

NATIONAL Assessment Centre Services.

[ref: Jan05]

MAA/9022578

Date In: 18/02/2009 15:36	Job description	Date & Time Completed	Done by
Ref No: NAB/INC/9002996/Y	SAS e-filing		
Veh No: FBG 5100G	E-mail (w/da 8hrs, A/C 2hrs)		
D.O.A: 18/02/2009 08:30	I-Motor Claim Form	MT/1035488-001	18/02/2009 16:08
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKL 7898H	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	Location	Remarks

NA/90/233	INVOICE FOR TOWING & REPAIRS	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/443	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	IF (N11): TP (N-in INC) against INC \$20	
	9) N11: 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	18/02/2019 15:36
Date Of Accident	18/02/2019 08:30
Exact Location Of Accident	ALONG CLEMENTI AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5150G
Insured/Policyholder	
Name Of Registered Owner	SHAHNAWAZ PUKKEYIL SHAMSUDDIN
NRIC No	S8773258D
Email Address	SHAH5000@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91258966
Alternative Phone No	OTHERS-91258966

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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
Fleet Policy	NO
Policy Number	5061080194-05
Cover Note Number	

Driver

Name of Driver	SHAHNAWAZ PUKKEYIL SHAMSUDDIN
NRIC No	S8773258D
Date Of Birth	25/01/1987
Occupation	INDOOR
Date Of Driving Pass	12/04/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91258966
Fax Number	
Contact Number	OTHERS-91258966
Email Address	SHAH5000@GMAIL.COM

Address	BLK 485 CHOA CHU KANG AVENUE 5 #09-82
Postcode	680485
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	DRIZZLING
Road Surface	WET

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)	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

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	SKL7898H
Vehicle Make/Model/Colour	BMW
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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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.


18/02/2019

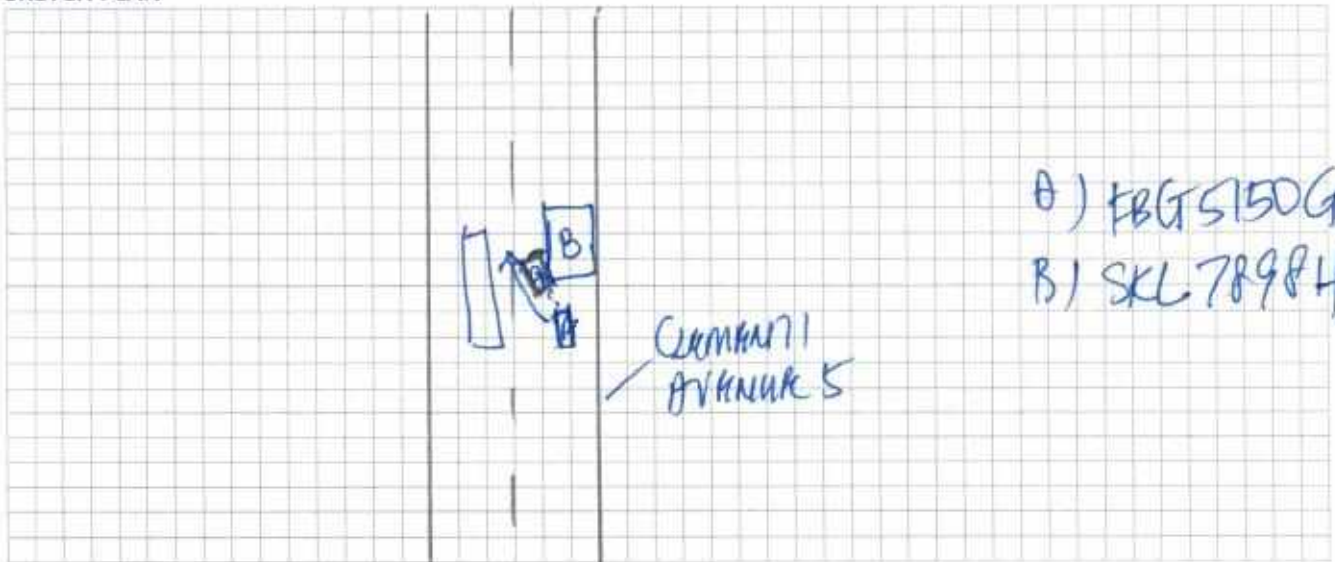
Policyholder's Signature
Date & Time:

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


18/02/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

AYE EXIT




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 18/02/2019, 08:30 am at Clementi AVE 6 while commuting to office. There was slight rain (drizzling) and road was wet. The traffic was moving slow towards AYE exit. I was riding my motorcycle behind the BMW SKL7898H car, ~~was seeing an opportunity to~~ ~~change & overtake~~. I was changing lane to left side when the car in front slowed down and there was a bus coming on the left. I applied my brakes but end up scratching left side of the car bumper. The front fork of my motorcycle, scratched the side of the car bumper. I exchanged contact details with lady driver and we left the scene after taking the photos.

DECLARATION

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

 18/02/2019

Policyholder's Signature
Date & Time:

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

 18/02/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1033488

Policy No.	5061080194-05	Vehicle No.	FBG5150G	GST Registration No.	
Certificate No.					
Policyholder Name	SHAHNAWAZ PUKKEYIL SHAHSUDDIN	Cover Type	Third Party	Policyholder NRIC	S8773258D
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	91258956	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KPI	<input type="radio"/> No <input type="radio"/> Yes	RCD Entitlement(%)	25	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	18/02/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/02/2019	Time of Accident (hh:mm)	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI AVENUE S				

▼ Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured 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 485 #09-82	Address 2	CHOA CHU KANG AVENUE S	Address 3	SINGAPORE 680485
Address 4		Address Type	Singapore address	Post Code	680485
Unit No.	09-82	Related Policy Number	5061080194-05		

▼ OI Driver Info

Driver Name	Shah Nawaz Pukkeyil Shahsuddin	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	S8773258D	Driver DOB	25/01/1987
Register Date of Driver License	12/04/2008	Driver Age	32	Driving Experience	10
Contact No. (Mobile)	91258956	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 485 #09-82	Address 2	CHOA CHU KANG AVENUE S	Address 3	SINGAPORE 680485
Address 4		Address Type	Singapore address	Post Code	680485
Unit No.	09-82				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBG5150G	Driver Insurer Company	NTUC

Declaration:

Breathalyzer 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 Raw

Claim Type *	OD-MX	Insured Name	SHAHNAWAZ PUKKEYIL SHAMS	Insured NRIC	S8773258D
Contact No. (Mobile)	91258956	Contact No. (Home)	67635214	Contact No. (Office)	
Email Address	SHAHNAWAZ@GMAIL.COM	OI Vehicle Number	FBG5150G	TP Vehicle Number	SKL7898H
Claim Description:	FBG5150G / SKL7898H ON 18 Feb 2019				
Preferred Workshop		Insured Liability	Partially at Fault		
GAIA No. / Application	Yes	Insured Repair Option	Preferred Workshop, Name unknown	GAIA report	Received
Date Registered	18/02/2019 16:06	Claim Close Date		Date Received	18/02/2019 00:00
Report Taken By	BOSLI WAHAB				

☐ Print AX letter

Save Submit

Attachment

Accident No.	MT/1033488	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2019 16:08
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Choose File No file chosen		NO	Normal
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	Photos	Normal	Photos 2019-2-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	Photos	Normal	Photos 2019-2-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	Photos	Normal	Photos 2019-2-18	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	Photos	Normal	Photos 2019-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	Photos	Normal	Photos 2019-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	Photos	Normal	Photos 2019-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	Photos	Normal	Photos 2019-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	SAS	Normal	SAS 2019-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2019 16:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-18

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 02 / 2019) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: CLEMENTI AVENUE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 5150G
b) INSURANCE COMPANY: NTUC IN/COMB
c) POLICY NUMBER: 5061080194-05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FZ-16
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL TO OFFICE
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: SHAHNAWAZ PUKKEYIL SHAMSUDIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8773258D CONTACT: 91258966
c) ADDRESS: BLK-485, #09-82, CHOA CHU KANG AVE-5

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHAHNAWAZ PUKKEYIL SHAMSUDIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8773258D CONTACT: 91258966
c) ADDRESS:

* d) DATE OF BIRTH: (25 / 01 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/04/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

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: SKL 7898H MODEL: BMW
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

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)
()

* No of passenger
(Including driver)
()

email = shah5000@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8773258D



Name

SHAHNAWAZ PUKKEYIL
SHAMSUDDIN

Race

INDIAN

Date of birth

25-01-1987

Sex

M

Country/Place of birth

INDIA



9439591



NRIC No. S8773258D

Nationality

INDIAN

Date of issue

05-04-2017

Address

APT. BLK 485 CHOA CHU KANG AVENUE 5
#09-82
SINGAPORE 680485

REPUBLIC OF SINGAPORE DRIVING LICENCE



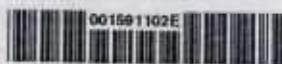
Licence Number S8773258D

Name

SHAHNAWAZ PUKKEYIL
SHAMSUDDIN

Birth Date 25 Jan 1987

Issue Date 12 Apr 2008



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

VALID DATE

12 Apr 2008

11 Jun 2010

Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

S / No. 9000125899

NK773258D

NP 428A



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="18/02/2019 12:47"/>
Vehicle No. (For Motor)	<input type="text" value="FBG5150G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5061080194-05		SHAHNAWAZ PUKKEYIL SHAMSUDDIN	58773258D	GMC	Third Party	FBG5150G	FBG5150G	09/08/2018	08/08/2019