

NATIONAL Assessment Centre Services

(ver 1 Jan 05)

MNA418127564

Date In: 02/10/2018 10:59	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/18012866/4	E-mail (within 3hrs, AIC 2hrs):		
Veh No: FBFS708D	i-Motor Claim Form: M/1/10/1666001		02/10/2018
D.O.A: 27/09/2018 16:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		18:06
OD: TP Reporting Only	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: SFM 213P 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 :-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30	
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Dat. 2 / 3:	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 \$0	
	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	02/10/2018 10:59
Date Of Accident	27/09/2018 11:40
Exact Location Of Accident	EAST COAST ROAD NEAR JUNCTION OF TELOK KURAU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5708D
Insured/Policyholder	
Name Of Registered Owner	MEN'SPOOL ENGINEERING PTE. LTD.
Co Reg No	200500918G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91360456
Alternative Phone No	OFFICE-91360456

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	5093546818-01
Cover Note Number	

Driver

Name of Driver	UDDIN AZAHAR
Passport No/FIN	G7978192X
Date Of Birth	15/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91360456
Fax Number	
Contact Number	OTHERS-91360456
E-Mail Address	NOEMAIL

Address 13 THIRD CHIN BEE ROAD
 Postcode 618689
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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? 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 QUEENSTOWN N.P.C
 Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4719999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180928/2140

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 SFM273P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LENG TIAN CHYE
 NRIC/Passport Number S1461519I
 Contact Number 83381098
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UDDIN AZAHAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF5708D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

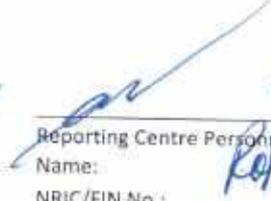
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

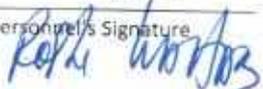


Policyholder's Signature
Date & Time: 



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



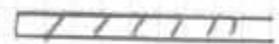
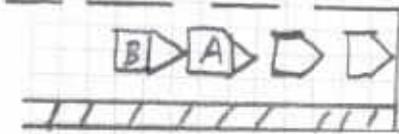
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

A - FBF 570BD

B - SFM 273P

SKETCH PLAN

→ EAST AUST ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180928/2140*

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:



[Signature]
Driver's Signature

(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

[Signature]
Name:
NRIC/FIN No.:



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180928/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2018 17:51	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars			
Name of Informant: UDDIN AZAHAR		Address:	
ID Type / ID No.: FIN NO / G7978192X		Contact No.: Home/Office:	Mobile: 91360456
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 35	Date of Birth: 15/06/1983	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 27/09/2018 11:40	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD				
Near junction of Telok Kurau Road				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF5708D	Motorcycle				Seriously Damaged	0
SFM273P	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180928/2140

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180928/2140

CONTINUATION OF REPORT

Brief Details.

On 27/09/2018 at about 11:40am, I was riding my vehicle(FBF5708D) along the right lane of two lanes along East Coast Road. I stop my vehicle at the junction of Telok Kurau Road, three cars away as the traffic light turns red. While my vehicle was in stationary, suddenly one vehicle (SFM273P) from behind hit onto my rear of my vehicle. I managed to exchange particulars. My vehicle's headlight, rear number plate, handle bar, throttle and the brakes were damaged. The other vehicle, front number plate and there were scratches on the front part of the vehicle.

Particulars of the other owner:
1) Leng Tian Chye, S1461519I
HP: 83381098



**SINGAPORE
POLICE FORCE**



T/20180928/2140

3 of 3

Report No. T/20180928/2140

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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: D / Sgt 3 MUHAMMAD HANAFEE BIN JAMIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2018 17:51
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">SM 42</div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">  SINGAPORE POLICE FORCE SIGNATURE </div>

Claim Handling

Accident MT/1014066

Policy No.	5093546818-01	Vehicle No.	FBF5708D	GST Registration No.	
Certificate No.					
Policyholder Name	MEN'SPOOL ENGINEERING PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	3005009180
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91360456	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Use	No

Accident Details

Report Date	02/10/2018 18:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2018	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	EAST COAST ROAD NEAR JUNCTION OF TELOK KURAU ROAD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore CO 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	No
Modification History			

Policyholder Mailing Address

Address 1	13 THIRD CHIN BEE ROAD	Address 2	SINGAPORE 818608	Address 3	
Address 4		Address Type	Singapore address	Post Code	618608
Unit No.		Related Policy Number	3093546818-01		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/04/1985
Unnamed driver Name	ODDIN AZAHAR	Driver NRIC	G7978192X	Driving Experience	3
Register Date of Driver License	26/03/2015	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	91360456	Contact No.(Office)		Address 3	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	618608
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBF5708	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	MEN'SPOOL ENGINEERING PTE.	Insured NRIC	00050
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	FBF5708D	TP Vehicle Number	SYM27
Claim Description	FBF5708D / SYM27TP ON 27 Sept 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	QIA report	Received
Date Registered	02/10/2018 18:05	Claim Close Date		Date Received	02/10/
Report Taken By	ROSLI WANAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1014066	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/10/2018 18:06
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		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_8008761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Oct 2018 18:06		Photos	Normal	Photos 2018-10-2

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 09 / 2018 (DD/MM/YYYY), TIME: (11 : 40) (HH:MM)

LOCATION: Telok Kurau Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 5708D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha FZ 16
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Pte 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: Men's Pool Engineering P/L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Uddin Azahar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G7970192X CONTACT: 91360456
c) ADDRESS: 13 Third Chien Bee Rd 618689

* d) DATE OF BIRTH: (15 / 06 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE(S) OF DRIVING PASS: 247

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: SFM 273P MODEL: _____
b) DRIVER'S NAME: LENG TION CHYE
c) NRIC/FIN/PASSPORT: S 1461519J CONTACT: 8338 1098

9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employee
MEN'SPOOL ENGINEERING PTE. LTD.



Name
UDDIN AZAHAR

Work Permit No.
0 62369760

Sector
CONSTRUCTION





K0062901

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **G7978192X**

Name
UDDIN AZAHAR

Birth Date **15 Jun 1983**

Issue Date **26 Mar 2015**

Valid Till **25 Mar 2020**



SG

VISIT PASS 06-12-2017
Immigration Regulations

Name
UDDIN AZAHAR

FIN
G7978192X

Date of Birth **15-06-1983** Sex **M**

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

Class	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	26 Mar 2015

NP 438A

License No: G7978192X



