

# NATIONAL Assessment Centre Services

(wef: 1 Jan'03)

MAA/8/22398

Date In: 21/09/2018 09:41	Job description	Date & Time Completed	Done by
Ref No: NAB/MAA/8/7545/1	SAS e-filing		
Veh No: FV 6982 P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/08/2018 15:00	i-Motor Claim Form	MAA/1009091-002	26/09/2018 17:02
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: SLF5339S

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

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

Amt (\$)

Amt (\$)

1st 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) N1: 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 (N-in 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	21/09/2018 09:41
Date Of Accident	26/08/2018 15:00
Exact Location Of Accident	ALONG ENG KONG ROAD TOWARDS ENG KONG TERRACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV6982P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEZAN BIN KARIO
NRIC No	S1403245B
Email Address	HAKIM.MEZAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96202214
Alternative Phone No	OTHERS-97323541

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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	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	5092548845
Cover Note Number	

### Driver

Name of Driver	ABDUL HAKIM BIN MEZAN
NRIC No	S9123344D
Date Of Birth	08/07/1991
Occupation	INDOOR
Date Of Driving Pass	16/01/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96202214
Fax Number	
Contact Number	OTHERS-97323541
EMail Address	HAKIM.MEZAN@GMAIL.COM

Address	BLK 117 JURONG EAST STREET 13 #02-131
Postcode	600117
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	SIDE SWIPE
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	SLF5339S
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMAD ISTIQAMAH BIN AZIMAT
NRIC/Passport Number	S8602680E
Contact Number	91460159
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.

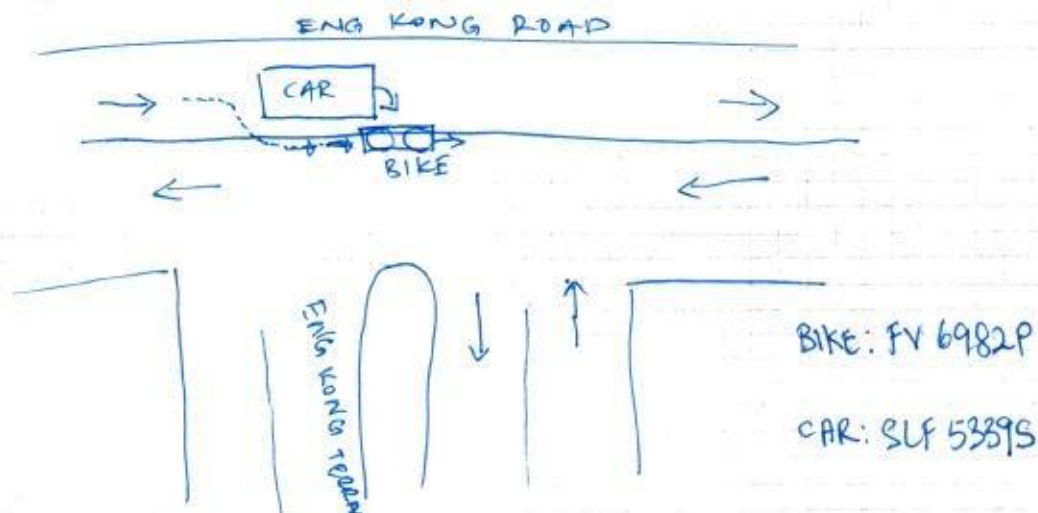
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 August 2018 at 1500hrs, I was riding my bike <sup>he</sup> along FV 6982P along Eng Kong Road towards Lorong Kismi's. There was a red Honda MPV car SLF5339S in front of me, thus I followed behind. The car then stopped in the middle to a complete stop. I then stopped my bike behind the car and put my left leg down, ~~was~~ <sup>he</sup> waiting for his signal to indicate his <sup>he</sup> intention. After about 3-5 second, I then signalled right to overtake the car from the right. I wish to state that <sup>he</sup> the car when I start to overtake the car, <sup>he</sup> the car <sup>he</sup> did not have his hazard <sup>he</sup> light on or any signal <sup>he</sup> indicator on. Upon passing his car on the right, the car suddenly <sup>he</sup> made a right turn and it hit onto the rear left side of my bike. Due to the collision, I lost balance and fell. My bike was damaged at the rear left side and my box bracket came out. The damages on the car was just minor scratches on the right <sup>he</sup> side on the car. I also wish to state that the driver has his phone holder on the left side of his dashboard, thus likely he was not aware of me <sup>he</sup> overtaking him. I also wish to state that he would have seen me on the right if he were to check his right blind spot before turning. Driver of car decided to settle privately, however driver has made an accident claim due to the accident.

## 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.:

20 sept 2018

21/09/2018

Rafli W...

## Claim Handling

## Accident MT/1009091

Policy No.	5092548845	Vehicle No.	FV6982P	GST Registration No.	
Certificate No.				Policyholder NRIC	S1403245B
Policyholder Name	MEZAN BIN KARIO	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	15	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	28/08/2018 12:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/08/2018	Time of Accident hh:mm	14:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ENG KONG ROAD TOWARDS ENG KONG TERRACE				
<b>Excess</b>			Windscreen Excess		
Own damage Excess	0.00	Additional 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 117 #02-131	Address 2	JURONG EAST STREET 13	Address 3	SINGAPORE 600117
Address 4		Address Type	Singapore address	Post Code	600117
Unit No.		Related Policy Number	S101671920		
<b>OI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
Modification History					

## Claim 002

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair Option

Date Registered

Report Taken By

Print AK letter

## Attachment

Accident No.	MT/1009091	Claim No.	002
Last Doc. Received	Yes No	Upload Date	26/09/2018 17:02
Path *		Category *	
Choose File No file chosen		Please Select	
Choose File No file chosen		Please Select	
Choose File No file chosen		Please Select	
Choose File No file chosen		Please Select	
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Choose File No file chosen		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 26 Sep 2018 17:02	Photos	Normal
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:02	Photos	Normal



Photo	Vehicle	Category	Status	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:02	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:02	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:02	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:02	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:02	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:02	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	Photos	Normal	Photos 2018-9-26
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	Photos	Normal	Photos 2018-9-26
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 17:01	SAS	Normal	SAS 2018-9-26

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div> <div>Display in new Window</div> <div>Scan and uploading</div> </div>	

## ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 08 / 2019) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: ENG KONG GARDENS ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV6982P  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5092548844  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CB400  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal Transport  
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: MEZAN BIN KARIO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1403245B CONTACT: 96202214  
c) ADDRESS: BLK 117 JURONG EAST ST 13 #02-131  
S(600117)

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

### DRIVER

- a) NAME: ABDUL HAKIM BIN MEZAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S912334D CONTACT: 97323541  
c) ADDRESS: BLK 117 JURONG EAST ST 13 #02-131  
S(600117)

\* d) DATE OF BIRTH: (08 / 07 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2A: 16 Jan 2013

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: SLF5339S MODEL: HONDA  
b) DRIVER'S NAME: MUHAMAD ISTIQAMAH BIN AZIMAT  
c) NRIC/FIN/PASSPORT: S8602680E CONTACT: 91460159

### 9. THIRD PARTY VEHICLE

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

62718802

EMAIL = hakim.mezan@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9123344D



Name

ABDUL HAKIM BIN MEZAN

عبدل حكيم بن ميذن

Race

JAVANESE

Date of birth

08-07-1991

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9123344D

Name

ABDUL HAKIM BIN MEZAN

Birth Date 08 Jul 1991

Issue Date 18 Jul 2014



002326335H

5499447



NRIC No. S9123344D



Date of issue

01-07-2015

Address

APT BLK 117 JURONG EAST STREET 13  
#02-131  
SINGAPORE 600117

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

EFFECTIVE DATE

Class 2B	Motorcycles $\leq$ 200 cc	28 Sep 2011
Class 2A	Motorcycles between 201 cc and 400 cc,	16 Jan 2013
Class 2	Motorcycles $>$ 400 cc	15 Jul 2014
Class 3	Motor Cars $\leq$ 3000kg with $\leq$ 7-passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	08 Jun 2012



Licence No: S9123344D

NP 428A

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No.(For Motor)

FV6982P

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092548845		MEZAN BIN KARIO	S1403245B	GMC	Third Party, Fire & Theft	FV6982P	FV6982P	10/07/2017	20/10/2018