

# NATIONAL Assessment Centre Services.

[Ref: 1 Jan 00]

NA903664

Date In: 19/03/2019 18:04	Job description	Date & Time Completed	Done by
Ref No: N80/mc900498914	SAS e-filing		
Veh No: F7312P	E-mail (e-filing 3hrs, AIC 2hrs)		
D.O.A: 19/03/2019 13:30	I-Motor Claim Form	MT/1036620001	19/03/2019
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:19
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: R6398H	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 ( )	

( ) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA902028	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) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / TPA Allowance \$5	
	* NG: Repair Coordination \$100	
	* NT: Post Repair Inspection \$25	
	* ND: DV / Collect Excess Coordination \$5	
	TP (NI): TP (N-in INC) \$30	
	9) 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	19/03/2019 18:04
Date Of Accident	19/03/2019 13:30
Exact Location Of Accident	JUNCTION OF MEDIA CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT3112P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IS KHUZAIRI BIN AZHAR
NRIC No	T0009411G
Email Address	ISKHUZAIRIBINAZHAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91896490
Alternative Phone No	OTHERS-91896490

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5103500308
Cover Note Number	

### Driver

Name of Driver	IS KHUZAIRI BIN AZHAR
NRIC No	T0009411G
Date Of Birth	27/03/2000
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91896490
Fax Number	
Contact Number	OTHERS-91896490
Email Address	ISKHUZAIRIBINAZHAR@GMAIL.COM

Address	BLK 103 COMMONWEALTH CRESCENT #04-154
Postcode	140103
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)	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	PC6398H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
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: 19/03/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:



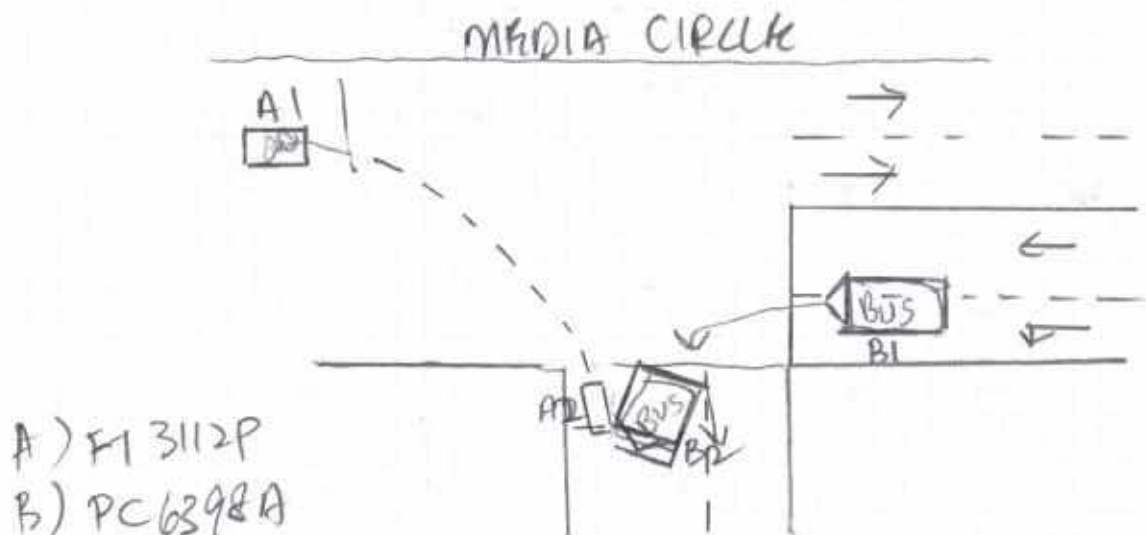
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN




A) F13112P  
B) PC6398A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was T junction the bus<sup>B</sup> was opposite and turning left A was turning right and abrupt lane change and A hit the front bumper on the right. OF VEHICLE B

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 19/05/19

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

 19/03/2019  
Reporting Centre Personnel's Signature  
Name: Rishi Kumar  
NRIC/FIN No.

## Claim Handling

Accident MY/1026490

Policy No.	510300308	Vehicle No.	PT3112P	GST Registration No.	
Certificate No.					
Policyholder Name	IS KHUZAIRI BIN AZHAR			Policyholder NRIC	T0809411G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Insuring	0
Contact No.(Mobile)	91896490	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
KPI	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

**Accident Details**

Report Date	18/03/2019 18:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/03/2019	Time of Accident (hr:min)	11:30	Country of Accident	Singapore
Reporting Centre		Grange Force		SDN No.	
Accident Location	JUNCTION OF REDIA CIRCLE				

**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			

**Benefit**

**GST Registered Information**

GST Registered	No	GST Registration Date		GST Status (Inched)	Yes
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	BLK 103 #04-134	Address 2	COMMONWEALTH CRESCENT	Address 3	CRESCENT GREEN
Address 4	SINGAPORE 140103	Address Type	Singapore address	Post Code	140122
Unit No.	#04-134	Related Policy Number	510300308		

**Q1 Driver Info.**

Driver Name	IS KHUZAIRI BIN AZHAR	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	T0809411G	Driver DOB	27/03/2000
Register Date of Driver License	06/06/2016	Driver Age	18	Driving Experience	0
Contact No.(Mobile)	91896490	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 103 #04-134	Address 2	COMMONWEALTH CRESCENT	Address 3	CRESCENT GREEN
Address 4	SINGAPORE 140103	Address Type	Singapore address	Post Code	140103
Unit No.	#04-134				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PT3112P	Driver License Complete	NTUC

**Declaration**

Availability of Blood Test Reading?	0 mg	Any Injury?	Yes - No		
-------------------------------------	------	-------------	----------	--	--

**Modification History**

Claim 001

New

Claim Type *	OD-MK	Insured Name	IS KHUZAIRI BIN AZHAR	Insured NRIC	T0809411G
Contact No.(Mobile)	91896490	Contact No. (Home)		Contact No. (Office)	
Email Address		OL	PT3112P	Vehicle Number	PC6308H
Claim Description	PT3112P / PC6308H ON 10 MAR 2019				
Preferred Workshop		Insured Liability	Partially at Fault	Preferred Workshop, Name unknown	QIA report
Balance No.	Yes	Preferred Repair Option		Received	
Date Registered	19/03/2019 18:18	Claim Date		Date Received	19/03/2019 00:00
Report Taken By	BOSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MY/1026490	Claim No.	001
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2019 18:19

Path \*




Category *	Confidential	Urgency *	Description *
Choose File No file chosen	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	

Message Read

Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Sent (CC)
		Photo	Normal	Photos 2019-3-19	
		Photo	Normal	Photos 2019-3-19	
		Photo	Normal	Photos 2019-3-19	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:19	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	SAR	Normal	SAR 2019-3-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 18:19	NAC/ Driving License	Normal	NAC/ Driving License 2019-3-19

Video 3/19

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

[Display in New Window](#)
[Scan and uploading](#)

# ACCIDENT STATEMENT

ACCIDENT DATE: (14/03/19) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: Media circle

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT3112P  
 b) INSURANCE COMPANY: NTVC  
 c) POLICY NUMBER: 5103800508  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: RXZ Yamaha  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 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: Is Khuzairi bin Ashar (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: T00041116 CONTACT: 91890490  
 c) ADDRESS: APT BLE 103 Commonwealth Crescent  
#04-15H Singapore 140103

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (27/03/2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06 Aug 2016

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

## 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: FT3112P MODEL: Yamaha RXZ  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: PL 6398H MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = Is khuzairi bin Ashar@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. T0009411G



Name

IS KHUZAIRI BIN AZHAR

اس كوزير بن اذهار

Race

MALAY

Date of birth

27-03-2000

Country/Place of birth

SINGAPORE

Sex

M



5826366



NRIC No. T0009411G



Date of issue

30-10-2017

Address

APT BLK 103 COMMONWEALTH CRESCENT  
#04-154  
SINGAPORE 140103

REPUBLIC OF SINGAPORE DRIVING LICENCE



LICENCE No. T0009411G

Name

IS KHUZAIRI BIN AZHAR

Birth Date: 27 Mar 2000

Issue Date: 06 Aug 2018



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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

06 Aug 2018

NP 428A



## 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 : 5103500308

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FT3112P

Chassis Number

: ZMC259810

2. Name of Policyholder

: IS KHUZAIRI BIN AZHAR

3. Effective Date of Insurance

: 31 Aug 2018

4. Expiry Date of Insurance

: 30 Aug 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: IS KHUZAIRI BIN AZHAR
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : A S PHOON PTE LTD (00000571911)

Date of Issue : 31 Aug 2018 17:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By: