

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 30/08/2018 13:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18015829/K4	SAS e-filing		
Veh No: FT 650Y	E-mail (within 8hrs, AIC 2hrs)		
DOA: 29/08/2018 20:55	i-Motor Claim Form	MT/1009515-001	30/8/18 17:55
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHC 2954Z, 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

NA1805531

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int. Bill

Add. Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

1. 1:

1. 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: 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: Idno DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON*		
*N5: Courtesy Car / Tpl 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: Idno Mobile	\$30	

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30/8/2018

21880

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	30/08/2018 13:30
Date Of Accident	29/08/2018 20:55
Exact Location Of Accident	BEFORE THE JUNC OF OLD AIRPORT RD AND CASSIA LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT650Y
Insured/Policyholder	
Name Of Registered Owner	AAZMAN BIN MOHAMED
NRIC No	S7001139E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83331532
Alternative Phone No	OTHERS-83331532

Vehicle Particulars

Manufacturer	YAMAHA
Model	TZM150
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
Fleet Policy	NO
Policy Number	5098383044
Cover Note Number	

Driver

Name of Driver	NAUFAL NASRULLAH BIN AAZMAN
NRIC No	S9829348E
Date Of Birth	02/09/1998
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83331532
Fax Number	
Contact Number	OTHERS-83331532
Email Address	NOEMAIL

Address	BLK 338 UBI AVENUE 1 #02-869
Postcode	400338
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CLOUDY
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180829/2184

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	SHC2954Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	NAUFAL NASRULLAH BIN AAZMAN
Approximate Age	
Injuries Sustain	LEFT ARM PAIN
Injured person in which vehicle?	FT650Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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)**

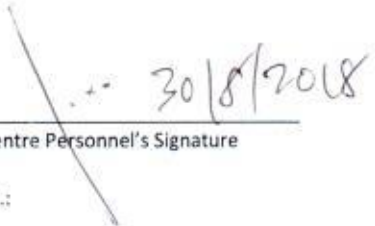
I understand, acknowledge, agree and consent that:

- (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:



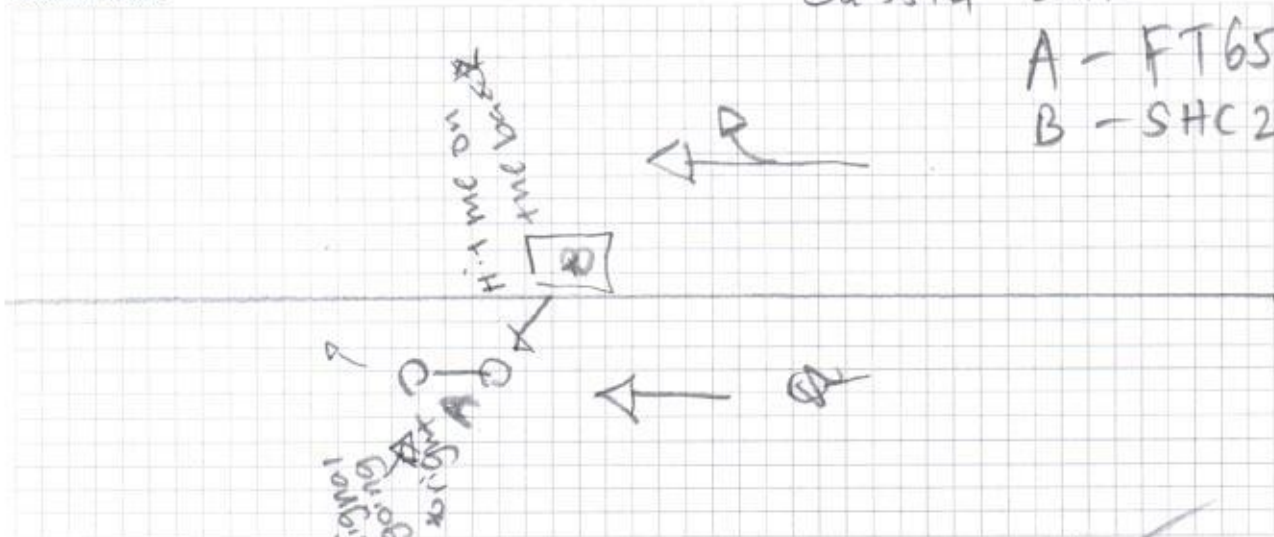
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Before the Junction of old Airport RD / Cassia Link

SKETCH PLAN



A - FT650Y
B - SHC2954Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180829/2184

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/20180829/2184

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180829/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 22:52	Vide Report No.: G/20180829/0192	Station Diary No.: 85
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Informant's Particulars

Name of Informant: NAUFAL NASRULLAH BIN AAZMAN			Address: APT BLK 338 UBI AVENUE 1 #02-869 SINGAPORE 400338		
ID Type / ID No.: NRIC NO / S9829348E			Contact No.: Home/Office: Mobile: 83331532		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 02/09/1998	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/08/2018 20:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 OLD AIRPORT ROAD CASSIA LINK Before the junction of old airport road and cassia link				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT650Y	Motorcycle					0
SHC2954Z	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180829/2184

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20180829/2184

CONTINUATION OF REPORT

Rider			
Name	NAUFAL NASRULLAH BIN AAZMAN	ID No.	S9829348E
Related Vehicle	NIL	Contact No.	83331532
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/8/18 at around 2055hr, I was riding my motorbike(FT650Y) along old airport road towards stadium boulevard near to the junction of cassia link. I was travelling towards cassia link. I was on the left lane signaling to the right lane and there was a taxi(SHC2954Z) on my rear left. When I was lane changing, I felt a impact on my rear causing me to wobble and fall on the ground. Subsequently both of us proceeded to the side and the driver of SHC2954Z claims that he did not hit onto me as there are no damage on his vehicle. He then further inform me to claim insurance and left the scene in a hurry without exchange particulars. A police patrol car who is nearby the vicinity assisted me in the incident.



**SINGAPORE
POLICE FORCE**



T/20180829/2184

3 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180829/2184

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:
G /
Sgt 2 ONG JIN HONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/08/2018 22:52

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9829348E



Name
NAUFAL NASRULLAH BIN
AAZMAN

14

Race
MALAY
Date of birth
02-09-1998
Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9829348E

Name

NAUFAL NASRULLAH BIN AAZMAN



Birth Date: 02 Sep 1998

Issue Date: 06 Feb 2018



002771139J



4945574

NRIC No. S9829348E



Date of issue
06-03-2013

Address
APT BLK 338 UBI AVENUE 1
#02-869
SINGAPORE 400338

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

06 Feb 2018

NP 428A



Licence No: S9829348E

eBaoTech

GeneralClaim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098383044		AAZMAN BIN MOHAMED	S7001139E	GMC	Third Party	FT650Y	FT650Y	24/02/2018	23/02/2019

 **Policy Information**

Policy No.	5098383044	Policyholder Name	AAZMAN BIN MOHAMED	Policyholder NRIC	S7001139E
Certificate No.					
Address	BLK 338 #02-869 UBI AVENUE 1 SINGAPORE 400338				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/02/2018	Effective Date	24/02/2018 00:00	Expiry Date	23/02/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 338 #02-869	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400338
Address 4		Address Type	Singapore address	Post Code	400338
Unit No.		Related Policy Number	5098383044		

 **Insured Object: FT650Y**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1009515

Policy No.	5098383044	Vehicle No.	FT650Y	GST Registration No.	
Certificate No.					
Policyholder Name	AAZMAN BIN MOHAMED			Policyholder NRIC	5700
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83331532	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	30/08/2018 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	29/08/2018	Time of Accident hh:mm	20:55	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEFORE THE JUNC OF OLD AIRPORT RD AND CASSIA LINK				

▼ 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			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 338 #02-869	Address 2	UBI AVENUE 1	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4003
Unit No.		Related Policy Number	5098383044		

▼ OI Driver Info

Driver Name	NAUFAL NASRULLAH BIN AAZMAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9829348E	Driver DOB	02/0
Register Date of Driver License	06/02/2018	Driver Age	19	Driving Experience	0
Contact No.(Mobile)	83331532	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 338	Address 2	UBI AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	4003
Unit No.	#02-869				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AAZMAN BIN MOHAMED	Insured NRIC	5700
Contact No.(Mobile)	83336025	Contact No.(Home)	67444530	Contact No.(Office)	
Email Address	azmanmohamed1970@hotmail	OI Vehicle Number	FT650Y	TP Vehicle Number	SHC
Claim Description	FT650Y / SHC2954Z ON 29 Aug 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	Rece
Date Registered	30/08/2018 17:55	Claim Close Date		Date Received	30/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1009515

Claim No. 001

Last Doc. Received

☒ Yes ☐ No




















Upload Date

30/08/2018 17:55

Path *	Category *	Confidential	Urgency *
Browse...	Clear Please Select	NO	Normal
Browse...	Clear Please Select	NO	Normal
Browse...	Clear Please Select	NO	Normal
Browse...	Clear Please Select	NO	Normal
Browse...	Clear Please Select	NO	Normal
Browse...	Clear Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:55	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:54	SAS	Normal	SAS 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:53	Photos	Normal	Photos 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:53	Photos	Normal	Photos 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:53	Photos	Normal	Photos 2018-8-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:52	Photos	Normal	Photos 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:52	Photos	Normal	Photos 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Aug 2018 17:52	Photos	Normal	Photos 2018-8-30

Video List

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