFT)	1	Replace	X
	14	262008	FORK (M/C) OUTER TUBE	2	Unconfirm	X
	15	261002	FOOT REST (M/C) BRACKET	1	Unconfirm	X
	16	189004	BRAKE (M/C) LEVER	1	Replace	X

Save Submit

SPEEDWAY MOTOR PTE LTD

No. 36 Toh Guan Road East
#01-32 Enterprise Hub
Singapore 608580
Tel : (65) 6316 1611 Fax : (65) 6316 7881

NTUC INCOME INSURANCE
Claims Officer, Motor Insurance
Attn : Ms Chee Ling

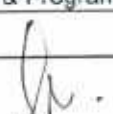
Date : 26-Jul-18
Vehicle No : FBM683L

RE : COMPREHENSIVE CLAIM

Make : BMW
Model : S1000XR ABS MANUAL

Engine No. 104EA23168191
Chassis No. WB10D1009GZ340003
Year 2016

	DESCRIPTION	AMOUNT
1	Head Cowling	\$ 425.00
2	Wind Shield	\$ 316.00
3	Handle Bar (LH)	\$ 295.00
4	Handle Bar Balancer (LH)	\$ 48.00
5	Clutch Lever	\$ 140.00
6	Fuel Tank	\$ 2,550.00
7	Fuel Tank Cover Centre	\$ 350.00
8	Fuel Tank Side Cover (LH)	\$ 85.00
9	Side Upp Cover (LH)	\$ 106.00
10	Side Centre Cover & Mark (BMW S1000RR) (LH)	\$ 830.00
11	Side Lower Cover (LH)	\$ 368.00
12	Front Mudguard	\$ 330.00
13	Front Fork Comp (LH)	\$ 168.00
14	Front Brake Disc (LH)	\$ 630.00
15	Front Caliper (BREMBO) (LH)	\$ 850.00
16	Front Wheel (HP)	\$ 1,900.00
17	Tail Light	\$ 324.00
18	Tail Centre Cover	\$ 34.00
19	Tail Side Cover (LH)	\$ 288.00
20	Front Footrest (LH)	\$ 140.00
21	Front Footrest Bracket (LH)	\$ 345.00
22	Manifold Comp Exhaust	\$ 3,650.00
23	Magnet Coil Cover	\$ 680.00
24	Gear Lever	\$ 178.00
25	Gear Shift	\$ 820.00
26	Front Signal Light	\$ 65.00
27	Frame Slider	\$ 250.00
28	Front Fork Axle & Rear Arm Slider	\$ 220.00
29	Engine Proctor (GBRAEING)	\$ 400.00
30	Labour & Programming Fees	\$ 600.00
	Total Amount Payable	\$ 17,385.00


Speedway Motor Pte Ltd

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 07 / 2015 (DD/MM/YYYY), TIME: 05 : 00 (HH:MM)

LOCATION: SELETAR EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8M 683 L
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 51000 EE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: HOME FROM 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: FAIZ ANIS BIN MOHAMAD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9327315Z CONTACT: 98595887
 c) ADDRESS: JURONG WEST STREET 91 BLOCK 906 #06-169
S640906

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FAIZ ANIS BIN MOHAMAD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9327315Z CONTACT: 98595887
 c) ADDRESS: JURONG WEST ST 91 BLOCK 906 #06-169
S640906

*d) DATE OF BIRTH: 01 / 05 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22 FEB 2012

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

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

1. MOTORING

98595887 ANIS
 SALLY 63771385

Email = FAIZANISM43@GMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9327315Z



Name

FAIZ ANIS BIN MOHAMAD

Race

JAVANESE

Date of birth

01-08-1993

Country of birth

SINGAPORE

Sex

M



4262021

NRIC No. S9327315Z



Date of issue
11-08-2008

Address

APT BLK 906 JURONG WEST STREET 91
#06-169
SINGAPORE 640906



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9327315Z

Name

FAIZ ANIS BIN MOHAMAD

Birth Date 01 Aug 1993

Issue Date 22 Feb 2012



002044929E

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	22 Feb 2012
Class 2A	Motorcycles between 201 CC and 400 CC	07 May 2012
Class 1	Motorcycles > 400 CC	11 Jul 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Aug 2013

S9327315Z

S / No. 9000197584

NP 426A



Licence No: S9327315Z

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.		Date of Accident	19/07/2018 16:53						
Vehicle No. (For Motor)	FBM683L	Search							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5093262915	FAIZ ANIS BIN MOHAMAD	S9327315Z	GMC	Comprehensive	FBM683L	FBM683L	07/08/2017	14/12/2018
Continue									