

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 24/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013390/13	SAS e-filing		
Veh No: FBM 9257H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/07/18 1830	i-Motor Claim Form	MT/1004381 - 001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKW 9975	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

NA1804643

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	OD*		
	*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 \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	24/07/2018 11:23
Date Of Accident	20/07/2018 18:30
Exact Location Of Accident	COMPASS ONE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4257H
Insured/Policyholder	
Name Of Registered Owner	AZARI BIN AZHAR
NRIC No	S9131616A
Email Address	ARIEMAIRA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90693526
Alternative Phone No	OTHERS-90693526

Vehicle Particulars

Manufacturer	HONDA
Model	NC750
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	5095861265
Cover Note Number	

Driver

Name of Driver	AZARI BIN AZHAR
NRIC No	S9131616A
Date Of Birth	02/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90693526
Fax Number	
Contact Number	OTHERS-90693526
Email Address	ARIEMAIRA@GMAIL.COM

Address	BLK 710 YISHUN AVE 5 #04-116
Postcode	760710
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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)	2
Passenger 1	NAME: : NUR HUMAIRA GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKW2997J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN CHIEN
NRIC/Passport Number	S2187470A
Contact Number	97113368
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AZARI BIN AZHAR
Approximate Age	
Injuries Sustain	SLIGHT & TRAUMA
Injured person in which vehicle?	FBM4257H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR HUMAIRA
Approximate Age	
Injuries Sustain	TRAUMA(PREGNANT)
Injured person in which vehicle?	FBM4257H
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.

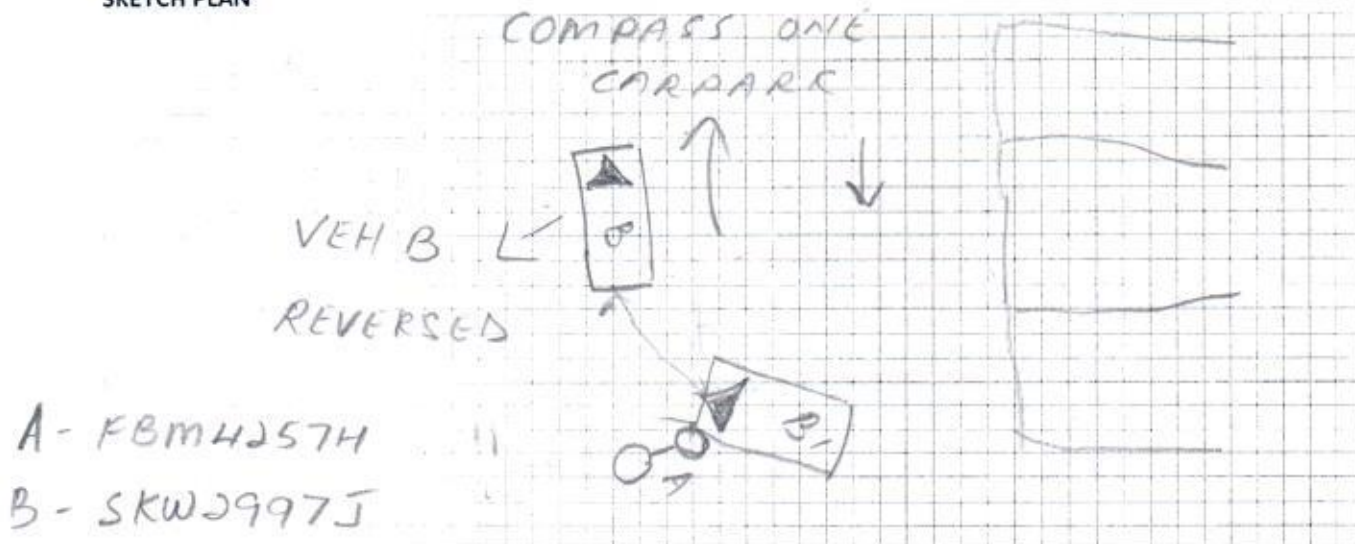

Policyholder's Signature

Date & Time: 24/7/18

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

After entering Compass One carpark, the car SKW 2997J Toyota altis was ~~waiting~~ preparing to enter a parking lot which is near a down slope. I managed to stop in time as I am sure he did not see me from behind. As I could see that his car is approaching near my front tyre of my motorcycle, I ~~asked him~~ honk and signal him a stop sign by using my hand signal. Prior to that, I luckily I asked my wife who at that time was my pillion, to alight first so that I can easily back pedal the bike. But the car continue reversing and hit and made my front tyre stuck underneath his front bumper of his car. That's where I am unable to hold my bike up and it drop to the ground.

DECLARATION

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

adhi

Policyholder's Signature

Date & Time: 24/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

sfym 24/07/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCES

Licence Number: **S9131616A**

Name: **AZARI BIN AZHAR**

Birth Date: **02 Sep 1991**

Issue Date: **12 Feb 2010**

00183046911



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9131616A**

Name: **AZARI BIN AZHAR**

ازري بن اذهر

Race: **MALAY**

Date of birth: **02-09-1991** Sex: **M**

Country of birth: **SINGAPORE**





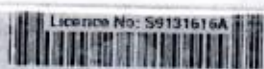
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	12 Feb 2010
Class 2A	Motorcycles between 201 CC and 400 CC	22 Apr 2015
Class 2	Motorcycles > 400 CC	27 Oct 2017
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	28 Mar 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	07 Aug 2014

S / No. 9000303273

S9131616A

Licence No: S9131616A



3927270



NRIC No. **S9131616A**



Date of issue: **04-09-2006**

APT BLK 710 YISHUN AVENUE 5 #04-116
SINGAPORE 760710

NRIC No: **S9131616A** Date: **26/02/2011** No: **6709499**

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095861265	AZARI BIN AZHAR	S9131616A	GMC	Third Party, Fire & Theft	FBM4257H	FBM4257H	13/11/2017	12/11/2018

Claim Handling

Accident MT/1004381

Policy No.	5095861265	Vehicle No.	FBM4257H	GST Registration No.	
Policyholder Name	AZARI BIN AZHAR			Policyholder NRIC	59131616A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90693526	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	24/07/2018 16:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	20/07/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMPASS ONE 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 710 #04-116	Address 2	YISHUN AVENUE 5	Address 3	CHONG PANG GREEN
Address 4	SINGAPORE 760710	Address Type	Singapore address	Post Code	760710
Unit No.	04-116	Related Policy Number	5095861265		
▼ O1 Driver Info					
Driver Name	AZARI BIN AZHAR	Driver Type	Main Driver	Driver DOB	02/09/1991
Unnamed driver Name		Driver NRIC	59131616A	Driving Experience	8
Register Date of Driver License	12/02/2010	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	90693526	Contact No.(Office)	0	Address 3	CHONG PANG GREEN
Address 1	BLK 710	Address 2	YISHUN AVENUE 5	Post Code	760710
Address 4	SINGAPORE 760710	Address Type	Singapore address		
Unit No.	#04-116				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AZARI BIN AZHAR	Insured NRIC	59131616A
Contact No.(Mobile)	90693526	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ariemaira@gmail.com	O1 Vehicle Number	FBM4257H	TP Vehicle Number	SKW2997J
Claim Description	FBM4257H / SKW2997J ON 20 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	24/07/2018 16:15	Claim Close Date		Date Received	24/07/2018 00:00
Report Taken By	ROSLINDA				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1004381	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/07/2018 16:17		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
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

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:17	SAS	Normal	SAS 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:17	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:17	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:17	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:16	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:16	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:16	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:16	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:16	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:15	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:15	Photos	Normal	Photos 2018-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:15	Photos	Normal	Photos 2018-7-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:15	Photos	Normal	Photos 2018-7-24

Video List

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