

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

48132811

Date In: 12/10/2018 18:13	Job description	Date & Time Completed	Done by:
Ref No: NPA/2018018583/Y	SAS e-filing		
Veh No: FBM 473	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 28/09/2018 21:30	i-Motor Claim Form	12/10/2018-002	12/10/2018 18:26
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: SHC 4059U	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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref 1:</p> <p>Ref 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>		<p>Ant (\$)</p> <p>1st Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Invoice dated</p>		<p>Fee Charged</p> <p>Fee Charged</p>	<p> </p>

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 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	12/10/2018 18:13
Date Of Accident	28/09/2018 21:30
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM473B
Insured/Policyholder	
Name Of Registered Owner	MUHD HENDRI DZULKARNAEN BIN SULAIMAN
NRIC No	S9005908D
Email Address	MATISSE_FORD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82040913
Alternative Phone No	OTHERS-82040913

Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
Exact Purpose for which vehicle was being used at time of accident	GOING 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	5102198840
Cover Note Number	

Driver

Name of Driver	MUHD HENDRI DZULKARNAEN BIN SULAIMAN
NRIC No	S9005908D
Date Of Birth	16/02/1990
Occupation	INDOOR
Date Of Driving Pass	24/03/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82040913
Fax Number	
Contact Number	OTHERS-82040913
Email Address	MATISSE_FORD@HOTMAIL.COM

Address	BLK 51 MARINE TERRACE #15-167
Postcode	440051
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	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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4059U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAHMAT BIN YATHMIN
NRIC/Passport Number	S1543933E
Contact Number	84555182
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.
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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: 11/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

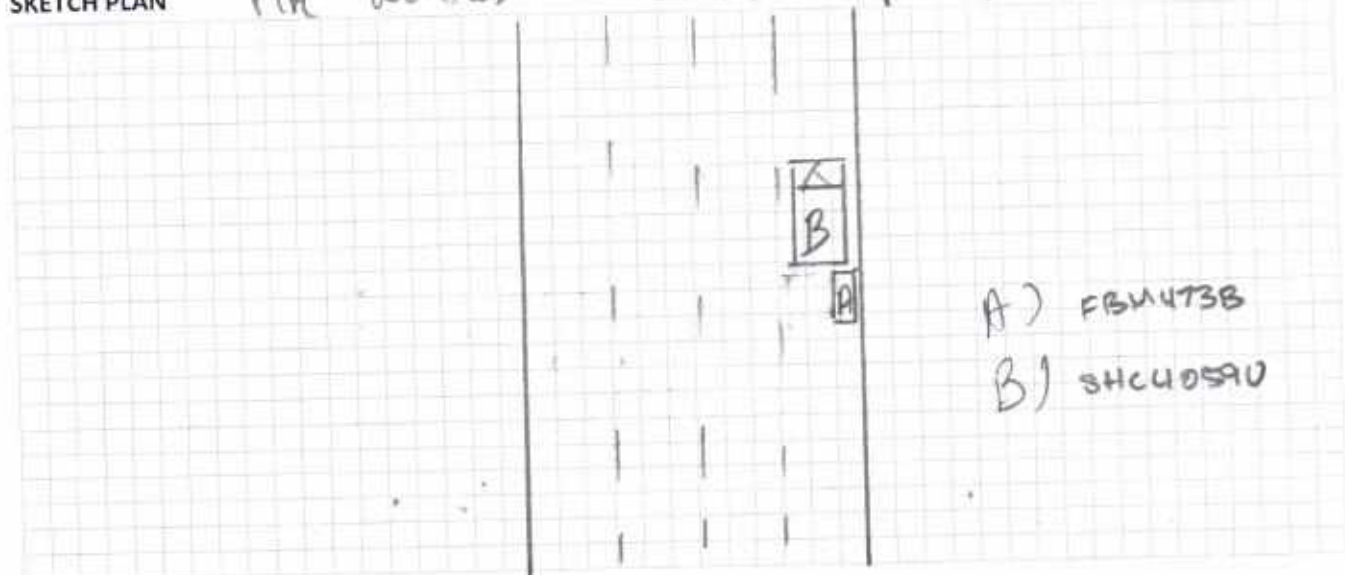
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Pike Roadside Outbound Airport



A) FBW473B

B) SHC40590

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE (Changi) at lane 1 ~~lane~~ at the speed of around 80kmph and below as the traffic was heavy. When the traffic was slowing down, the taxi (SHC40590) had his brake light on. But there was no vehicle in front of him so I slowed down gradually while waiting for him to come to a stop. As I was slowing down, he suddenly jam brake and stop. I couldn't react on time as I cannot tell if he is jamming his brake since his brake light is already on. I hit his rear by a bit even after jamming my brakes. I fell on my right softly.

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.:

12/10/2018

Rishi Kishore

Claim Handling

Accident MT/1013898

Policy No.	5102198940	Vehicle No.	FBM473B	GST Registration No.	
Certificate No.					
Policyholder Name	MUHD HENDRI DZULKARNAEN BIN SULAIMAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S90059080
Product Code	MOTORCYCLE INSURANCE	Contract No. (Office)		Loading	II
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	+ No - Yes	nCode	No
KFK	+ No - Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private-Ming	No
Accident Details					
Report Date	02/10/2018 09:55	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	28/09/2018	Time of Accident hh-mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

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 51 #15-167	Address 2	WATSON TERRACE
Address 4		Address Type	Singapore address
Unit No.	15-167	Related Policy Number	5084104731-02
Address 3		Post Code	SINGAPORE 440051
			440051

DI Driver Info			
Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No. (Mobile)		Contact No. (Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	
		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	DD-MX	Insured Name	MUHD HENDRI DZULKARNAEN	Insured NRIC	S90059
Contact No. (Mobile)	82040913	Contact No. (Home)	64491970	Contact No. (Office)	
Email Address	MATYSE_FORD@HOTMAIL.COM	DI Vehicle Number	FBM473B	TP Vehicle Number	SHC40
Claim Description	FBM473B / SHC4039U ON 28 Sept 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repaired No.	Yes	Repaired Option	Preferred Workshop, Name unknown	Claim Date	12/10/2018 18:12
Date Registered				Date Received	12/10/2018
Report Taken By	ROSLI WAHAB				
Print All letter					

Save Submit

Attachment

Accident No.	MT/1013898	Claim No.	002
Last Doc. Received	Yes No	Upload Date:	12/10/2018 18:26
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 18:26	SAS	Normal	SAS 2018-10-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 18:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-12

10/12/2018

Claim Handling(Claim Task)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Oct 2018 18:12

Photos

Normal

Photos 2018-10-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Oct 2018 18:12

Photos

Normal

Photos 2018-10-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Oct 2018 18:12

Photos

Normal

Photos 2018-10-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Oct 2018 18:12

Photos

Normal

Photos 2018-10-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Oct 2018 18:12

Photos

Normal

Photos 2018-10-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Oct 2018 18:12

Photos

Normal

Photos 2018-10-12

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 09 / 2018 (DD/MM/YYYY), TIME: 21 : 30 (HH:MM)

LOCATION: PIE TOWARDS CHANGI BEFORE EUNOS EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM473B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA NCT50X
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
 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 HENDRI DZULKARNAIN (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S100590D CONTACT: 8040913
 C) ADDRESS: 51 NARINE TERRACE #15-167
SINGAPORE 440051

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 16 / 02 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24 MAR 2017

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: SHC4059U MODEL: _____
 b) DRIVER'S NAME: RAHMAT BIN YATHMIL
 c) NRIC/FIN/PASSPORT: S15438933E CONTACT: 84555182

9. THIRD PARTY VEHICLE

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

EMAIL = matisse_ford@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9005908D



Name
MUHAMMAD HENDRI
DZULKARNAEN BIN
SULAIMAN

Race
JAVANESE
Date of birth
16-02-1990
Country of birth
SINGAPORE

Sex
M

ENCLOSURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9005908D

Name: MUHAMMAD HENDRI
DZULKARNAEN BIN
SULAIMAN

Birth Date: 16 Feb 1990
Issue Date: 14 Jun 2014

002315245D

3681777



NRIC No. S9005908D



Date of issue
01-03-2005

Address
APT BLK 51 MARINE TERRACE
#15-167
SINGAPORE 440051

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	14 Jun 2014
Class 2A Motorcycles between 201 CC and 400 CC	17 Jun 2015
Class 2 Motorcycles > 400 CC	24 Mar 2017

S / No. 9000267387

S9005908D

NP 428A

Licence No: S9005908D

eBaoTech

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC_BUKIT_MERAH_800676

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102198840		MUHD HENDRI DZULKARNAEN BIN SULAIMAN	S9005908D	GMC	Third Party, Fire & Theft	FBM473B	FBM473B	13/07/2018	12/07/2019

Continue