

NATIONAL Assessment Centre Services

(part 1 Jan 03)

NA 19054028

Date In: 26/04/2009 14:19	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/900738814	SAS e-filing		
Veh No: FLE 4159A	E-mail (Vehicle Size, AIC 2hrs)		
D.O.A: 31/03/2009 14:18	I-Motor Claim Form	ml1038586-002	26/04/2009 14:35
OID / TP / Reporting Only	I-Motor W/O (Without 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: SMT 2763L	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: _____

Date/Time: _____

NA 1903070	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idao Mobile	
QC Checked by (Engi-In-Charge):	10) NS: Courtesy Car / Tpr Allowance \$5	
	11) NG: Repair Coordination \$10	
	12) Post Repair Inspection \$25	
	13) DV / Collect Excess Coordination \$5	
	14) TP (Nil) / TP (Non INC) \$20	
	15) 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	26/04/2019 14:19
Date Of Accident	31/03/2019 14:55
Exact Location Of Accident	ALONG YISHUN DAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4159A
Insured/Policyholder	
Name Of Registered Owner	NOR AZMI BIN MOHAMAD AZLAN
NRIC No	S9005855Z
Email Address	NORAZMI1252@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87002881
Alternative Phone No	OTHERS-87002881

Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ-398CC 400SM (M)
Exact Purpose for which vehicle was being used at time of accident	GOING STUDY
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5056791608-06
Cover Note Number	

Driver

Name of Driver	NOR AZMI BIN MOHAMAD AZLAN
NRIC No	S9005855Z
Date Of Birth	25/02/1990
Occupation	INDOOR
Date Of Driving Pass	13/09/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87002881
Fax Number	
Contact Number	OTHERS-87002881
Email Address	NORAZMI1252@GMAIL.COM

Address	BLK 191 BOON LAY DRIVE #07-208
Postcode	640191
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	NO COLLISION
Weather Conditions	AFTER RAIN
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	SMJ2763L
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)	

SKETCH PLAN

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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**.
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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.

Policyholder's Signature

Date & Time: 25.04.19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

~~Chkznawa no Connection~~

on 22/04/2019 I went back home to my mother
house & saw a letter that someone claim against
my insurance which I could not recall of the accident
that all

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

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

Reporting Centre Personnel's Signature
Name: Kesli Lim
NRIC/FIN No.: 9201 2345 6789

Claim Handling

Accident MT/1038586

Policy No.	5056791608-06	Vehicle No.	FBE4159A	GST Registration No.	
Certificate No.					
Policyholder Name	NOR AZMI BIN MOHAMAD AZLAN	Cover Type	Third Party	Policyholder NRIC	590058552
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address				eCode	No
KPI	< No > Yes	TCA	< No > Yes	eCode Reason	
WCD Protection	No	WCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	02/04/2019 10:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/03/2019	Time of Accident (hh:mm)	14:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	YISHUN DAM				

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			

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 191 #07-208	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640181
Address 4		Address Type	Singapore address	Post Code	640191
Unit No.		Related Policy Number	5056791608-06		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Office)	
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 002 **New**

Claim Type *	OD-MX	Insured Name	NOR AZMI BIN MOHAMAD AZLAN	Insured NRIC	590058552
Contact No. (Mobile)	83967912	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Vehicle Number	FBE4159A	Vehicle Number	SPJ2763L
Claim Description		FBE4159A / SPJ2763L ON 31 Mar 2019		Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Report No.	Yes	Preferred Workshop Name	Unknown	GIA report	Received
Date Registered		Claim Close Date	26/04/2019 14:35	Date Received	26/04/2019 00:00
Report Taken By					
Print Ak letter					



Save Submit

Attachment

Accident No.	MT/1038586	Claim No.	002
Last Doc. Received	< Yes > No	Upload Date	26/04/2019 14:35
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
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sort? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:35	SAS	Normal	SAS 2019-4-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:35	Photos	Normal	Photos 2019-4-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:35	Photos	Normal	Photos 2019-4-26	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:30	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:30	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:30	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:29	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:29	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:29	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:29	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:29	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:29	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 14:29	Photos	Normal	Photos 2019-4-26
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Start and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 03 / 2019) (DD/MM/YYYY), TIME: (14 : 55) (HH:MM)

LOCATION: YISHUN DAM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 4159A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5056791608-06
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SUZUKI / PRZ 400
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: STUDY
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: NOR AZMI BIN MOHD AZLAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S90058556 CONTACT: 87002887
c) ADDRESS: 287 T 191 Boon Lay Drive # 07-208
640191

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AC ABOVE (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

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 Just after rain)
b) ROAD SURFACE: (DRY / WET / OTHERS partially wet and dry)

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: SMJ2763L MODEL: _____
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)
()


* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = norazmi252@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9005855Z




Name
NOR AZMI BIN MOHAMAD
AZLAN
نورعزمي بن محمد عزالن

Race
MALAY

Date of birth
25-02-1990

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICEN

Identity Card No. S9005855Z

NOR AZMI BIN MOHAMAD AZLAN

Birth Date 25 Feb 1990

Issue Date 30 Aug 2016




Barcode

NRIC No. S9005855Z



Date of issue
16-08-2012

Address
APT BLK 191 BOON LAY DRIVE
#07-208
SINGAPORE 640191



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	18 Nov 2009
Class 2A Motorcycles between 201 cc and 400 cc	30 Dec 2010
Class 2 Motorcycles > 400 cc	21 Jan 2016
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	13 Sep 2016

NP 428A

Barcode Licence No: S9005855Z

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 : 5056791608-06

Cover : Third Party

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBE4159A |
| Chassis Number | : JS1B8111300100903 |
| 2. Name of Policyholder | : NOR AZMI BIN MOHAMAD AZLAN |
| 3. Effective Date of Insurance | : 09 Oct 2018 |
| 4. Expiry Date of Insurance | : 08 Oct 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)	: NOR AZMI BIN MOHAMAD AZLAN
NAMED DRIVER (2)	: MOHAMAD SUFIAN BIN MOHAMAD SOM
HIRE PURCHASE COMPANY	: M.1 MOTORING
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 : TELESales (00000094288)

Date of Issue : 17 Sep 2018 21:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive