

NATIONAL Assessment Centre Services [wef 1 Jan'05]

Date In: 05/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018107/13	SAS e-filing		
Veh No: RB597735	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 05/10/18 0800	i-Motor Claim Form	MT/1014463-001	
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: SLCT313T 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

NA1806540	Invoice Preparation Checklist		Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Dat 1:	6) TR: Re-inspection \$75			
Dat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (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 willful 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. 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	05/10/2018 14:03
Date Of Accident	05/10/2018 08:00
Exact Location Of Accident	WOODLANDS RD TWDS BUKIT PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9773S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIK BIN AZAHARI
NRIC No	S8823408A
Email Address	TAUFIK88SG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97499237
Alternative Phone No	OTHERS-97499237

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	5069677304-03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD TAUFIK BIN AZAHARI
NRIC No	S8823408A
Date Of Birth	06/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97499237
Fax Number	
Contact Number	OTHERS-97499237
Email Address	TAUFIK88SG@YAHOO.COM.SG

Address	BLK 531 BEDOK NORTH ST 3 #04-686
Postcode	460531
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	
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

I WAS TRAVELLING STRAIGHT ALONG WOODLANDS RD TWDS BUKIT PANJANG ON THE EXTREME LEFT LANE OF A3-LANES RD BESIDE THE BUS STOP. SUDDENLY INFRT OF MY VEH JAMMED BRAKE, TO AVOID COLLISION I SWERVED MY VEH TO MY RIGHT BUT MY VEH HIT ONTO THE REAR RIGHT PORTION OF THE VEH B.

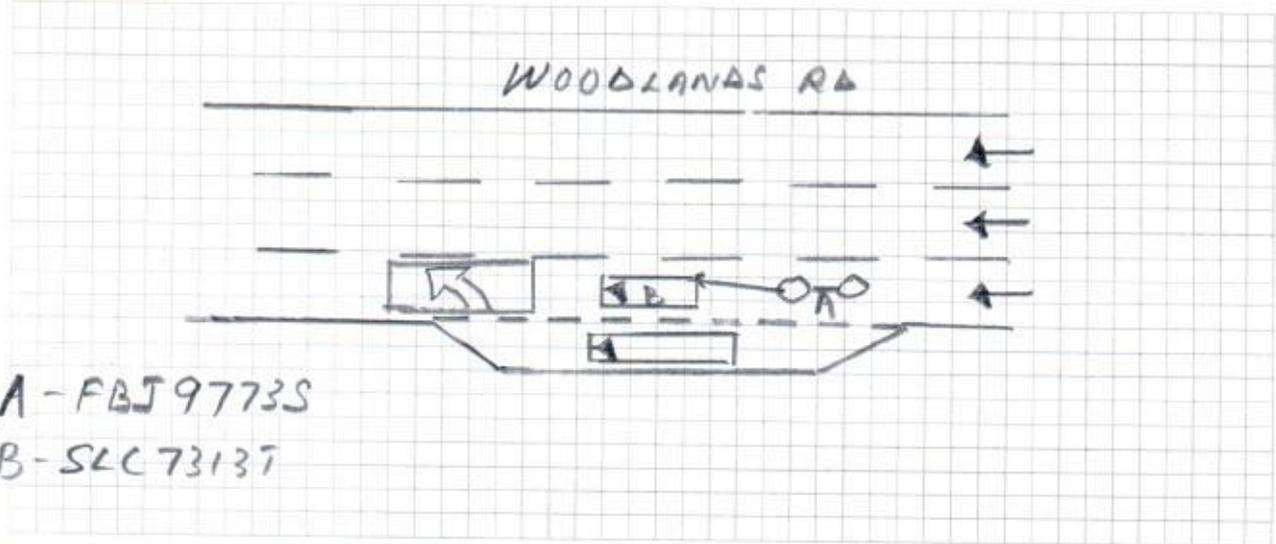
Attachment(s)

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	SLC7313T
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG KOK SIEW
NRIC/Passport Number	S7641690G
Contact Number	86129169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

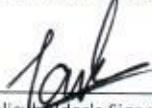


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

 5/10/18
Policyholder's Signature
Date & Time:

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

 05/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
 NRIC CARD NO. S8823408A



MUHAMMAD TAUFIK BIN AZAHARI

Race: MALAY
 Date of Birth: 06-07-1988 Sex: M
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8823408A

MUHAMMAD TAUFIK BIN AZAHARI

Birth Date: 06 Jul 1988
 Issue Date: 23 Oct 2006




NRIC No. S8823408A



Blood Group: Date of issue: 16-07-2003

APT BLK 531 BEDOK NORTH STREET 3 #04-888
 SINGAPORE 460531

NRIC No. S8823408A Date: 22-03-2004 No: 4871393

ADDITIONAL LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASS

Class 2B	Motorcycles <= 200 CC	23 Oct 2006
Class 2A	Motorcycles between 201 CC and 400 CC	19 Dec 2014
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclude of the driver; and motor tractors/vehicles <= 2500 kg	30 Jul 2012

S8823408A S/No. 9000214853



Hello, NAC_PAYA_UBI_800601

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[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069677304-03		MUHAMMAD TAUFIK BIN AZAHARI	S8823408A	GMC	Third Party, Fire & Theft	FBJ9773S	FBJ9773S	15/01/2018	14/01/2019

Claim Handling

Accident MT/1014463

Policy No.	5069677304-03	Vehicle No.	FBJ97735	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD TAUFIK BIN AZAHARI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97499237	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	05/10/2018 15:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/10/2018	Time of Accident hh:mm	08:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS RD TWDS BUKIT PANJANG			

▼ 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 531 #04-686	Address 2	BEDOK NORTH STREET 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5069677304-03	

▼ OI Driver Info

Driver Name	MUHAMMAD TAUFIK BIN AZAHARI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8823408A	Driver DOB
Register Date of Driver License	23/10/2008	Driver Age	30	Driving Experience
Contact No.(Mobile)	97499237	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 531	Address 2	BEDOK NORTH STREET 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-686			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAM
Contact No.(Mobile)	83238016	Contact No. (Home)	
Email Address		O1 Vehicle Number	FBJ977
Claim Description	FBJ97735 / SLC7313T ON 5 Oct 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/10/2018 15:10	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1014463 Claim No. 001
 Last Doc. Received Yes No Upload Date 05/10/2018 00:00

Path *

Category *

Confidential

- Choose File No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:09	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:09	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Oct 2018 15:08	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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