NATIONAL Assessment Centre Services. (wef 1 Jan'05) NMA/4/18/40846

Date In: 30/10/2018 14:58	Job description	Date & Time Completed	Done by
Ref No: NBA/INC180/9738/Y	SAS e-filing		
Veh No: FBJ 4622C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 29/10/2018 19:20	I-Motor Claim Form	M/10/780-001	30/10/2018 15:39
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: SGY 8322D 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: 67886616)		Date & Time Complete	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

NA1807028

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 ($) Main	Amt ($) 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) NI : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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: Idea 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 witholding 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	30/10/2018 14:58
Date Of Accident	29/10/2018 19:20
Exact Location Of Accident	ALONG NORTH CANAL ROAD BESIDE HONG LIM PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ4622C
Insured/Policyholder	
Name Of Registered Owner	ABDUL FATTAH BIN ABDUL SAMAT
NRIC No	S8719843Z
Email Address	KHAMAL.AHMAD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91904861
Alternative Phone No	OFFICE-91904861
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5065889004-04
Cover Note Number	
Driver	
Name of Driver	NURMUHAMMAD KHAMAL AHMAD
NRIC No	S8711428G
Date Of Birth	01/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91904861
Fax Number	
Contact Number	OFFICE-91904861
EMail Address	KHAMAL.AHMAD@GMAIL.COM

Address	BLK 156 SIMEI ROAD #02-320
Postcode	520156
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	AFTER RAIN
Road Surface	WET

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

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	SGY8322D
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PENG
NRIC/Passport Number	S9143181E
Contact Number	90091367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :

Passenger 2

NAME: :

GENDER: :

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**.
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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.

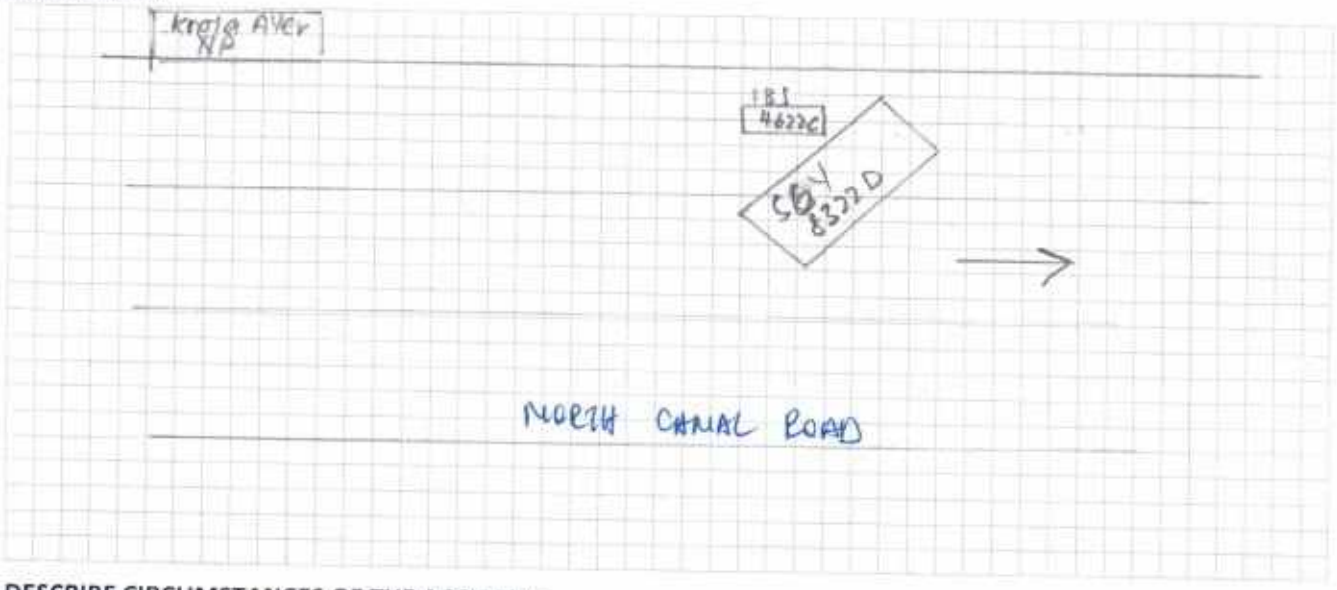
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 30/10/2018 1420hrs.	30/10/2018 Reporting Centre Personnel's Signature Name: Kelvin Watts NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29th October 2018, at approximately 1920hrs, I was riding on the left most lane, ie. lane 1, at approximately 20km/h, a black volkswagen car, plate no. SGY 8322D, abruptly without any indicators on made a lane change from Lane 2 into my lane. As such, the said vehicle sideswiped me on my right, his passenger door panel hitting my rightside of bike, knocking me to the ground. Vehicle had 2 other passengers along with a dog.

The driver proceeded ~~of~~ out of the vehicle and requested my ID but was not willing to show his. We then proceeded to make a formal police report at Kreta Ayer Neighbourhood Police Post attended by Officer Chen Yucheng ~~[illegible]~~. Officer Chen later informed us that verbal exchange of details is allowed.

DECLARATION

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

Policyholder's Signature
Date & Time: 30/10/2018 1430hrs

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

30/10/2018

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

Claim Handling

Accident MT/1017780

Policy No.	5065889004-04	Vehicle No.	FBJ4622C	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL FATTAH BIN ABDUL SAMAT			Policyholder NRIC	S8719643Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91904861	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ATK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	30/10/2018 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/10/2018	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NORTH CANAL ROAD BESIDE HONG LIM PARK				

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 44 #02-132	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 461044
Address 4		Address Type	Singapore address	Post Code	461044
Unit No.		Related Policy Number	5065889004-04		

OI Driver Info

Driver Name	NURMUHAMAD KHAMAL AHMAD	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8711428G	Driver DOB	01/09/1987
Register Date of Driver License	02/12/2010	Driver Age	31	Driving Experience	7
Contact No.(Mobile)	91904861	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBJ4622C	Driver Insurer Company	NTUC

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ABDUL FATTAH BIN ABDUL SAM	Insured NRIC	S8719
Contact No.(Mobile)	86880557	Contact No. (Home)	64430530	Contact No. (Office)	
Email Address	FATTAHSAMAT@GMAIL.COM	OI Vehicle Number	FBJ4622C	TP Vehicle Number	SGY83
Claim Description	FBJ4622C / SGY8322D ON 29 Oct 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Request No Claim Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/10/2018 15:34	Claim Close Date		Date Received	30/10/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017780	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/10/2018 15:38

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2018 15:39	Photos		Normal	Photos 2018-10-30	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:39	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:38	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:38	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:38	Photos	Normal	Photos 2018-10-30
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:37	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:37	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:37	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:37	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:37	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:37	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:34	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:34	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:34	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:34	Photos	Normal	Photos 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 Oct 2018 15:34	SAS	Normal	SAS 2018-10-30

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 10 / 2018) (DD/MM/YYYY). TIME: (19 : 20) (HH:MM)

LOCATION: Beside Hong Lim Park along North Canal Road.

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: FBJ 4622 C
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: CB400X
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Working
   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: ABDUL FATTAH BIN ABDUL SAMAT (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8719843Z CONTACT: _____
   c) ADDRESS: _____

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

* No of passenger (including driver) (1)

3. **DRIVER**
   a) NAME: NURMUHAMAD KHAMAL AHMAD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8711426G CONTACT: 91904861
   c) ADDRESS: BIK 156, Simei Road, #02-320
   *d) DATE OF BIRTH: (07 / 05 / 1987) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING PASS 8

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 After raining.)
   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: ~~LEE~~ SGY8322D MODEL: Volkswagen
   b) DRIVER'S NAME: LEE PENG
   c) NRIC/FIN/PASSPORT: S9143181E CONTACT: 96091367

* No of passenger (including driver) (3)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) (_)

email = khamal.ahmad@gmail.com.

VIDEO

PASSPORT REPUBLIC OF SINGAPORE

Type: PA | Country Code: SGP | Passport No: E4576583L

Name: NURMUHAMAD KHAMAL AHMAD

Sex: M | Nationality: SINGAPORE CITIZEN

Date of birth: 01 MAY 1987 | Place of birth: SINGAPORE

Date of issue: 29 APR 2014 | Date of expiry: 21 OCT 2019

Modifications: SEE PAGE 2 | Authority: MINISTRY OF HOME AFFAIRS

National ID No: S8711428G

PASGPNURMUHAMAD<KHAMAL<AHMAD<<<<<<<<<<<<<<<<

E4576583L3SGP8705013M1910212S8711428G<<<<<52

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8711428G

Name: NURMUHAMAD KHAMAL AHMAD

Birth Date: 01 May 1987

Issue Date: 18 Oct 2013

002236188F

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

		EFFECTIVE DATE
...ass 2B	Motorcycles =< 200 cc	02 Dec 2...
...ass 2A	Motorcycles between 201 cc and 400 cc	30 Mar 20...
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Jun 20...

12

Licence No: S8711428G

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) FBJ4622C
Date of Accident 29/10/2018 14:10
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5065889004-04		ABDUL FATTAH BIN ABDUL SAMAT	S8719843Z	GMC	Third Party, Fire & Theft	FBJ4622C	FBJ4622C	29/05/2018	28/05/2019

Continue