

# NATIONAL Assessment Centre Services

(Ref: Jan 2015)

25/09/2018 12:16

Date in 25/09/2018 12:16  
Ref No NA/1806155  
Veh No 1BM 4873D  
D.O.A 24/09/2018 14:30  
OD (1P) Reporting Only

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs, A/C 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

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: GBB527M

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

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

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 (\$80)

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) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OP:

\* 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

10/10/2018

10/10/2018

## 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	25/09/2018 12:16
Date Of Accident	24/09/2018 14:30
Exact Location Of Accident	AT HOLLAND VILLAGE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4873D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HISYAM BIN ROHAIZAT
NRIC No	S9322865J
Email Address	HISYAMROHAIZAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92308330
Alternative Phone No	OTHERS-92308330

### Vehicle Particulars

Manufacturer	KTM
Model	1290 SUPERDUKE R-1.3
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5098506163
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HISYAM BIN ROHAIZAT
NRIC No	S9322865J
Date Of Birth	30/06/1993
Occupation	INDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92308330
Fax Number	
Contact Number	OTHERS-92308330
EMail Address	HISYAMROHAIZAT@GMAIL.COM



Address	BLK 263 JURONG WEST STREET 24 #02-505
Postcode	600263
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	GBB527M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SATHIYA GANESH S/O VELAYUTHAM
NRIC/Passport Number	S9442518B
Contact Number	98664390
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.

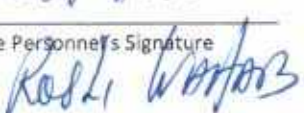


Policyholder's Signature  
Date & Time:

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

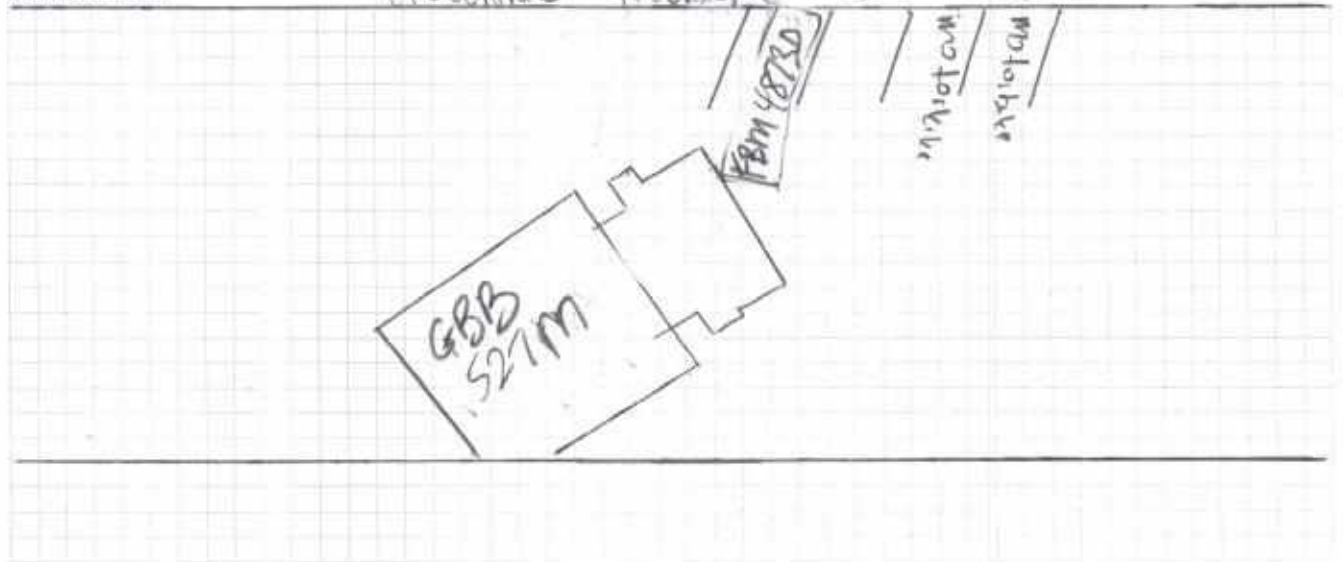
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

25/09/2018



SKETCH PLAN

HOLLAND VILLAGE CAR PARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was working at the premises of holland village in one of the restaurants. At that point of time, I was going for my break and walking towards where my bike was parked when I saw two male guys carrying my bike and I found out that one of the guys is the driver of that lorry vehicle which hit my bike. We exchanged particulars and headed to report for legal examination.

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.:



## Claim Handling

Accident MT/1812930

Policy No.	5099300163	Vehicle No.	FBM4873D	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD HUSYAM BIN RAHAIZAT	Cover Type	Third Party	Policyholder NRIC	593228653
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92308330	Special Remarks		Contact No.(Home)	
Email Address		TCA		eCode	No
Safe	Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	25/09/2018 12:30	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	24/09/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Drangs Force		ICM No.	
Accident Location	AT HOLLANDS VILLAGE				
<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>Benefits</b>					
<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 263 #02-505	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600263
Address 4		Address Type	Singapore address	Post Code	600263
Unit No.	02-505	Related Policy Number	1098506163		
<b>OT Driver Info</b>					
Driver Name	MUHAMMAD HUSYAM BIN RAHAIZAT	Driver Type	Main Driver	Driver DOB	30/06/1993
Unnamed driver Name		Driver NRIC	593228653	Driving Experience	5
Register Date of Driver License	15/02/2013	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	92308330	Contact No.(Office)		Address 3	SINGAPORE 600263
Address 1	BLK 263 #02-505	Address 2	JURONG EAST STREET 24	Post Code	600263
Address 4		Address Type	Singapore address		
Unit No.	02-505				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBM4873D	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GSA report	Received	Claim Close Date	25/09/2018 12:32	Date Received	25/09/2018
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown						
Date Registered									
Report Taken By									

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1812930	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/09/2018 12:33
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:33		Photo	Normal
		Description	Photos 2018-9-25

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:33	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:33	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:33	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:33	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:33	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	SAS	Normal	SAS 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				
				

# ACCIDENT STATEMENT

ACCIDENT DATE: 24/09/2018 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Holland Village

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 4873D  
 b) INSURANCE COMPANY: NTUC income  
 c) POLICY NUMBER: 5098506/63  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KTM Superduke 1290 R 2016  
 f) TYPE: (~~SALOON~~ / ~~COUPE~~ / ~~MPV~~ / ~~VAN~~ / ~~LORRY~~ / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking  
 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 Hisyam Bin Rohaizat (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9322865J CONTACT: 92308330  
 c) ADDRESS: Blk 263, Jurong East St 24, #02-505  
(600 263)

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

## DRIVER

- a) NAME: Sathya & Muhammad Hisyam Bin Rohaizat (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9322865J CONTACT: 92308330  
 c) ADDRESS: Blk 263, Jurong East St 24, #02-505  
(600 263)

\*d) DATE OF BIRTH: 30/06/1993 (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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBB 527M MODEL: Toyota (Lorry)  
 b) DRIVER'S NAME: Sathya Ganesh S/O Velayutham  
 c) NRIC/FIN/PASSPORT: S9442518B CONTACT: 9866 4390

## 9. THIRD PARTY VEHICLE

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

EMAIL = hisyamrohaizat@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9322865J



Name

MUHAMMAD HISYAM BIN  
ROHAIZAT

محمد حيشام بن روحيزات

Race

MALAY

Date of birth

30-06-1993

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9322865J

Name

MUHAMMAD HISYAM BIN  
ROHAIZAT

Birth Date: 30 Jun 1993

Issue Date: 06 Jan 2016



5790737



NRIC No. S9322865J



Date of issue

10-08-2017

Address

APT BLK 263 JURONG EAST STREET 24  
#02-505  
SINGAPORE 600263

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

EFFECTIVE DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	15 Feb 2013	3
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	04 Sep 2013	4
Class 2	MOTORCYCLES EXCEEDING 400 CC	01 Jul 2014	4
Class J	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	24 Sep 2014	

NRIC No. S9322865J

S / No. 9000262393

NP 428A



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="24/09/2018 15:33"/>
Vehicle No.(For Motor)	<input type="text" value="FBM4873D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098506163		MUHAMMAD HUSYAM BIN ROHAIZAT	S9322865J	GMC	Third Party	FBM4873D	FBM4873D	01/03/2018	26/02/2019