

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MANA 418/20168

Date In: 17/09/2008 19:01	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/0016587/4	SAS e-filing		
Veh No: FW 2168 U	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 17/09/2008 08:25	i-Motor Claim Form	MT1011886001	17/09/2008 19:15
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:

SLR 215E

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

MANA 05905

Invoice Preparation Checklist

Ant (\$)

Int Bill

Ant (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

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) N1: Idao 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 (N/A INC) against INC \$20

9) N12: Idao 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	17/09/2018 19:01
Date Of Accident	17/09/2018 08:25
Exact Location Of Accident	CTE TOWARDS CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW2168U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD IDRIS BIN KAMSANI
NRIC No	S9300734D
Email Address	IDRIS_RANGO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83684866
Alternative Phone No	OTHERS-83684866

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086690678-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IDRIS BIN KAMSANI
NRIC No	S9300734D
Date Of Birth	02/01/1993
Occupation	INDOOR
Date Of Driving Pass	13/10/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83684866
Fax Number	
Contact Number	OTHERS-83684866
Email Address	IDRIS_RANGO@HOTMAIL.COM

Address	BLK 31 TEBAN GARDENS ROAD #05-217
Postcode	600031
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 TO REAR
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	SLS215E
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO YEW SENG STEPHEN
NRIC/Passport Number	S6848245C
Contact Number	87183170
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.

17/09/2018

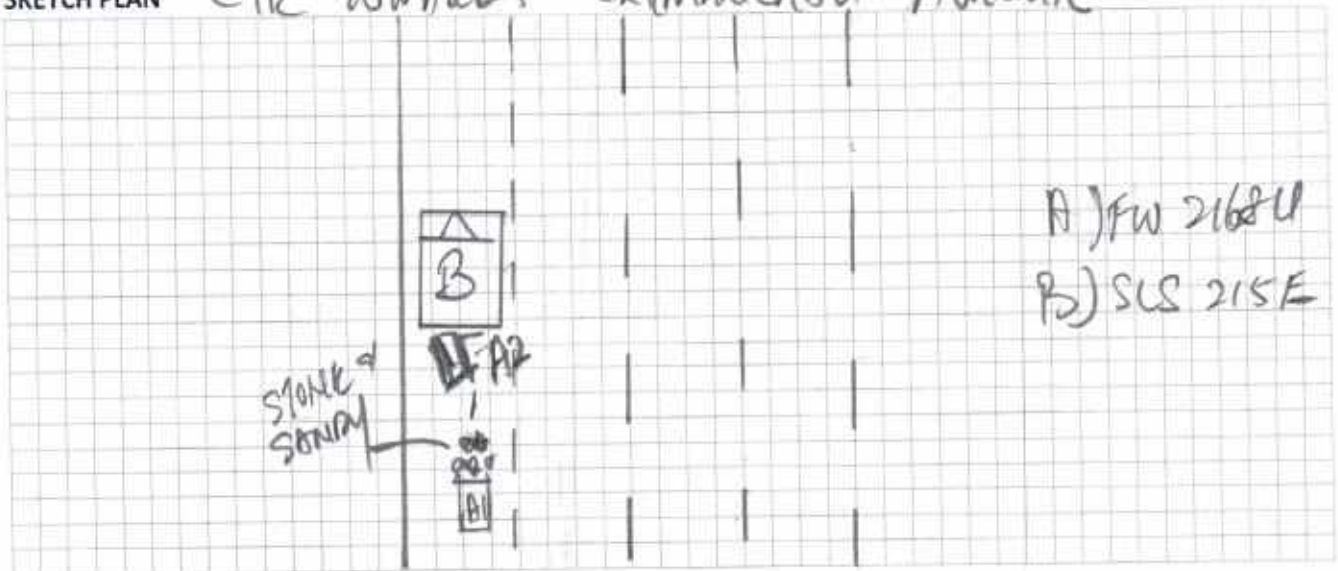
Policyholder's Signature
Date & Time:

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

17/09/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN

CTR TOWARDS CLEMENCEAU AVENUE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/09/2018 at 08:24 in the morning going to work I was travelling along MCE towards Ruchar Road, there was a stone on the road and sandy. My bike skidded and hit the car SLS 215E.

DECLARATION

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

 17/09/2018

Policyholder's Signature
Date & Time:

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

 17/09/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Accident MT/1011836

Modification History

Claims 001	None
------------	------

Claim Type *	Insured Name		Insured No.	Insured No.
Contact No. (Mobile)	Contact No. (Home)		Vehicle Number	Vehicle Number
Email Address	Vehicle Number		FW2158U	SLS211
Claim Description	FW2158U / SLS215C ON 17 Sept 2018		Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Received	Report Option	GIA report
Received	Fully at Fault	Report Option	Preferred Workshop, Name unknown	Received
Date Registered	17/09/2018 18:14	Claim Close Date	17/09/2018	Date Received
Report Taken By	ROSLI WAHAB			

Print & K letter

Attachment

Accident No.	MT/1011836	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/09/2018 19:15
Path *		Category *	Confidential <input type="radio"/> Urgency *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="radio"/> NO <input type="radio"/>	<input type="button" value="Normal"/> <input type="radio"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="radio"/> NO <input type="radio"/>	<input type="button" value="Normal"/> <input type="radio"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="radio"/> NO <input type="radio"/>	<input type="button" value="Normal"/> <input type="radio"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="radio"/> NO <input type="radio"/>	<input type="button" value="Normal"/> <input type="radio"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="radio"/> NO <input type="radio"/>	<input type="button" value="Normal"/> <input type="radio"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="radio"/> NO <input type="radio"/>	<input type="button" value="Normal"/> <input type="radio"/>
<input type="button" value="Message Read"/>			
<input checked="" type="checkbox"/> Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 19:15		Photos	Normal
		Description	Photos 2018-9-17

[illegible]

📺 Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 9 / 2016 (DD/MM/YYYY), TIME: 08 : 24 (HH:MM)

LOCATION: ACE: JAMES BOCHAR ROAD CTE JAMES CLEMENCEV AVENUE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW 2168V
 b) INSURANCE COMPANY: HAO INCOME
 c) POLICY NUMBER: 6086690678-01
 d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
 e) MAKE & MODEL: CB 400
 f) TYPE: [SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS]
 g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING 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: Muhammad Idris Bin Kansani (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59300734D CONTACT: 83684866
 c) ADDRESS: Blk 31 Tekan Gardens Road #05-217

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 2 / 1 / 1993 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 13 Oct 2016

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 Sandy
 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: SLS 215E MODEL: KIA
 b) DRIVER'S NAME: NEO YEW SENG STEPHEN
 c) NRIC/FIN/PASSPORT: 568482450 CONTACT: 8718 3170

9. THIRD PARTY VEHICLE

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

Idris
 EMAIL = IPRS - Rango@Hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9300734D



Name

MUHAMMAD IDRIS BIN
KAMSANI

محمد إدريس بن كمناني

Race

MALAY

Date of birth

02-01-1993

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9300734D

MUHAMMAD IDRIS BIN
KAMSANI

Birth Date: 02 Jan 1993
Valid Date: 27 Mar 2015

002410494A

SG 50



4164644

NRIC No. S9300734D



Date of issue

03-01-2008

Address

APT BLK 31 TEBAN GARDENS ROAD
#05-217
SINGAPORE 600031

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC

17 Mar 2015
13 Oct 2016

S9300734D

S / No. 9000263835

NP 428A



License No: S9300734D

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 : 5086690678-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FW2168U**

Chassis Number

: NC391035888

2. Name of Policyholder

: MUHAMMAD IDRIS BIN KAMSANI

3. Effective Date of Insurance

: 06 Dec 2017

4. Expiry Date of Insurance

: 27 Nov 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

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: MUHAMMAD IDRIS BIN KAMSANI

NAMED DRIVER (2)

: MUHAMMAD ANSARI BIN KAMSANI

HIRE PURCHASE COMPANY

: BIKE DYNAMIC CENTRE

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)

Date of Issue

: 06 Dec 2017 13:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Countersigned By:

Authorised Officer

Chief Executive

Think One Authorised Workshop

Accident No.: 9128 8488 / 6644 3300

18 Defu Avenue 2 S(539522)

Renewal No.: 6555 3300

20 Ubi Road 4, #02-03 S(408622)