

# NATIONAL Assessment Centre Services

(Ref: Jan 2005)

MA/AY18/07563

Date In: 20/08/2018 14:21	Job description	Date & Time Completed	Done by
Ref No: NBA/INC180/50834	SAS e-filing		
Veh No: FT 1971 P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/08/2018 09:30	i-Motor Claim Form	mt/1007988-001	20/08/2018 14:43
OD: TR 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: FB 3152Z	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:	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

1/A/1805228	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	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	20/08/2018 14:21
Date Of Accident	20/08/2018 09:30
Exact Location Of Accident	BLK 895D WOODLANDS DRIVE 50 MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT1971P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR FARHAN BIN NUR AFFANDY
NRIC No	S9316158J
Email Address	NURFARHAN.NMA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98193720
Alternative Phone No	OTHERS-98193720

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	HEADING TO WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5095347019
Cover Note Number	

### Driver

Name of Driver	NUR FARHAN BIN NUR AFFANDY
NRIC No	S9316158J
Date Of Birth	12/05/1993
Occupation	INDOOR
Date Of Driving Pass	21/07/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98193720
Fax Number	
Contact Number	OTHERS-98193720
Email Address	NURFARHAN.NMA@GMAIL.COM



Address	BLK 895B WOODLANDS DRIVE 50 #04-32
Postcode	731895
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	COLLIDED INTO PARKED VEHICLE
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	FBJ3152Z
Vehicle Make/Model/Colour	JUPITER MX
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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: 20/08/18 1259hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

BIK 295D WOODLANDS DRIVE SO MSCP

carport exit/gantry

[ ] [ ] [ ]

[ ] H1971P  
REVERSE

FBJ3152Z  
STATIONARY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was paddling my motorcycle backwards, reversing to exit my lot when my box hit his rear box, causing his bike to topple to the right. After that I stopped and proceeded to pick the bike up and to check for damages.

DECLARATION

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

  
Policyholder's Signature

Date & Time: 20/08/18 1301hrs

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

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



## Claim Handling

Accident MT/1007938

Policy No.	5095347019	Vehicle No.	FT1971P	GST Registration No.	
Certificate No.					
Policyholder Name	NUR FARHAN BIN NUR AFFANDY	Cover Type	Third Party	Policyholder NRIC	S9316138J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98193720	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KFE	+ No Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	20/08/2018 14:37	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	20/08/2018	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 895D WOODLANDS DRIVE 50 MSCF				
<b>Benefits</b>					
<b>Excess</b>					
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			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 895D #04-32	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 731895
Address 4		Address Type	Singapore address	Post Code	731895
Unit No.		Related Policy Number	5095347019		
<b>OS Driver Info</b>					
Driver Name	NUR FARHAN BIN NUR AFFANDY	Driver Type	Real Driver	Driver DOB	12/05/1993
Unnamed Driver Name		Driver NRIC	S9316138J	Driving Experience	1
Register Date of Driver License	21/07/2017	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	98193720	Contact No.(Office)		Address 3	SINGAPORE 731895
Address 1	BLK 895D #04-32	Address 2	WOODLANDS DRIVE 50	Post Code	731895
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FT1971P	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		
Modification History					

Claim 001

New

Claim Type *	CO-MX	Insured Name	NUR FARHAN BIN NUR AFFANDY	Insured NRIC	S9316138J
Contact No.(Mobile)	98193720	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	FT1971P	TP Vehicle Number	FS3315
Claim Description	FT1971P / FS331522 On 20 Aug 2018				
Preferred Workshop No. Finalisation	Yes	Insured Liability	Fully at Fault	Preferred Workshop, Name unknown	OIA report
Date Registered	20/08/2018 14:43	Claim Close Date		Date Received	20/08/2018
Report Taken By	ROSLI WAHAB				
Print AX letter					
Save Submit					

## Attachment

Accident No.	MT/1007938	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/08/2018 14:43
Path *			
Choose File	FT1971P_ID.jpg	Category *	NRIC/ Driving License
Choose File	No file chosen	Confidential	NO *
Choose File	No file chosen	Urgency *	Normal *
Choose File	No file chosen	Desc	NRIC/ Driving License
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			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_8005781 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 14:43		Photos	Normal

[illegible][illegible][illegible]

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 08 / 2018 (DD/MM/YYYY), TIME: 09 : 30 (HH:MM)

LOCATION: BK 895B WOODLANDS DR 50 MISCOP

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT1971 P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5095347019  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CB200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Heading to 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: NUR FARHAN BIN NUR AFFANDY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S93161585 CONTACT: 98193720  
 c) ADDRESS: 895B WOODLANDS DR 50 #04-32 5731945

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: 12 / 05 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 Feb 2015

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 carpark dry)

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: FBJ 3152 Z MODEL: JUPITER MX  
 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:  
nurfarhan.nma@gmail.com

Email =

fax =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9316158J



Name  
NUR FARHAN BIN NUR  
AFFANDY  
نور فرحان بن نور افندي  
Race  
MALAY  
Date of birth Sex  
12-05-1993 M  
Country of birth



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9316158J

Name  
NUR FARHAN BIN NUR  
AFFANDY

Birth Date 12 May 1993  
Issue Date 29 Sep 2012




4218935



NRIC No. S9316158J



Date of issue  
APT BLK 895B WOODLANDS DRIVE 50 #04-32  
SINGAPORE 731895  
NRIC No. S9316158J  
Date 04/12/2015  
NGAP

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 2B	Motorcycles up to 200 CC	11 Feb 2015
Class 2A	Motorcycles between 201 CC and 400 CC	21 Jul 2017
Class 3	Motor cars up to 3000 kg with 4 wheels and 200 km/h or less	29 Sep 2012

S / No 9000271760

S9316158J

NP 428A



Licence No. S9316158J

## 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** : 5095347019

**Cover** : Third Party

- |  |                              |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FT1971P                    |
| Chassis Number                                   | : MC391020564                |
| 2. Name of Policyholder                          | : NUR FARHAN BIN NUR AFFANDY |
| 3. Effective Date of Insurance                   | : 25 Oct 2017                |
| 4. Expiry Date of Insurance                      | : 24 Oct 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: NUR FARHAN BIN NUR AFFANDY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : JANET STEPHANIE HANDOKO (00000602432)  
 Date of Issue : 25 Oct 2017 16:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive