

NATIONAL Assessment Centre Services. [ref: Jan 05]

NAIC 18153739

Date In: 27/11/2008 15:11	Job description	Date & Time Completed	Done by
Ref No: NAIC10021388/V	SAS e-filing		
Veh No: FB 3887G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/11/2008 09:30	I-Motor Claim Form	MI1025131-001	28/11/2008
OID: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SEW 6369X 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Allocations

NAIC 1807739

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)	
Contact No:	3) TP: 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
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OIL*	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Coordination	\$10
	*NV: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$5
	*NE: DV / Collect Excess Coordination	\$20
	*NF: TP (N11) TP (N-n INC) against INC	\$0
	*NI: Idao Mobile	

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	27/11/2018 15:11
Date Of Accident	23/11/2018 09:30
Exact Location Of Accident	ALONG LENG KEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FB3887G
Insured/Policyholder	
Name Of Registered Owner	NUR FARAHANAH BINTE NOH
NRIC No	S8504844I
Email Address	FARAHNOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90020597
Alternative Phone No	OTHERS-90020597

Vehicle Particulars

Manufacturer	VESPA
Model	PX20-200CC
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	5087068189-01
Cover Note Number	

Driver

Name of Driver	NUR FARAHANAH BINTE NOH
NRIC No	S8504844I
Date Of Birth	25/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90020597
Fax Number	
Contact Number	OTHERS-90020597
Email Address	FARAHNOH@GMAIL.COM

Address	BLK 23 JALAN MEMBINA #02-78
Postcode	163023
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	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181123/2101

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	SKW6369X
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW MIAU CHOW
NRIC/Passport Number	S1257439H
Contact Number	90731770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NUR FARAHANAH BINTE NOH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FB3887G
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:

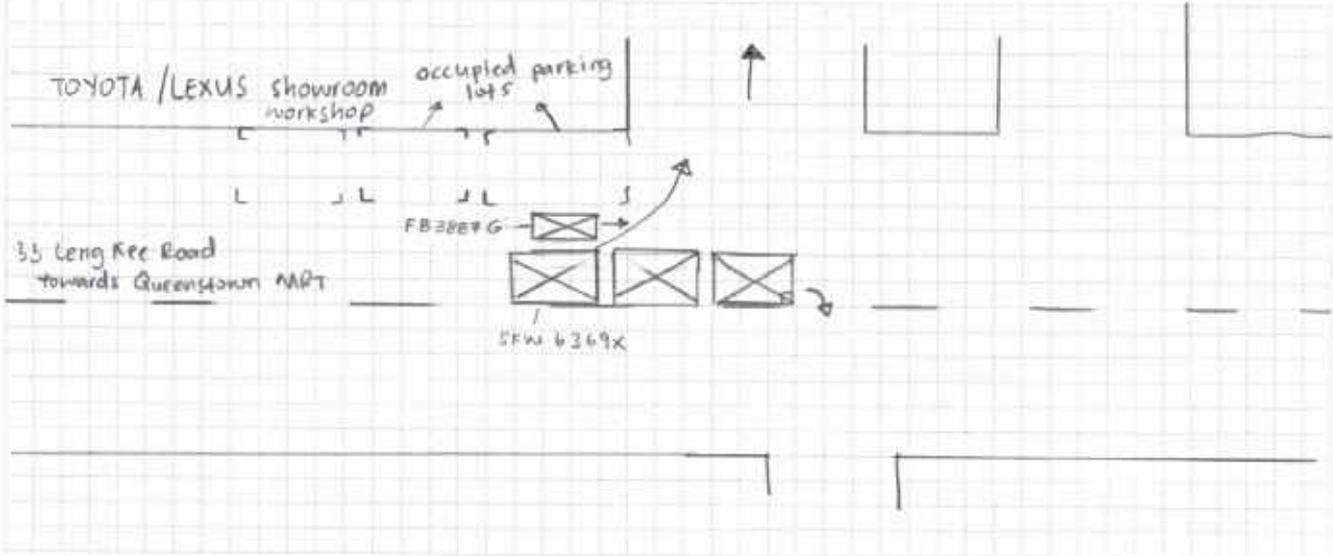
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 27/11/2018

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
1/2018/23/2/101*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 27/11/2018

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

[Signature] 27/11/2018
Reporting Centre Personnel's Signature
Name: *Reza Hassan*
NRIC/FIN No.:



Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20181123/2101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR FARAHANAH BINTE NOH	ID No.	S8504844I
Related Vehicle	FB3887G (Motorcycle)	Contact No.	90020597
Hospital/Clinic	THE ICLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	23/11/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	LOW MIAU CHOW	ID No.	S1257439H
Related Vehicle	SKW6369X (Car)	Contact No.	90731770
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/11/2018 between 9.30am to 9.40am, I was riding alone on my motorcycle FB3887G (Vespa / Cream White) travelling along 33 Leng Kee Road towards Queenstown MRT. I wish to state that the road is a two-way road. As I was travelling straight suddenly one of the vehicle (SKW6369X / Toyota Camry / Silver) that was in queue make a left turn to get out from the queue. As the driver doing so, it hit onto my right arm area causing me to miss balance. As such, it causes me to ride up the pavement and eventually stopped.

After I managed to stop my vehicle, I stood still checking on my injury while the said driver came over to me. After which, we exchange contact number initially and the driver left to the Toyota Show Room. Then a passer-by informed me to get the particulars of driver instead. As such, I call the driver and we exchange particular and take photographs of the damages. Due the accident, the bottom right of my vehicle is damage which cause a part of its metal body to be torn apart and the fork cover to vehicle also damage and there is also some stretch mark on the right side cowl of vehicle. As for the other vehicle, there is some scratch mark on the bottom front passenger door.

I then called my NTUC insurance company on the matter who send their Orange Force to my location. When the Orange Force came and record down the incident, I was then advice by the officer to lodge a police report. Upon feeling pain on my arm area, I decided to proceed to the Clinic to seek medical attention located at 18 Jalan Membina #02-07 Singapore 164018 namely The iClinic.



**SINGAPORE
POLICE FORCE**



T/20181123/2101

3 of 4

Report No. T/20181123/2101

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

CONTINUATION OF REPORT

After seeking the medical attention, I was given 6 days MCs. I wish to state that there is no police attended to my accident. I am lodging this report for insurance claiming.



**SINGAPORE
POLICE FORCE**



T/20181123/2101

4 of 4

Report No. T/20181123/2101

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sr Staff Sgt SITI AISYAH BINTI NANI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204
Authentication Stamp NP168

Signature Of Informant:
Date/Time: 23/11/2018 16:24
Classification Of Case:

33
172
SIGNATURE

rsbm

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Tuesday, 27 November, 2018 5:11 PM
To: 'LKK Bukit Merah'; ODsupport
Subject: RE: MT/1021531 FB3887G

Hi Rosli

Please quote this claim nbr when billing MT/1021531-001

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

 **income**
made different



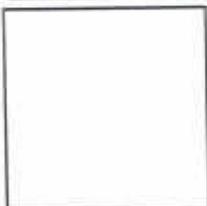
At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: LKK Bukit Merah [<mailto:rsbm@lkkauto.com>]
Sent: Tuesday, November 27, 2018 3:29 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Subject: MT/1021531 FB3887G

Hi the above claims cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 11 / 2018) (DD/MM/YYYY), TIME: (09 : 30) (HH:MM)

LOCATION: 33 LENG KEE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB 3887 G
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5087068189-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VESPA PX 20
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING TO WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: NUE FARAHANAH BINTE NOH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S85048441 CONTACT: 96020597
c) ADDRESS: BLOCK 23 JALAN MEMBINA B02-78 SG (163023)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (25 / 02 / 1985) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 22/12/2015

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

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: ORCHARD N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW 6369X MODEL: TOYOTA CAMRY
b) DRIVER'S NAME: LOW MIAU CHOW
c) NRIC/FIN/PASSPORT: S1257433H CONTACT: 90731770

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

email = farahnah@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8504844I**



Name

NUR FARAHANAH BINTE NOH

نور فراهانه بنت نوح

Race

MALAY

Date of birth

25-02-1985

Sex

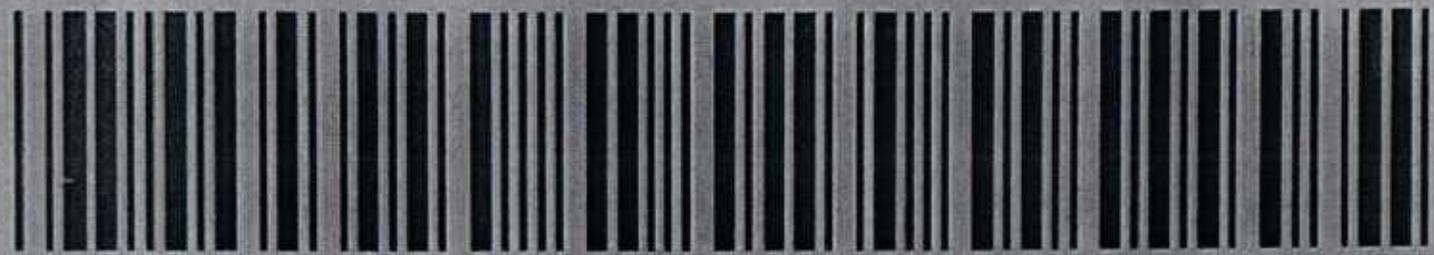
F

Country/Place of birth

SINGAPORE



5570951



NRIC No. **S8504844I**



Date of issue

19-02-2016

Address

**APT BLK 23 JALAN MEMBINA
#02-78
SINGAPORE 163023**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S85048441**
 Name: **NUR FARAHANAH BINTE NOH**
 Birth Date: **25 Feb 1985**
 Issue Date: **19 Jan 2015**

002386883A




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

		EFFECTIVE DATE
C	Class 2B MOTORCYCLES NOT EXCEEDING 200 CC	22 Dec 2017
	Class 3 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	18 Jan 2006

NP 428A

S / No. 9000229660

Licence No: S85048441



Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/11/2018 14:30"/>
Vehicle No. (For Motor)	<input type="text" value="FB3887G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087068189-01		NUR FARAHANAH BINTE NOH	S85048441	GMC	Third Party	FB3887G	FB3887G	01/04/2018	31/03/2019

Continue