

# NATIONAL Assessment Centre Services

Part 1 of 2 (2018)

MA19052970

Date In: 24/04/2019 12:06	Job description	Date & Time Completed	Done by
Ref No: MBA/INC19007190/4	SAS e-filing		
Veh No: FBT 712R	E-mail (Update this, AIC 2hrs)		
D.O.A: 23/04/2019 08:50	I-Motor Claim Form	mls04/1487-002	24/04/2019
OID: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:22
	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:

SLD 1912Z

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 repair.

( ) 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: ( )

Signature: ( )

Stamp: ( )

Initials: ( )

Phone: ( )

Fax: ( )

Email: ( )

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

Additional Comments:

Date:

Time:

1) AR: Accident Reporting (330)	INC (330)
2) DA: Damage Assessment (5100)	INC (5100)
3) TP: Towing Fee	\$10/145
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$20
Forfeiting against INC Only (waf 10 Jan 2023)	
6) TR: Re-inspection	\$75
7) NI: 1 Day DA + SMRT Survey	\$160
8) NTUC Additional Services:	
9) NI: 1 Day Mobile	
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## 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	24/04/2019 12:06
Date Of Accident	23/04/2019 08:20
Exact Location Of Accident	CROSS JUNCTION OF ROCHOR ROAD/VICTORIA STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7129R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR KEISHA BINTE SHARIFF
NRIC No	S9333547C
Email Address	KEISHA.SHARIFF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97274983
Alternative Phone No	OTHERS-97274983

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR400R M
Exact Purpose for which vehicle was being used at time of accident	REPORTING 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067772566-04
Cover Note Number	

### Driver

Name of Driver	NUR KEISHA BINTE SHARIFF
NRIC No	S9333547C
Date Of Birth	18/09/1993
Occupation	INDOOR
Date Of Driving Pass	12/08/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97274983
Fax Number	
Contact Number	OTHERS-97274983
Email Address	KEISHA.SHARIFF@GMAIL.COM

Address	BLK 105 JALAN BUKIT MERAH #10-1960
Postcode	160105
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	COLLISION - HEAD TO REAR
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	SLD1912Z
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARK DYLAN MAHENDRAN
NRIC/Passport Number	S7206015F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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: 23/04/2019  
12.59pm

Driver's Signature

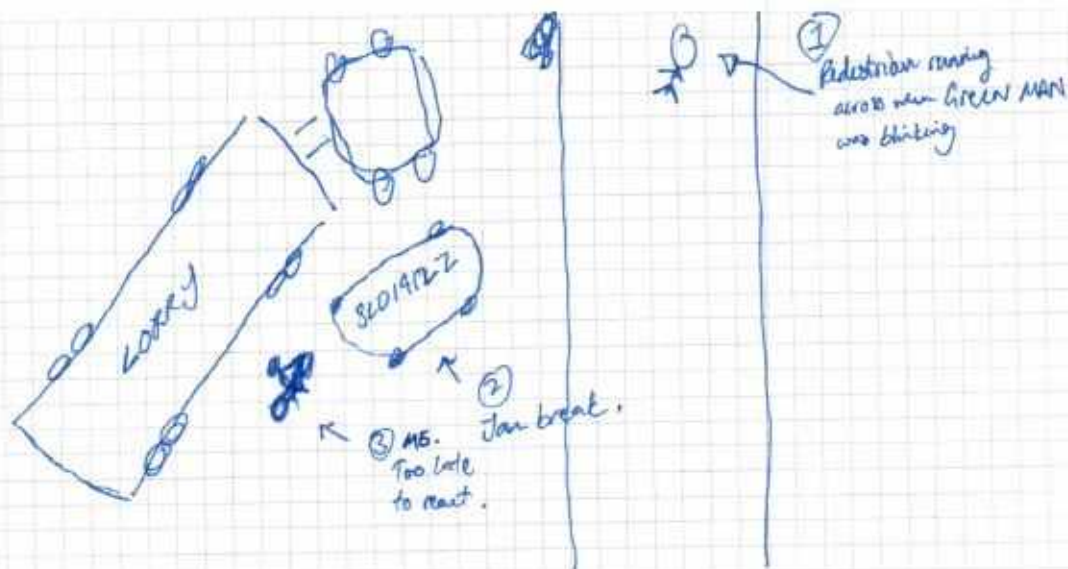
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The pedestrian green light was blinking and I assumed no one was crossing. So after the car ahead moved forward abit, I check right proceed to head off but only realising that the car jammed break and I couldn't stop in time.

## DECLARATION

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

Policyholder's Signature

Date & Time: 23/04/2019 1.00pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1041447

Policy No.	5067772566-04	Vehicle No.	FB7129R	GST Registration No.	
Certificate No.					
Policyholder Name	NUR KEISHA BINTE SHARIFF			Policyholder NRIC	59333547C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	LIADPP	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPI	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	NA	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	23/04/2019 18:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/04/2019	Time of Accident Minimum	00:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ROCHORE RD & VICTORIA ST				
▼ 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 Data		Yes	
GST Registration No.		GST Status Verified			
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 103 #10-136B	Address 2	JALAN BUKIT MERAH	Address 3	TIONG BAHRU ORCHID
Address 4	SINGAPORE 160109	Address Type	Singapore address	Post Code	160109
Unit No.	03-01	Related Policy Number	5067772566-04		
▼ GT 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		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 New

Claim Type *	GO-MX	Insured Name	NUR KEISHA BINTE SHARIFF	Insured NRIC	59333547C
Contact No.(Mobile)	97274583	Contact No.(Home)		Contact No.(Office)	
Email Address	KEISHA.SHARIFF@GMAIL.COM	OT Vehicle Number	FB7129R	TP Vehicle Number	SLD1917Z
Claim Description	FB7129R / SLD1917Z ON 23 Apr 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fullly at Fault		
Robbery No. Provision	Yes *	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	24/04/2019 12:22
Report Taken By				Date Received	24/04/2019 00:00
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1041447	Claim No.	002
Last Doc. Received	Yes No	Upload Date	24/04/2019 12:22
Path *			
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Message Read			
Send Message			

▼ Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent/ (CO)	#
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 12:22	Photos	Normal	Photos 2019-4-24		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 12:22	Photos	Normal	Photos 2019-4-24		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 12:22	Photos	Normal	Photos 2019-4-24		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 12:22	Photos	Normal	Photos 2019-4-24		





NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 24 Apr 2019 12:22

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 24 Apr 2019 12:22

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S (BUKIT MERAH)) on 24 Apr 2019 12:22

Photos

Normal

Photos 2019-4-24

Photos

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Photos 2019-4-24

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Photos 2019-4-24

SAS

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SAS 2019-4-24

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-4-24

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

## ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 04 / 2019 (DD/MM/YYYY), TIME: 08 : 20 (HH:MM)

LOCATION: CROSS JUNCTION of Rocker RD & Victoria St.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 7129R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5067772566-04  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: CBR 400R  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Reporting to work  
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: NUR KEISHA BINTI SHARIFF (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9333547L CONTACT: 97274982  
c) ADDRESS: BLK 105 JALAN BUKIT MERAH #10-1960 S60105

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

### DRIVER

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

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 07/03/13 (28) 12/07/14 (24)

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)

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: SLD 1912 Z MODEL: TOYOTA, SIENNA  
b) DRIVER'S NAME: MARK DYLAN MAHENDRAN  
c) NRIC/FIN/PASSPORT: S7206015 F CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = kerisha.shariff@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9333547C



Name

NUR KEISHA BINTE SHARIFF

Race

MALAY

Date of birth

18-09-1993

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9333547C

Name

NUR KEISHA BINTE SHARIFF

Birth Date: 18 Sep 1993

Issue Date: 07 Mar 2013



002158540F



4862838

NRIC No. S9333547C



Date of issue

11-07-2012

APT BLK 105 JALAN BUKIT MERAH #10-1980  
SINGAPORE 160105

NRIC No: S9333547C

Date: 23/08/2018

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

EXPIRY DATE

Class 2B MOTORCYCLES NOT EXCEEDING 200 CC  
Class 2A MOTORCYCLES BETWEEN 201 CC AND 400 CC  
Class 2C MOTORCYCLES EXCEEDING 400 CC  
Class 3 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS DOES NOT EXCEED 200 KILOGRAMS

07 May 2012  
12 Aug 2014  
02 Feb 2016  
01 Aug 2014

S / No. 9000244762

UNIVERSITY

NP 428A



Licence No: S9333547C

## 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** : 5067772566-04

**Cover** : Third Party, Fire & Theft

- |  |                            |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBJ7129R                 |
| Chassis Number                                   | : NC471003207              |
| 2. Name of Policyholder                          | : NUR KEISHA BINTE SHARIFF |
| 3. Effective Date of Insurance                   | : 26 Sep 2018              |
| 4. Expiry Date of Insurance                      | : 25 Sep 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: NUR KEISHA BINTE SHARIFF
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : YEW HENG CREDIT ENTERPRISE PTE LTD (00000613617)

Date of Issue : 27 Aug 2018 12:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive