

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

Date In: 07/11/18	Job description	Date & Time Completed	Done by
Ref No: NAM/INC18020103/13	SAS e-filing		
Veh No: FBK78730	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 02/11/18 1030	i-Motor Claim Form	MT/1018623 - 001	
☒ 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: (	ICM KENT (BBSX)	Tel:	Fax:
TP Particulars:	Veh No: SKA5252X	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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:	NA1807383	Invoice Preparation Checklist	Am (\$)	Am (\$)
		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) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2009)		
		6) TR: Re-inspection \$75		
		7) N1: 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	07/11/2018 12:15
Date Of Accident	02/11/2018 10:30
Exact Location Of Accident	BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7873U
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515

Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TP TEST

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
------------------	------------

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	

Driver

Name of Driver	AHMAD LUTFI BIN MUZNI
NRIC No	T0018642I
Date Of Birth	24/05/2000
Occupation	INDOOR
Date Of Driving Pass	02/11/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 555 JURONG WEST ST 42 #06-371
Postcode	640555
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
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

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	SKA5252X
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH MING GUAN
NRIC/Passport Number	S8940588B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 by 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 purposes 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.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No: *[Signature]*

DUN 1 BATOK Road

FBK 78734

SKA 5252X

BUKIT BATOK

WEST AVE 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Having his class 2B TP test, When he turn out from BBD C circuit with the motorcycle NO: FBK 78734, to-ward test route, at the filter lane toward BUKIT BATOK Road, he saw a vehic coming from the Main Road, so he stop his motorcycle to give way to the Vehic. Suddenly a car NO: SKA 5252X hit him from the back.

DECLARATION

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

BUKIT BATOK DRIVING CENTRE LTD
15 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

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

X

Reported Centre Personnel's Signature
Name
NRIC/ID No

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0018642I



Name

AHMAD LUTFI BIN MUZNI



Race

BOYANESE

Date of birth

24-05-2000

Sex

M

T0018642I

Country/Place of birth

SINGAPORE

5424040



NRIC No. T0018642I



Date of issue

11-02-2015

Address

APT BLK 555 JURONG WEST STREET 42
#06-371
SINGAPORE 640555

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SKA5252X

Vehicle Make/Model/Colour

KIA Cerato / Blue.

Details of Properties (If Other Party is not a vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

TOH MING GUAN

Contact Number/ Email Address

S8940588B

Address

BLK 395 BUKIT BATOK WEST AVE 5
03-442 SL(650995)

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details of Properties (If Other Party is not a vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number/ Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was injured conveyed to hospital by ambulance?

☐

Yes

☐

No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

Declaration

I, **TOH MING GUAN**, of **815 BUKIT BATOK WEST AVENUE 5**

SINGAPORE 65085, declare that the information provided above are true in every aspect.

TEL: 6561 1233 FAX: 6569 0777

Signature of Policy Holder

(Company Chop if applicable)

[Signature]

X

Date & Time

Signature of Driver Date & Time

If Driver is not the Policy Holder

Date & Time

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-14

Cover : Comprehensive

- | | |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBK7873U |
| Chassis Number | : JC641000333 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2018 |
| 4. Expiry Date of Insurance | : 31 Dec 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

The owner and vehicle particulars for Vehicle No. FBK7873U as at 01 Feb 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBK7873U
8.	Effective Date of Ownership	: 01 Feb 2016
9.	Original Registration Date	: 01 Feb 2016
10.	First Registration Date	: 01 Feb 2016
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: GLR125LWH
18.	Year of Manufacture	: 2015
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JC641000333 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: 1C64E1000333 / -

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/1018623](#)
[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	0073451220-14	Vehicle No.	FBK7873U	GST Registration No.	M200805321
Certificate No.					
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	☐ No ☒ Yes	TCA	☐ No ☒ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

[Accident Details](#)

Report Date	07/11/2018 12:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/11/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BUKIT BATOK ROAD				

[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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

[Policyholder Mailing Address](#)

Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5072565215-03		

[OI Driver Info](#)

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AHMAD LUTFI BIN MUZNI	Driver NRIC	T0018642I	Driver DOB	24/05/2000
Register Date of Driver License	02/11/2018	Driver Age	18	Driving Experience	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 555	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640555
Address 4		Address Type	Singapore address	Post Code	640555
Unit No.	#06-371				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

[Declaration](#)

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	☐ Yes ☒ No
-------------------------------------	------	-------------	---

Modification History

[Investigation](#)
[Claim 001 OD-MD](#)

New

[Claim Case Officer Zuraimie Bin Mantau](#)

Claim Type	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	659435
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBK7873U	TP Vehicle Number	SKA521
Claim Description	FBK7873U / SKA52S2X ON 2 Nov 2018			Name of Preferred Workshop	KIM KE
Preferred Workshop					
Preferred Repair Option					
Preferred Workshop (refer below)					
Insured Liability report					
Not at fault					
Date Registered	07/11/2018 12:38	Claim Close Date		Date Received	07/11/
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

[Print AK letter](#)

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No. MT/1018623

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 07/11/2018 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear Please Select

Clear Please Select

Clear Please Select

Clear Please Select

Clear Please Select

Clear Please Select

Clear Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 07 Nov 2018 12:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 07 Nov 2018 12:37	SAS	Normal	SAS 2018-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 07 Nov 2018 12:37	Photos	Normal	Photos 2018-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 07 Nov 2018 12:37	Photos	Normal	Photos 2018-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 07 Nov 2018 12:37	Photos	Normal	Photos 2018-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 07 Nov 2018 12:37	Photos	Normal	Photos 2018-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 07 Nov 2018 12:37	Photos	Normal	Photos 2018-11-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading