

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 1190 41645

Date In: 1/4/19 - 09:56	Job description	Date & Time Completed	Done by
Ref No: NA/NAI19005662/24	SAS e-filing		
Veh No: FBJ 2355	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/1/19 - 11:10	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SK 85416

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: (

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

NA1902342

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Est Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*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	01/04/2019 09:56
Date Of Accident	08/03/2019 11:10
Exact Location Of Accident	PIE (CHANGI) AFTER KIM KEAT LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3735S
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Insured/Policyholder

Name Of Registered Owner	FATIMAH BINTE ABDUL RAHMAN
NRIC No	S7802802E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83638528
Alternative Phone No	OFFICE-83638528

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00924

Driver

Name of Driver	MUHAMMAD KHAIR BIN ABDUL RAHMAN
NRIC No	S8511252Z
Date Of Birth	08/04/1985
Occupation	INDOOR
Date Of Driving Pass	16/02/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84585975
Fax Number	
Contact Number	OFFICE-84585975
Email Address	NOEMAIL

Address	BLK 251 BANGKIT ROAD #02-380
Postcode	670251
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SKC8514K
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)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD KHAIR BIN ABDUL RAHMAN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

FBJ3735S

NO

SKETCH PLAN


IMPORTANT NOTICE


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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:

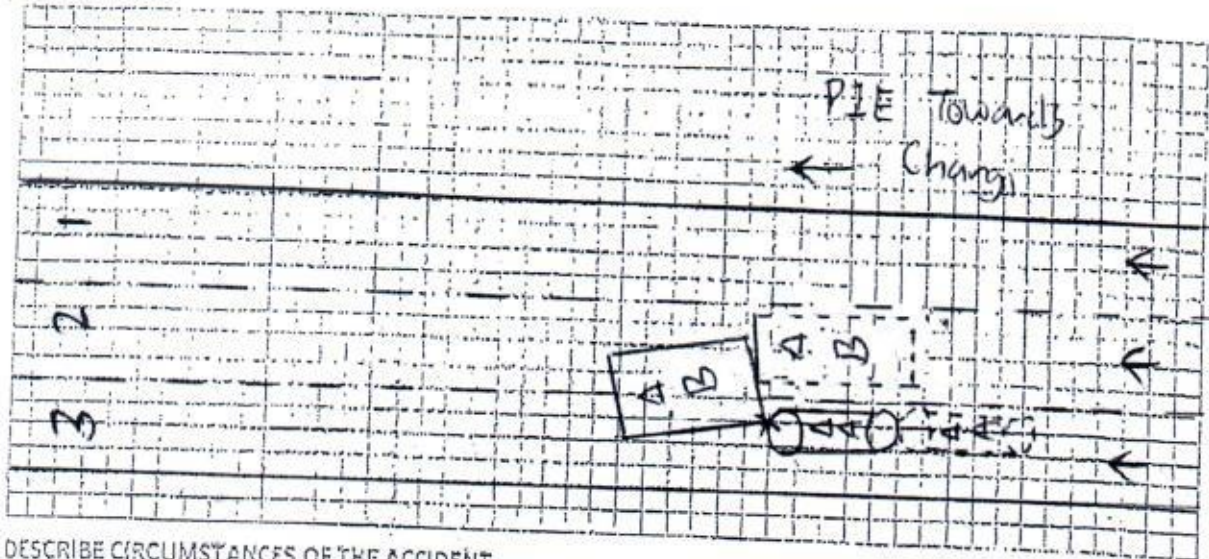
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the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


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
 I was riding my motorcycle (Veh A: FBJ37355) on lane
 3 along PIE towards Changi after K2M KEAT Exit. Suddenly,
 a car (Veh B: SEC8514K) changed lane abruptly from
 lane 2 to lane 3 thus colliding his rear left bumper
 onto me, causing me to fly off my motorcycle.

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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

Date of Accident : 08/03/2019 Accident Time: 17.10 (24-HR-Format)
Accident Place : PLE Towards Chang After Kim Keat
Vehicle Reg. No. (Car Plate No.) : FBJ 37355
Vehicle Make/Model : YAMAHA JUPITER
Insurance Company : GREAT AMERICAN Policy No. MT2018 TR00924
Owner or Company Name / IC No. : MUHAMMAD KHAIR BIN ABDUL RAHMAN 83638528 5780282E
Owner or Company Contact No. : 84585945 Owner's Hp Company Tel 585112522
DRIVER'S Name / IC No. : Muhammad Khair Bin Abdul Rahman
DRIVER'S Date Of Birth : 08/04/1985 DRIVER'S License Pass Date 16/2/2004 184
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other : f
DRIVER'S Address : BLK 251 BANGKIT RD #02-380 S 676251
DRIVER'S Contact No./ Alt No. : 1) 84585945 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN@MYCAR.SG
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Driver injured
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKC8514K

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8511252Z



Name

MUHAMMAD KHAIR BIN ABDUL
RAHMAN

Race

JAVANESE

Date of birth

08-04-1985

Sex

M

S8511252Z

Country/Place of birth
SINGAPORE



5929946



NRIC No. S8511252Z



Date of issue

17-04-2018

Address

APT BLK 251 BANGKIT ROAD
#02-380
SINGAPORE 670251



E-APPLICATION OF QUALIFIED DRIVING LICENCE (QDL)

LOGOUT

STEP 1: APPLY QDL

STEP 2: INPUT MAILING ADDRESS

STEP 3: PAYMENT TERMS AND
CONDITION

Dear **MUHAMMAD KHAIR BIN ABDUL RAHMAN (NRIC: S8511252Z)**,

Welcome to the e-application of QDL page!

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, **Lifetime**:

i. **Class 2B**

You have passed Practical Test(s) for following class(es).

- **Class 2B** Practical Test at **BBDC** on **16 Feb 2004**.

Your Singapore Qualified Driving Licence application is not allowed as you are currently under investigation by Traffic Police. Please contact Traffic Police at 6547 0000 if you require more information.

You are not eligible for any QDL licence transaction.

Prerequisites for Singapore Qualified Driving Licence Application

- *Valid Practical Test Result is required if you want to apply for Singapore Qualified Driving Licence of any class.
- *Practical Test Result must be within 3 years for Singapore Qualified Driving Licence application.
- *Valid Singapore Qualified Driving Licence is required for replacement.
- *Minimum age for application of Class 3, 3A Singapore Qualified Driving Licence is 18 years old.
- *Minimum age for application of Class 4A Singapore Qualified Driving Licence is 20 years old.

- vi. *Minimum age for application of Class 4 and 5 Singapore Qualified Driving Licence is 21 years old.
- vii. *Conversion of Foreign Driving Licence can only be done over the service counter at any of the 3 Test Centres (Bukit Batok, Kampong Ubi and Woodlands). (Note: With effect from 1st November 2018, Conversion of Foreign Driving Licence can only be done over the service counter at Traffic Police located at 10 Ubi Avenue 3)
- viii. *FIN holders can only apply for Renewal and Replacement of existing Singapore Qualified Driving Licence over the service counter at Traffic Police located at 10 Ubi Avenue 3.

Do not use the Back or Forward button on your browser as this may end your transaction.

This website is optimised for IE version 10.0 and 11.0

Last Updated: 1 August 2018

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MOTOR COVER NOTE: MT2018TR00924

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: FATIMAH BINTE ABDUL RAHMAN (NOT RIDING)
Insured NRIC/Passport No/ Roc	: S7802802E
Named Rider	: MUHAMMAD KHAIR BIN ABDUL RAHMAN
Policy Coverage	: THIRD PARTY FIRE & THEFT
Make And Description Of Vehicle	: YAMAHA / JUPITER MX (HC)
Vehicle Registration No.	: FBJ3735S
Year Of Manufacture	: 2013
Engine No.	: 50C683071
Chassis No.	: MH350C004DK682893
Engine Capacity	: 134
Hire Purchase	: DE XING MOTOR PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 12/05/2018 TO: 11/05/2019
Excess (S\$)	: Section I S\$300.00
Optional Benefits	: N.A
Authorised Workshop	: DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company



Great American Insurance Company
Authorised Signatory

Date of Issue : 07/05/2018 11:23 hrs

Intermediary : TENA RISK SOLUTIONS PTE LTD
MTR/COVERNOTE/V01/I5