

Date In: 22/01/2009 15:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900145/H	SAS e-filing		
Veh No: FBM 4876X	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 08/01/2009 19:10	I-Motor Claim Form	MM11027371-002 22/01/2009	
OD: TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:13
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

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

TP Particulars: Vch No: SKF3831L 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	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	Assign

NA1900638	Invoice Particulars	
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
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	
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	*NT: TP (Nil); TP (Non INC) against INC \$20	
	*NI2: Idea Mobile \$0	
	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 15:50
Date Of Accident	08/01/2019 19:10
Exact Location Of Accident	ALONG WOODLANDS AVENUE 2 TOWARDS CAUSEWAY POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4876X
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD ISMAIL BIN SAHED
NRIC No	S8723980B
Email Address	ISUMAIRUCHIRU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87001575
Alternative Phone No	OTHERS-87001575

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)-321CC
Exact Purpose for which vehicle was being used at time of accident	COMMUTING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5096679323-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ISMAIL BIN SAHED
NRIC No	S8723980B
Date Of Birth	04/08/1987
Occupation	INDOOR
Date Of Driving Pass	11/03/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87001575
Fax Number	
Contact Number	OTHERS-87001575
EMail Address	ISUMAIRUCHIRU@GMAIL.COM

Address	BLK 852 WOODLANDS STREET 83 #08-250
Postcode	730852
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 (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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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	SKF3831L
Vehicle Make/Model/Colour	VOLKSWAGEN SIROCCO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW HUI MIN
NRIC/Passport Number	S8318769G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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: 22nd 20/01/2019

Driver's Signature

(If driver is not the policyholder)
Date & Time:

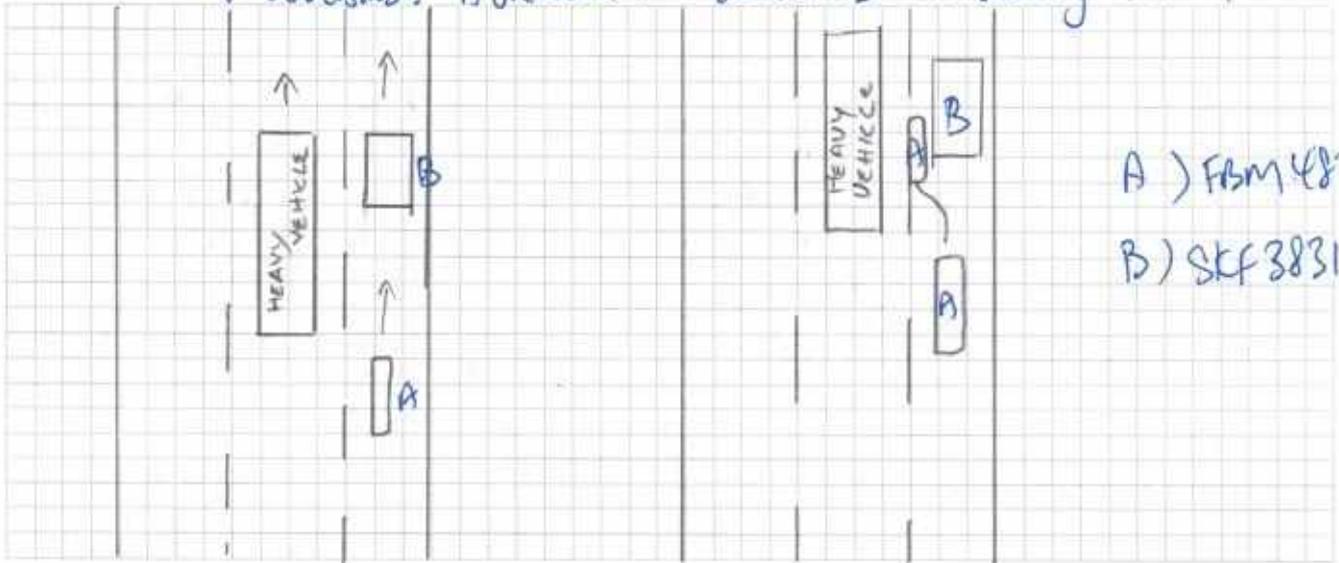
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

WOODLANDS AVENUE 2 TOWARDS COURSEWAY AIN7



A) FSM 4876x
B) SKF 3831L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding behind the car (SKF 3831L) on the first lane and there was one heavy vehicle on the middle lane. The traffic was going smooth ahead then suddenly the said driver hard brake that make me react the same way and swerve to left between car and the heavy vehicle. The car wanted to turn right but didn't signal earlier on and i was signalling to the left as i wanted to change lane. I was able to stop right at the car left rear tyre and I don't recall hitting the car.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature] 22/01/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1027371

Policy No.	3096679323-01	Vehicle No.	FBM4676X	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ISMAIL BIN SAHED	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8723980B
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPI	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	11/01/2019 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/01/2019	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVENUE 2				

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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 852 #08-250	Address 2	WOODLANDS STREET 83	Address 3	SINGAPORE 730852
Address 4		Address Type	Singapore address	Post Code	730852
Unit No.		Related Policy Number	S108355476		

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		Address 1	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification history

Claim 002 **New**

Claim Handling

Accident MT/1027371

Policy No.	3096679323-01	Vehicle No.	FBM4676X	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ISMAIL BIN SAHED	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8723980B
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPI	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	11/01/2019 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/01/2019	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVENUE 2				

Excess

Total Excess Applicable

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			
Excess Type		Windscreen Excess			

All Claims Excess

YIED All Claim Excess		Driver is Covered?			
Total All Claim Excess Applicable					
OD Standard Excess		TP Standard Excess			
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable			

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 852 #08-250	Address 2	WOODLANDS STREET 83	Address 3	SINGAPORE 730852
Address 4		Address Type	Singapore address	Post Code	730852
Unit No.		Related Policy Number	S108355476		

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		Address 1	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					

Does he own a Singapore Registered car?

Yes No

Driver Vehicle No.

Driver Insurer Company

Modification History

Claim 002 OD-KX **NEW**

Claim Type *

Contact No. (Mobile) Insured Name Insured NRIC

Email Address Contact No. (Home) Contact No. (Office)

Claim Description OI Vehicle Number YF Vehicle Number

Preferred Workshop Insured Liability Name of Preferred Workshop

Damage No. Fractation Repair Option GA Report

Date Registered Claim Close Date Date Received

Report Taken By Workshop Repairer Total Loss Ind Reported

Print All letters

Attachment

Accident No. Claim No.

Last Doc. Received Yes No Upload Date

File Upload Area:

- No file chosen
-

Category *	Confidential	Urgency *	Description *
<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 16:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 16:13	SAS	Normal	SAS 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:48	Photos	Normal	Photos 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:48	Photos	Normal	Photos 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:47	Photos	Normal	Photos 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:47	Photos	Normal	Photos 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:47	Photos	Normal	Photos 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:47	Photos	Normal	Photos 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:47	Photos	Normal	Photos 2019-1-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2019 15:47	Photos	Normal	Photos 2019-1-22	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

ACCIDENT STATEMENT

ACCIDENT DATE: (08/01/2019) (DD/MM/YYYY), TIME: (19:10) (HH:MM)

LOCATION: Woodlands Ave 2 towards Causeway Point

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 4876 X
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: SC96679323-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA MT03
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commuting
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: MOHAMMAD ISMAIL BIN SAHED (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8723980B CONTACT: 8700 1575
c) ADDRESS: A11 BIK 85D WOODLANDS ST 83, #08-250
S (730 852)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABONK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (09/08/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/03/2011

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKF 3831 L MODEL: SCIROCCO
b) DRIVER'S NAME: CHEW HUI MIN
c) NRIC/FIN/PASSPORT: S 8318 769 G CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = ISUMAIRUCHIRU@GMAIL.COM
VIDEO

WIFE

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8723980B



Name
MOHAMMAD ISMAIL BIN SAHED

Race
MALAY
Date of birth: **04-08-1987** Sex: **M**
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

MOHAMMAD ISMAIL BIN SAHED

002820286E

04 Aug 1987
04 Jul 2018

4483914

NRIC No. S8723980B

Date of issue
13-11-2009

Address
APT BLK 852 WOODLANDS STREET 83
#08-250
SINGAPORE 730852

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	02 Dec 2006
Class 2A	Motorcycles between 201 cc and 400 cc	01 Mar 2011
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	04 Jul 2018

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096679323-01		MOHAMMAD ISMAIL BIN SAHED	58723980B	GMC	Third Party, Fire & Theft	FBM4876X	FBM4876X	12/12/2018	11/12/2019