

**NATIONAL Assessment Centre Services** [wef 1 Jan'09]

Date In: <b>03/11/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18019989/13</b>	SAS e-filing		
Veh No: <b>FT 7440R</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>01/11/18 1800</b>	i-Motor Claim Form	<b>MT/1012157 -</b>	<b>003</b>
OD: <b>(TP)</b> 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: ( **GLENN** ) Tel: Fax: )

TP Particulars: Veh No: **SLU7141C** 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

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$) In Bill	Am (\$) Add Bill
<b>NA1807184</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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 2009)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) NI: Idao 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: Idao 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 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	03/11/2018 13:54
Date Of Accident	01/11/2018 18:00
Exact Location Of Accident	PIE TWDS CHANGI B4 JURONG EAST FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7440R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD YASSER BIN TAIB
NRIC No	S9214778I
Email Address	YAS.AZEAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96392143
Alternative Phone No	OTHERS-96392143

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5102320664
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD YASSER BIN TAIB
NRIC No	S9214778I
Date Of Birth	05/05/1992
Occupation	INDOOR
Date Of Driving Pass	05/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96392143
Fax Number	
Contact Number	OTHERS-96392143
Email Address	YAS.AZEAN@GMAIL.COM

Address	BLK 62 TEBAN GARDEN ROAD #08-625
Postcode	600062
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

### 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	SLU7141C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO KAH BOON
NRIC/Passport Number	S7438899Z
Contact Number	90999289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP3996E
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ABDUL ATIFF S/O ABDULLAH

NRIC/Passport Number

S1830549F

Contact Number

81818848

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD YASSER BIN TAIB

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FT7440R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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**.
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:

3/11/18

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

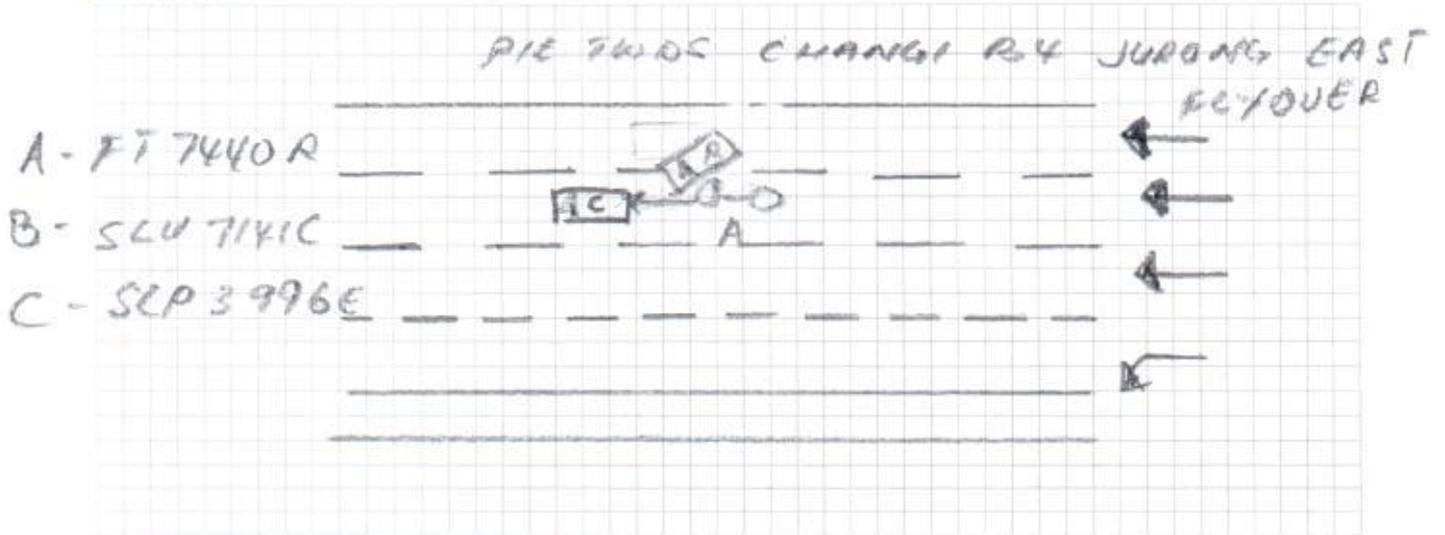
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding to Bedok via PIE from work  
 Riding on 2nd lane behind the vehicle SLP3996E  
 Vehicle SLU7141C changed lane without signaling / abrupt change lane.  
 Causing to <sup>press</sup> hit front brake and his side mirror hit my right handlebar.  
 I lost control of my bike causing to hit the vehicle SLP3996E on the right rear.

DECLARATION

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

Policyholder's Signature  
 Date & Time:  
 3/11/18

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

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

**NOTICE OF REPORTING**

This is to confirm that Muhammad Yasser Bin Taib, NRIC/FIN S92147781, has reported to the Police a non-injury traffic accident which

occurred at along PIE towards Changi before the exit to Bukit Batok Ave 1/Jurong East flyover.

on 01.11.2018 at 6.00 am/pm involving the following vehicles:

FT7440R (complainant)

SLU7141C (other party)

SLP3996E (other party)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SI 96080 Loh Wee Choon

Date: 02.11.2018 Time: 1046hrs

S/D Ref: 71

Police Post/Unit : Clementi NPC

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

Clementi NPC  
20 Clementi Ave #1  
S (129858)  
Tel: 68729999  
Fax: 68729907

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S92147781



Name  
**MUHAMMAD YASSER BIN TAIB**

Race  
**MALAY**

Date of birth  
**05-05-1992**

Sex  
**M**

Country of birth  
**SINGAPORE**





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S92147781**

Name  
**MUHAMMAD YASSER BIN TAIB**

Birth Date **05 May 1992**

Issue Date **24 Nov 2014**



002368868C

4041501




NRIC No. **S92147781**

Date of issue  
**11-05-2007**

1 BLK 62 TERAN GARDENS ROAD #08-625  
 SINGAPORE 600062

No. **S92147781** Date: **07/12/2007** No. **5809440**

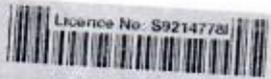
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	06 Feb 2017
Class 2A	Motorcycles between 201 CC and 400 CC	05 Apr 2018
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 Mar 2012

S / No. 9000313763

592147781

NP 428A



Licence No. S92147781

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 1 / 11 / 2018 ) (DD/MM/YYYY), TIME: ( 18 : 00 ) (HH:MM)

LOCATION: PIE towards Changi before Juvary East Flyover

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT7440R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5102320664  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA / CB400SFJ  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Travelling  
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 YASIR BIN TAIB (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S9214778I CONTACT: 96392143  
C) ADDRESS: 62 TEBAN GARDENS ROAD #08-625  
S(600062)

\* 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: ( 05 / 05 / 1992 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: < 1

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: CLEMENTI

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU7141C MODEL: HONDA  
b) DRIVER'S NAME: NEO KAH BOON (LIANG JIAWEN)  
c) NRIC/FIN/PASSPORT: S7438899Z CONTACT: 90999289

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP3996E MODEL: TOYOTA  
e) DRIVER'S NAME: ABDULATIFF S/O ABDULLAH  
f) NRIC/FIN/PASSPORT: S1830549F CONTACT: 81818848

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
( 1 )

Email = glen\_enterprise@yahoo.com  
yas.azean@gmail.com

fax =

VIDEO =

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

### Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102320664		MUHAMMAD YASSER BIN TAI B	S92147781	GMC	Third Party	FT7440R	FT7440R	14/07/2018	14/07/2019

Continue

**Claim Handling**

**Accident MT/1018157**

Policy No.	5102320664	Vehicle No.	FT7440R	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD YASSER BIN TAIB			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

**Accident Details**

Report Date	02/11/2018 13:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/11/2018	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE (CHANGI) BEFORE BUKIT BATOK EAST AVE 3 EXIT			

**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 62 #08-625	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4	SINGAPORE 600062	Address Type	Singapore address	Post Code
Unit No.	08-625	Related Policy Number	5102320664	

**OI Driver Info**

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 003 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAM
Contact No.(Mobile)	96392408	Contact No. (Home)	
Email Address	YAS.AZEAN@GMAIL.COM	Vehicle Number	FT7440
Claim Description	FT7440R / SLU7141C ON 1 Nov 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered		Claim Close Date	03/11/2018 17:06
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No: MT/1018157 Claim No.: 003
Last Doc. Received: Yes No Upload Date: 03/11/2018 00:00

Path \*

Category \*

Confidential

- Choose File No file chosen

- Clear
Clear
Clear
Clear
Clear
Clear

- Please Select
Please Select
Please Select
Please Select
Please Select
Please Select

- NO
NO
NO
NO
NO
NO

Message Read

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, Desi. Contains 17 rows of attachment details including file names, upload dates, categories like 'NRIC/ Driving License' and 'Photos', and urgency levels.

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading