

NATIONAL Assessment Centre Services

(SST 1 Jan 2005)

MAN/08095613

Date In: 28/01/2008 15:37	Job description	Date & Time Completed	Done by
Ref No: N/A/08013439/V	SAS e-filing		
Veh No: FBH 4324D	E-mail (w/ 10min 8hrs, AIC 2hrs)		
D.O.A: 28/06/2008 07:05	i-Motor Claim Form	MT/004394001	28/01/2008 17:19
OD: (P) 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:

SKG 59P

INC () / Non-INC ()

Tel:

Owner / Driver: (

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

Am't (\$)

Am't (\$)

Int. 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) NI: 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 30

Invoice date/

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	24/07/2018 15:37
Date Of Accident	28/06/2018 07:05
Exact Location Of Accident	ALONG BKE BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4374D
Insured/Policyholder	
Name Of Registered Owner	MASWI BIN YAHYA
NRIC No	S7625964Z
Email Address	AWIEKEL666@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93381073
Alternative Phone No	OTHERS-93381073

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5072430851-03
Cover Note Number	

Driver

Name of Driver	MASWI BIN YAHYA
NRIC No	S7625964Z
Date Of Birth	25/08/1976
Occupation	INDOOR
Date Of Driving Pass	20/06/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93381073
Fax Number	
Contact Number	OTHERS-93381073
Email Address	AWIEKEL666@GMAIL.COM

Address	BLK 13 MARSILING LANE #12-11
Postcode	730013
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 - CHANGE/CROSS LANE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180723/2068

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	SKG59P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MASWI BIN YAHYA
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBH4374D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

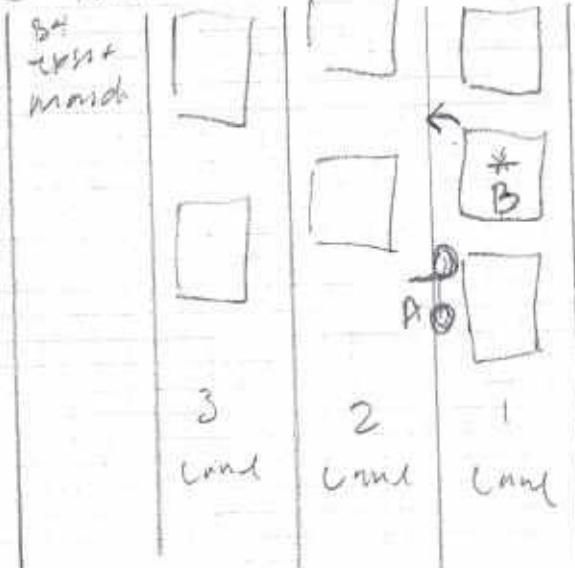
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No. 

SKETCH PLAN

ALONG RICH PARKWAY MANDALAY FOXIT

A) FBH43740
B) SKG59P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS, Police to Police Report
7/2018 0723/2018

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20180723/2068

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180723/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 13:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MASWI BIN YAHYA			Address: 13 MARSILING LN #12-11 HDB-WOODLANDS SINGAPORE 730013		
ID Type / ID No.: NRIC NO / S7625964Z			Contact No.: Home/Office: Mobile: 93381073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 25/08/1976	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: OPERATOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2018 07:05	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4374D	Motorcycle	YAMAHA	FZ 16	Red		0
SKG59P	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4374D	NTUC Income Insurance Co-Operative Limited	5072430851-03	25/06/2018	24/06/2019



**SINGAPORE
POLICE FORCE**



T/20180723/2068

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180723/2068

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING INBETWEEN THE EXTREME RIGHT LANE AND THE 2ND LANE BEFORE MANDAI EXIT. THERE WAS HEAVY TRAFFIC AT THE EXTREME RIGHT LANE. I WAS TRVAELLING ALONG WHEN SUDDENLY A CAR(SKG59P) FILTERED OUT TO THE LEFT FROM THE EXTREME RIGHT LANE. I COULD NOT STOP IN TIME AND I COLLIDED WITH THE CAR. THE COLLISION CAUSED ME TO VEER TO LANE 3. AMBULANCE CAME AND CONVEYED ME TO KHOO TECK PUAT HOSPITAL WHERE I WAS DISCHARGED THE FOLLOWING DAY AND RECEIVED 14-DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20180723/2068

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180723/2068

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/07/2018 13:29

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Claim Handling

Accident MT/1004394

Policy No.	5072430851-03	Vehicle No.	FBH4374D	GST Registration No.	
Policyholder Name	MASWI BIN YAHYA			Policyholder NRIC	S7625964Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	93381073	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KPI	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	24/07/2018 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	26/06/2018	Time of Accident hh:mm	07:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ECN No.	
Accident Location	ALONG BKE BEFORE MANDAI EXIT				

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 11 #12-11	Address 2	MARSELLING LANE	Address 3	SINGAPORE 730013
Address 4		Address Type	Singapore address	Post Code	730013
Unit No.	12-11	Related Policy Number	5072430851-03		

Q1 Driver Info

Driver Name	Maswi bin Yahya	Driver Type	Main Driver	Driver DOB	25/08/1976
Unnamed driver name		Driver NRIC	s7625964z	Driving Experience	5
Register Date of Driver License	20/06/2013	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	93381073	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBH4374D	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-MIX	Insured Name	MASWI BIN YAHYA	Insured NRIC	S7625964Z
Contact No.(Mobile)	93381073	Contact No.(Home)	95028423	Contact No.(Office)	
Email Address	AWIEKEL666@GMAIL.COM	GT Vehicle Number	FBH4374D	TP Vehicle Number	SKG59P
Claim Description	FBH4374D / SKG59P ON 28 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	24/07/2018 17:18	Claim Close Date		Date Received	24/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print All Letter

Save Submit

Attachment

Accident No.	MT/1004394	Claim No.	001
Last Doc. Received	Yes No	Upload Date	24/07/2018 17:18

Path *

Category *	Confidential	Urgency *	Description *
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 24 Jul 2018 17:19	Photos	Normal	Photos 2018-7-24		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 24 Jul 2018 17:19	Photos	Normal	Photos 2018-7-24		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 24 Jul 2018 17:19	Photos	Normal	Photos 2018-7-24		Edit

[illegible]

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 28/06/2018 (DD/MM/YYYY), TIME: 07:05 (HH:MM)

LOCATION: Along BICE Before Monopoli Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F34 43741
 b) INSURANCE COMPANY: NMC
 c) POLICY NUMBER: 1072430851-08
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: YAMAHA FZ16
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on 24th day 2 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: MARWI BIN YAHYA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 93351073
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8KG59P 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: _____

Email = dwiekel666@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7625964Z



Name

MASWI BIN YAHYA

Race

MALAY

Date of birth

28-08-1976

Sex

M

Country of birth

SINGAPORE



3923695

NRIC No. S7625964Z



Date of issue

28-08-2006

Address

APT BLK 13 MARBILING LANE
#12-11
SINGAPORE 730013

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7625964Z

MASWI BIN YAHYA

Birth Date 25 Aug 1976

Issue Date 14 Dec 2006



001465611D

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

PASS DATE

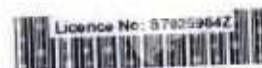
- Class 2B Motorcycles \leq 200 CC
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 3500 kg

20 Jan 2013
14 Dec 2006

S7625964Z

S / No. 9000185411

NP 428A



Licence No: S7625964Z

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="28/06/2018 11:28"/>						
Vehicle No.(For Motor)	<input type="text" value="FBH4374D"/>								
<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"/>	5072430851-03	MASWI BIN YAHYA	S7625964Z	GMC	Third Party, Fire & Theft	FBH4374D	FBH4374D	25/06/2018	24/06/2019
				<input type="button" value="Continue"/>					