

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <u>22/01/19</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/INC19001620/13</u>	SAS e-filing		
Veh No: <u>FU2988E</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <u>21/01/19</u> <u>1150</u>	i-Motor Claim Form	<u>MT/1029073-001</u>	
OD <input checked="" type="radio"/> (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: 5KBP1506 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

<u>NA1900759</u>	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
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 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac 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: Idac 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	22/01/2019 12:49
Date Of Accident	21/01/2019 11:50
Exact Location Of Accident	165 UPP PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU2988E
Insured/Policyholder	
Name Of Registered Owner	SHAREM BIN AZIZ
NRIC No	S9232030H
Email Address	OMSHAREMKUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85697957
Alternative Phone No	OTHERS-85697957

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ 135
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5081097748-02
Cover Note Number	

Driver

Name of Driver	SHAREM BIN AZIZ
NRIC No	S9232030H
Date Of Birth	20/08/1992
Occupation	INDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85697957
Fax Number	
Contact Number	OTHERS-85697957
EEmail Address	OMSHAREMKUN@GMAIL.COM

Address	BLK 180A RIVERVALE CRESCENT #02-335
Postcode	541180
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20190122/2056

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	SKB8150G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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)**

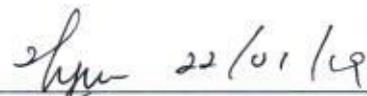
I understand, acknowledge, agree and consent that:

- (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.

 22/01/2019

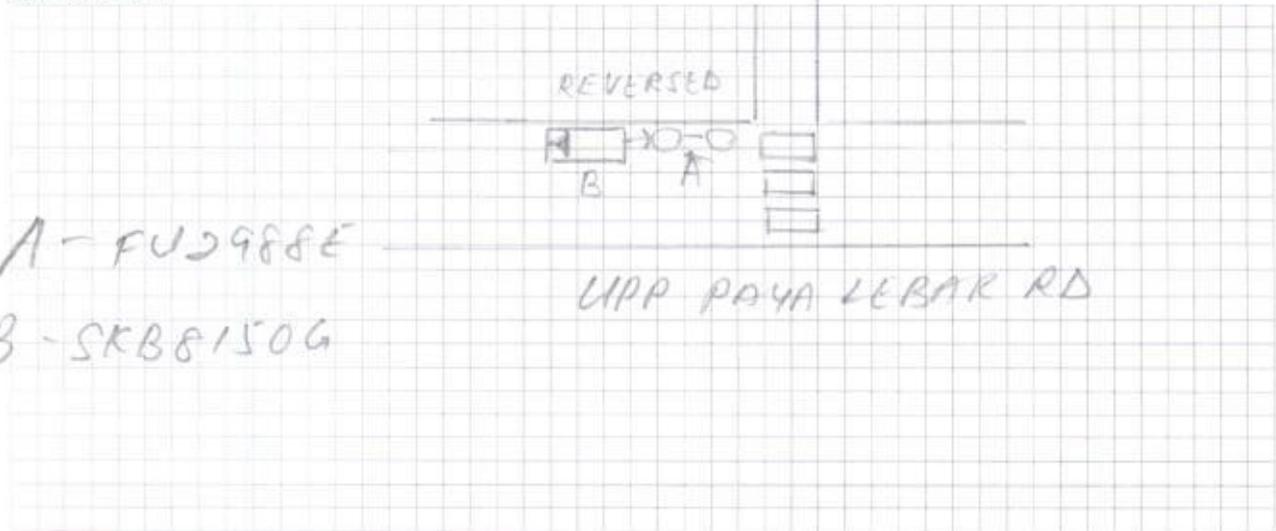
Policyholder's Signature
Date & Time:

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

 22/01/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: G/20190122/2056

DECLARATION

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

John 22/01/2019
Policyholder's Signature
Date & Time:

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

John 22/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



at about 10.30am. Both of us agreed to it and we left the place.

On 22/01/2019 at about 10.30am, I met the yellow car driver with HP: 81631354 but I did not know his name at the above mentioned workshop. The mechanic then told me that the cost of repair for my motorbike was expensive and suggested to me to claim through my insurance company. While the yellow driver was calling his insurance company to report about the matter, I went to Vicom (Kaki Bukit). I will like to add that I did ask the yellow car's driver name but he told me that I only need his vehicle number and do not need his name . Upon arrival at Vicom, I was advised by the staff to lodge a Police report about the matter. As such I am lodging this report for my own record purposes and for my insurance claim.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMED KAMAL BIN AZIZ
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp YEE KOK KEEN Contact No.: 62447134

Signature Of Informant:
Date/Time: 22/01/2019 12:31
Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9232030H



Name
SHAREM BIN AZIZ

Race
JAVANESE

Date of birth
20-08-1992

Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Member Number **S9232030H**



Name
SHAREM BIN AZIZ

Birth Date **20 Aug 1992**

Issue Date **27 Apr 2016**

002561934C

4099709



NRIC No. **S9232030H**

Date of issue
22-08-2007

APT BLK 180A RIVERVALE CRESCENT #02-335
 SINGAPORE 541180

NRIC No. **S9232030H** Date: **09/01/2015 (R)**

Drive Licences in the following categories

27 Apr 2016
 06 Mar 2018

S / No. 9000305673

9232030H

NP 478A

Licence No: S9232030H



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"/>	5081097748-02		SHAREM BIN AZIZ	S9232030H	GMC	Third Party	FU2988E	FU2988E	07/06/2018	06/06/2019

Continue

Claim Handling

Accident MT/1029073

Policy No.	5081097748-02	Vehicle No.	FU2988E	GST Registration No.
Certificate No.				
Policyholder Name	SHAREM BIN AZIZ			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	85697957	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

▼ **Accident Details**

Report Date	22/01/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/01/2019	Time of Accident hh:mm	11:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	165 UPP PAYA LEBAR 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 180A #02-335	Address 2	RIVERVALE CRESCENT	Address 3
Address 4	SINGAPORE 541180	Address Type	Singapore address	Post Code
Unit No.	02-335	Related Policy Number	5081097748-02	

▼ **OI Driver Info**

Driver Name	SHAREM BIN AZIZ	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9232030H	Driver DOB
Register Date of Driver License	27/04/2016	Driver Age	26	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 180A	Address 2	RIVERVALE CRESCENT	Address 3
Address 4	SINGAPORE 541180	Address Type	Singapore address	Post Code
Unit No.	#02-335			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SHAREM
Contact No.(Mobile)	85697957	Contact No. (Home)	
Email Address		OI Vehicle Number	FU2988
Claim Description	FU2988E / SKB8150G ON 21 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Finalisation	Yes	GIA report	Received
Date Registered	22/01/2019 17:47	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1029073 Claim No. 001
 Last Doc. Received Yes No Upload Date 22/01/2019 17:47

Path *

Category *

Confidential

- Choose File No file chosen

- Clear

- Please Select NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:47	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:47	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2019 17:46	Photos	Normal	Photos

Video List

Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading