

NATIONAL Assessment Centre Services

(w/ef 1 Jan 2005)

MA4904958

Date In: 12/04/2009 17:21	Job description	Date & Time Completed	Done by
Ref No: N/A/902681	SAS e-filing		
Veh No: FBA 3205	E-mail (w/da 2hrs, A/C 2hrs)		
D.O.A: 10/03/2009 28:00	I-Motor Claim Form	1036387-002	12/04/2009
OID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:52
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: 824 16314 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 ()

() 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: _____

Defective: _____

NA/902681	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100) INC (\$30)		
	3) TP: Towing Fee	\$10/\$45	
Driver/Owner:	4) FT: Follow-Through Survey	\$120	
Contact No:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Damaged Portion:	Enrolment against INC Only (w/ef 10 Jun 2009)		
	6) TR: Re-inspection	\$75	
	7) NI: I'da DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	* NI: Courtesy Car / TP Allowance	\$5	
QC Checked by (Engr-In-Charge):	* NI: Repair Co-ordination	\$10	
	* NI: Post Repair Inspection	\$25	
	* NI: DV / Collect Excess Coordination	\$5	
	TP (NI) / TP (Non INC) *	\$30	
	9) NI: I'da Mobile	\$30	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

FOR:

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	12/04/2019 17:21
Date Of Accident	10/03/2019 23:00
Exact Location Of Accident	JUNCTION OF YISHUN AVENUE 1/YISHUN AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA3305Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD YUSSOFF MAZIZ BIN MOHAMMAD SIS
NRIC No	S9310349A
Email Address	YUSSOFF_93@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97654208
Alternative Phone No	OTHERS-97654208

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084286587-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD YUSSOFF MAZIZ BIN MOHAMMAD SIS
NRIC No	S9310349A
Date Of Birth	05/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97654208
Fax Number	
Contact Number	OTHERS-97654208
E Mail Address	YUSSOFF_93@HOTMAIL.COM

Address	BLK 588B MONTREAL DRIVE #04-82
Postcode	752588
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : NUR FATEHAH BINTE AHAD GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190408/2179 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJY1631Y
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 MOHAMMAD YUSSOFF MAZIZ BIN MOHAMMAD SIS

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBA3305Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR FATEHAH BINTE AHAD

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBA3305Y

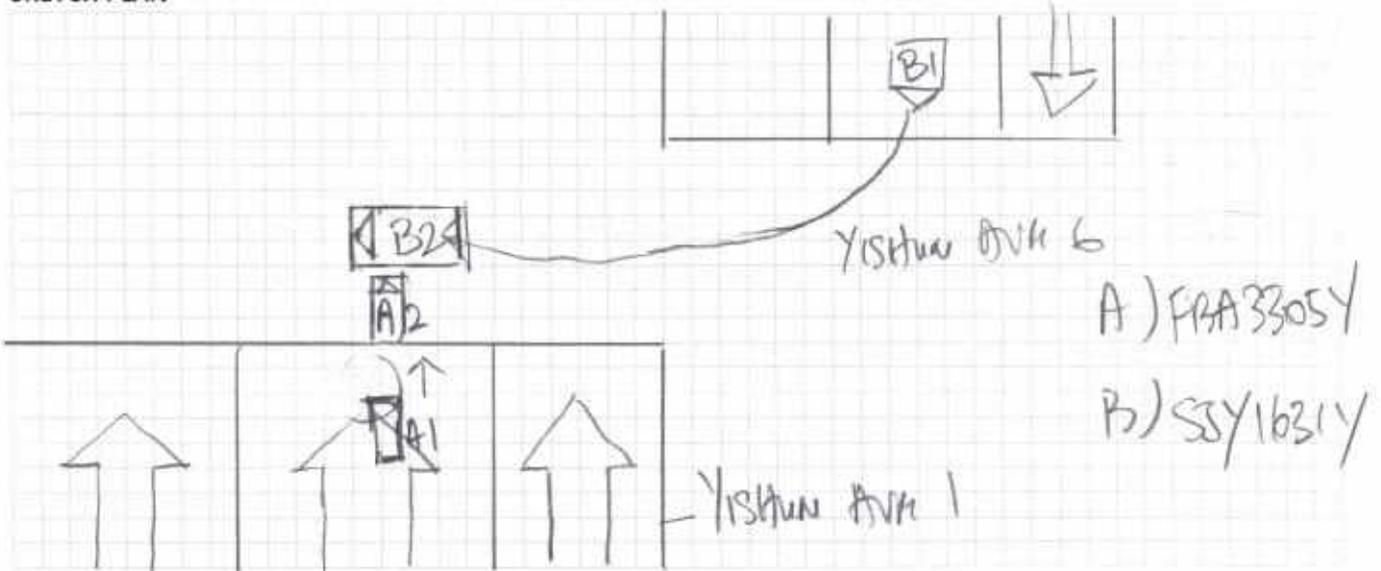
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS Report police report
7/20/2008 12:17 PM*

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]
12/04/2008

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190408/2179

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD YUSSOFF MAZIZ BIN MOHAMMAD SIS	ID No.	S9310349A
Related Vehicle	NIL	Contact No.	97654208
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	10/03/2019	Date Discharge	27/03/2019
No. of Days granted Medical Leave	56	Degree of Injury	NIL
Pillion			
Name	NUR FATEHAH BINTE AHAD	ID No.	S9818803G
Related Vehicle	NIL	Contact No.	82861215
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/03/2019	Date Discharge	27/03/2019
No. of Days granted Medical Leave	56	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING MY BIKE ON THE 2ND LANE OF 3 .AS I WAS GOING STRAIGHT,THE CAR FROM THE OPPOSITE DIRECTION MADE A RIGHT TURN.I CANT RECALL ANYTHING AFTER THAT.
I WAS TRAVELLING WITH A PILLION. WE SUSTAINED INJURY AND WAS BROUGHT OVER TO THE HOSPITAL.

MY MOTORBIKE WAS DAMAGED AND WAS TOWED BY TRAFFIC POLICE.

THATS ALL



SINGAPORE POLICE FORCE



T/20190408/2179

3 of 3

Report No. T/20190408/2179

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / YOGENDRAN S/O RAJASAKARAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138

Signature Of Informant: 
Date/Time: 08/04/2019 18:07
Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1036387

Policy No.	S08428587-01	Vehicle No.	PBA3305V	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD YUSSOFF MAZIZ BIN MUHAMMAD SIS	Cover Type	Third Party	Policyholder NRIC	S9113349A
Product Code	MOVICYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remarks		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
PKF	= No Yes	ACD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	18/03/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	10/03/2019	Time of Accident (Hr:Min)	22:35	Country of Accident	Singapore
Reporting Centre		Orange Firms		ICR No.	
Accident Location	JUNCTION OF YISHUN AVE 1 & YISHUN AVE 6				

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			

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 588B #04-02	Address 2	MONTREAL DRIVE	Address 3	MONTREAL SPRING
Address 4	SINGAPORE 752188	Address Type	Singapore address	Post Code	752188
Unit No.	#04-02	Related Policy Number	S08428587-01		

GI Driver Info

Driver Name		Driver Type		Driver DOB	
Unlicensed driver Name		Driver NRIC		Driving Experience	
Regular Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **NEW**

Claim Type *

Contact no.(Mobile)

Email Address

Claim Description

Preferred Workshop

Date Registered

Report Taken By

Print Ack letter

OD-MX * Injured Name MUHAMMAD YUSSOFF MAZIZ B Contact No. (Home) 97854238 GI YUSSOFF_83@HOTMAIL.COM Vehicle Number PBA3305V Date Registered 12/04/2019 17:19 Claim Close Date 12/04/2019 00:00

Insured Liability Not at Fault

Preferred Workshop, Name unknown

GIA report Received

Damage of Preferred Workshop

Save Submit

Attachment

Accident No.	MT/1036387	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/04/2019 17:32
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Date (DD)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Apr 2019 17:32	NRIC/ Driving License	Normal	NRIC/ Driving license 2019-4-12	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Apr 2019 17:32	SAS	Normal	SAS 2019-4-12	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Apr 2019 17:20	Photos	Normal	Photos 2019-4-12	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Apr 2019 17:20	Photos	Normal	Photos 2019-4-12	

ACCIDENT STATEMENT

ACCIDENT DATE: 10/03/2019 (DD/MM/YYYY), TIME: 23:00 (HH:MM)

LOCATION: Along Road 1, Yishun Ave 1, Yishun Ave 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 33057
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5084286587-01
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: YAMAHA SPARK 135
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Mohd Yusoff Bin Mohd Sis (MALE) (FEMALE)
b) NRIC/FIN/PASSPORT: S9310349A CONTACT: 97654208
c) ADDRESS: B1K 588D Montreal Drive #04-82

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohd Yusoff Bin Mohd Sis (MALE) (FEMALE)
b) NRIC/FIN/PASSPORT: S9310349A CONTACT: 97654208
c) ADDRESS: B1K 588B Montreal Drive #04-82

* d) DATE OF BIRTH: 05/03/1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) (OUTDOOR)

f) DATE OF DRIVING PASS: 1B

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: Traffic Police, Ubi Avenue 3

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBA 33057 MODEL: Yamaha SPARK 135
b) DRIVER'S NAME: Yusoff Maziz
c) NRIC/FIN/PASSPORT: S9310349A CONTACT: 97654208

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBA 3 SJY1631Y MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(2)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

email = Yusoff_93@hotmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S9310349A



Name
**MOHAMMAD YUSOFF MAZIZ
BIN MOHAMMAD SIS**

Race
MALAY
Date of birth
05-03-1993
Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **S9310349A**

Name
**MOHAMMAD YUSOFF MAZIZ BIN
MOHAMMAD SIS**

Expiry Date: **05 Mar 1993**
Issue Date: **10 Sep 2015**

002471866E

4339363



NRIC No. **S9310349A**



Date of issue
30-12-2008

**APT BLK 588B MONTREAL DRIVE #04-62
SINGAPORE 752568**

NRIC No. **S9310349A**

Date: **04/11/2011 (R)**

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	10 Sep 2015
Class 2A	Motorcycles between 201 CC and 400 CC	08 Nov 2014
Class 2	Motorcycles > 400 CC	06 Feb 2014
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	09 Mar 2014

S9310349A

S / No.9000277970

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 type="checkbox"/>	5084286587-01		MOHAMMAD YUSSOFF MAZIZ BIN MOHAMMAD SIS	S9310349A	GMC	Third Party	FBA3305Y	FBA3305Y	03/10/2017	02/04/2019