

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

Date In: 03/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017895/13	SAS e-filing		
Veh No: FP4182	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 07/07/18 2330	i-Motor Claim Form	MT/1014227 -	001
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:

SKL3304K

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% P: 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

NA1806285

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Int 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 (Non 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	03/10/2018 12:10
Date Of Accident	07/07/2018 23:30
Exact Location Of Accident	WOODLANDS CENTRE RD TWDS MARSILING MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP418Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD AZFAR BIN MOHAMAD AFFANDI
NRIC No	S8503475H
Email Address	WSHCBOB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81411610
Alternative Phone No	OTHERS-81411610

Vehicle Particulars

Manufacturer	SUZUKI
Model	RV200L6
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087616970-01
Cover Note Number	

Driver

Name of Driver	MOHAMAD AZFAR BIN MOHAMAD AFFANDI
NRIC No	S8503475H
Date Of Birth	20/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81411610
Fax Number	
Contact Number	OTHERS-81411610
EEmail Address	WSHCBOB@GMAIL.COM

Address	BLK 104 WOODLANDS ST 13 #02-198
Postcode	730104
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , 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/20180923/2107

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	SKL3304K
Vehicle Make/Model/Colour	TOYOTA LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MOHAMAD AZFAR BIN MOHAMAD AFFANDI
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FP418Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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)**

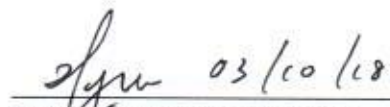
I understand, acknowledge, agree and consent that:

- (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.:

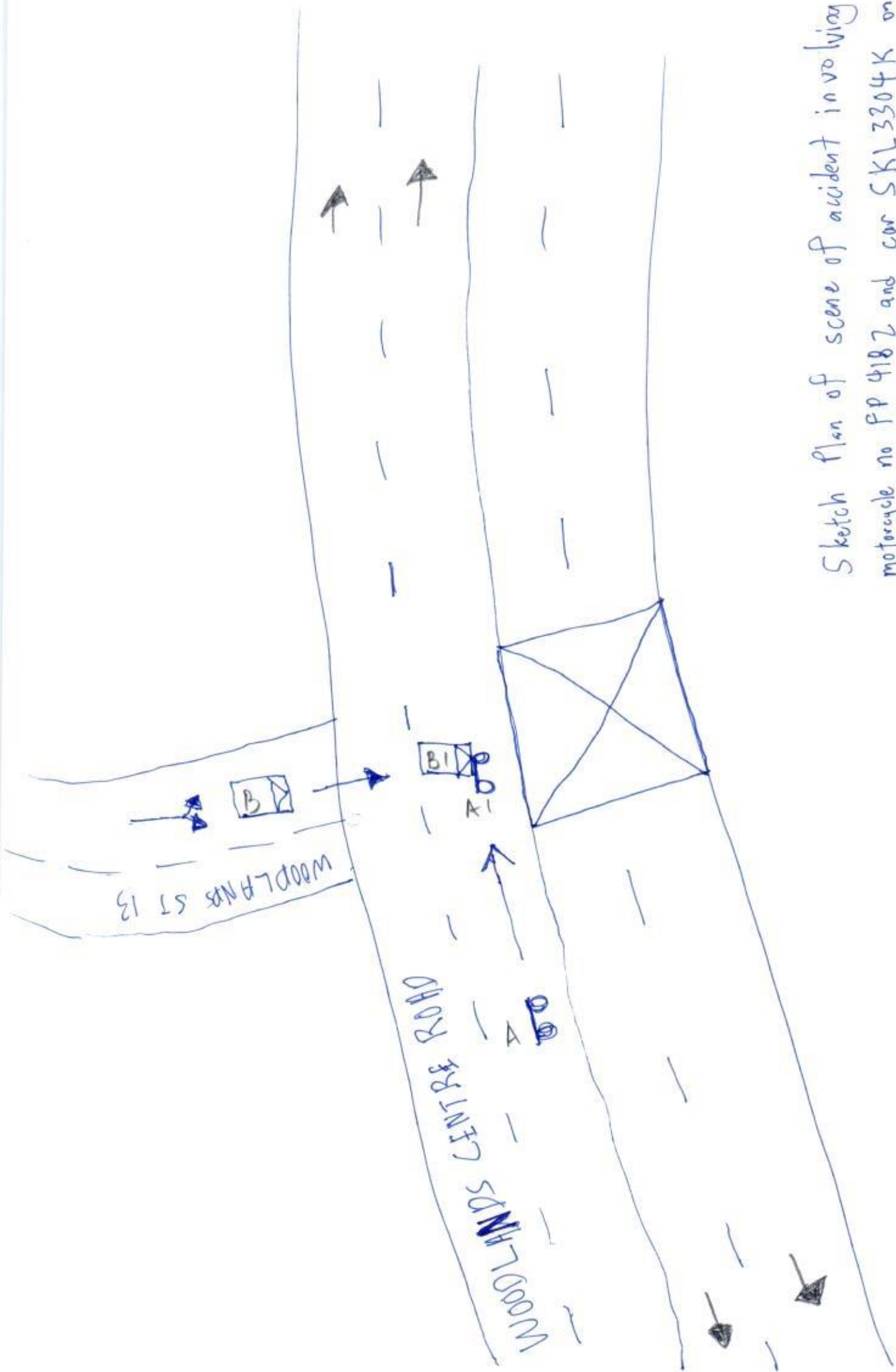
p/s ref to the police report: T/20180923/21

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.:



Sketch Plan of scene of accident involving motorcycle no PP 4182 and car SKL3304K on 7/7/2018 at about 1130pm to midnight along Woodlands Centre Road and Woodlands ST 13,



SINGAPORE POLICE FORCE



T/20180923/2107

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180923/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2018 22:43		Vide Report No.:		Station Diary No.: 98	
Informant's Particulars					
Name of Informant: MOHAMAD AZFAR BIN MOHAMAD AFFANDI			Address: APT BLK 104 WOODLANDS STREET 13 #02-198 SINGAPORE 730104		
ID Type / ID No.: NRIC NO / S8503475H			Contact No.: Home/Office: Mobile: 81411610		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 20/01/1985	Type of Informant: Rider		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: FREELANCE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2018 23:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS CENTRE ROAD WOODLANDS STREET 13 Woodlands Centre Road towards Marsiling MRT, T-Junction of Woodlands Street 13				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP418Z	Motorcycle	SUZUKI	RV200L6 (VANVAN 200)	Black	Slightly Damaged	0
SKL3304K	Car	TOYOTA	LEXUS IS250 AUTO LUXURY	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20180923/2107

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20180923/2107

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP418Z	NTUC Income Insurance Co-Operative Limited	5087616970-01	19/01/2018	18/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD AZFAR BIN MOHAMAD AFFANDI		ID No. S8503475H
Related Vehicle	FP418Z (Motorcycle)		Contact No. 81411610
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018		Date Discharge 15/09/2018
No. of Days granted Medical Leave	100	Degree of Injury	Serious

Brief Details.

On 07/07/2018 at about 2330hrs, I was riding on my black Suzuki motorcycle (FP418Z) along Woodlands Centre Road towards Woodlands Avenue 3, at the T-Junction of Woodlands Street 13. There was a white Toyota car (SKL 3304L) stopped after the white line of Woodlands St 13 T-junction of Woodlands Centre Road. So, I high beamed and horned at the vehicle. When I was about to pass the said vehicle, the vehicle suddenly dashed out and the front part of the vehicle hit the middle portion (left side) of my motorcycle. I flung from my motorcycle a few metres and I passed out shortly after. When I was conscious, I was already at the Khoo Teck Puat Hospital and Yishun Community Hospital from 08/07/2018 to 15/09/2018. I was given hospitalization leave from 13/08/2018 to 15/09/2018 and unfit for duty from 13/08/2018 to 14/10/2018. The injuries I sustained serious injuries to my head, fractured collared bone, left thigh bone, left ankle and left foot.



**SINGAPORE
POLICE FORCE**



T/20180923/2107

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

3 of 3

Report No. T/20180923/2107

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: J/ Staff Sgt ELFY ANDIKA BIN MUSLIM
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No: 65476429
Authentication Stamp NP168

Signature Of Informant:
Date/Time: 23/09/2018 22:43
Classification Of Case:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8503475H



Name
MOHAMAD AZFAR BIN MOHAMAD
AFFANDI
محمد أزفر بن محمد عفندي

Race
BOYANESE

Date of birth
20-01-1985

Sex
M

Country/Place of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8503475H


Name
MOHAMAD AZFAR BIN
MOHAMAD AFFANDI

Birth Date 20 Jan 1985


Issue Date 28 May 2007




5551284



NRIC No. S8503475H



Date of issue
19-01-2016


Address
APT BLK 104 WOODLANDS STREET 13
#02-198
SINGAPORE 730104

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE
13 Sep 2004

Class 2B Motorcycles <= 200 cc

NRIC No. S8503475H



Hello, NAC_PAYA_UBI_800601

• 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="07/07/2018 23:30"/>
Vehicle No.(For Motor)	<input type="text" value="FP418Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087616970-01		MOHAMAD AZFAR BIN MOHAMAD AFFANDI	S8503475H	GMC	Third Party, Fire & Theft	FP418Z	FP418Z	19/01/2018	18/01/2019

Claim Handling

Accident MT/1014227

Policy No.	5087616970-01	Vehicle No.	FP418Z	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMAD AZFAR BIN MOHAMAD AFFANDI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	81411610	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	15	Private Hire

▼ Accident Details

Report Date	03/10/2018 17:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/07/2018	Time of Accident hh:mm	23:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS CENTRE RD TWDS MARSILING MRT			

▼ 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 104 #02-198	Address 2	WOODLANDS STREET 13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5087616970-01	

▼ OI Driver Info

Driver Name	MOHAMAD AZFAR BIN MOHAMAD AFFANDI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8503475H	Driver DOB
Register Date of Driver License	13/09/2004	Driver Age	33	Driving Experience
Contact No.(Mobile)	81411610	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 104	Address 2	WOODLANDS STREET 13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-198			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMAD
Contact No.(Mobile)	81411610	Contact No. (Home)	636414
Email Address		OI Vehicle Number	FP418Z
Claim Description	FP418Z / SKL3304K ON 7 Jul 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	03/10/2018 17:34	GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Attachment List

2/3

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
03 Oct 2018 17:31

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
03 Oct 2018 17:31

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
03 Oct 2018 17:31

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
03 Oct 2018 17:31

Photos

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Video List

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Folder Date

File Name



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