

NATIONAL Assessment Centre Services

Date In: 29/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19007514/13	SAS e-filing		
Veh No: F8B 84334	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/04/19 1845	i-Motor Claim Form	17/1042242-001	
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: 5007667L	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 ()	

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

NA1903104

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	29/04/2019 15:37
Date Of Accident	11/04/2019 18:45
Exact Location Of Accident	BUKIT BATOK WEST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8433Y
Insured/Policyholder	
Name Of Registered Owner	SHARULLHIZAM BIN MOHD NOOR
NRIC No	S7618381C
Email Address	SHARUL1937@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91014619
Alternative Phone No	OTHERS-91014619

Vehicle Particulars

Manufacturer	PIAGGIO
Model	X8 400 I.E
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086984611-02
Cover Note Number	

Driver

Name of Driver	SHARULLHIZAM BIN MOHD NOOR
NRIC No	S7618381C
Date Of Birth	13/06/1976
Occupation	INDOOR
Date Of Driving Pass	25/02/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91014619
Fax Number	
Contact Number	OTHERS-91014619
Email Address	SHARUL1937@GMAIL.COM

Address	BLK 148 BUKIT BATOK WEST AVE 6 #04-317
Postcode	650148
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)	1

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
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

PLS REFER TO THE POLICE REPORT: T/20190429/2087

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	SDD7667L
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	SHARULLHIZAM BIN MOHD NOOR
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBB8433Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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**.
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.



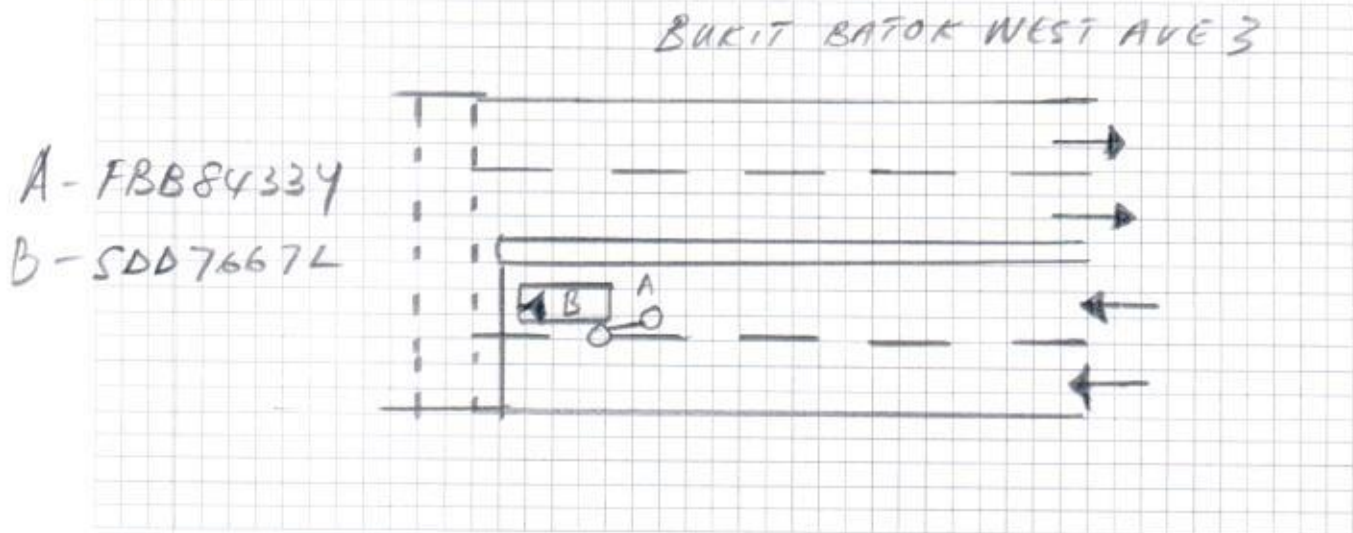
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190429/2087

DECLARATION

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

Shamsh.

Policyholder's Signature
Date & Time:

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

sfy 29/04/19

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



SINGAPORE POLICE FORCE



T/20190429/2087

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

1 of 3

Report No. T/20190429/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2019 14:39		Vide Report No.: J/20190411/0101		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHARULLHIZAM BIN MOHD NOOR			Address: 148 BUKIT BATOK WEST AVENUE 6 #04-317 SINGAPORE 650148		
ID Type / ID No.: NRIC NO / S7618381C			Contact No.: Home/Office: Mobile: 91014619		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 13/06/1976	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: ENGINEERING EXEC			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/04/2019 18:45	Type of Location:
Location: Along Road 1 BUKIT BATOK WEST AVENUE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB8433Y		PIAGGIO	X8 400 I.E.	Silver		0
SDD7667L						0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB8433Y	NTUC Income Insurance Co-Operative Limited	5086984611-02	22/12/2018	21/12/2019



**SINGAPORE
POLICE FORCE**



T/20190429/2087

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

2 of 3

Report No. T/20190429/2087

CONTINUATION OF REPORT

Brief Details.

ON 11/04/2019 @ AROUND 6.45 PM, I WAS RIDING MY MOTORCYCLE(FBB8433Y) ALONG BUKIT BATOK WEST AVENUE 3 GOING BACK HOME. I WAS GOING STRAIGHT ON THE EXTREME RIGHT LANE AND I WAS APPROACHING A JUNCTION. I DID NOT KNOW WHAT HAPPENED TO ME AND I DID NOT REALISE THAT THE TRAFFIC LIGHT HAD ALREADY TURNED RED. BY THE TIME I REALISED, I WAS ONE CAR-LENGTH AWAY FROM A STATIONARY CAR(SDD7667L) INFRONT OF ME. I IMMEDIATELY BRAKED AND VEERED TO THE LEFT TO AVOID THE CAR. HOWEVER, I BRUSHED THE LEFT REAR BUMPER OF THE CAR AND I FELL ON MY RIGHT SIDE. AMBULANCE CAME AND I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL WHERE I WAS DISCHARGED THE NEXT DAY AND RECEIVED 14-DAYS HOSPITALISATION LEAVE. I SUFFERED LEG INJURIES FROM THE ACCIDENT.



**SINGAPORE
POLICE FORCE**



T/20190429/2087

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

3 of 3

Report No. T/20190429/2087

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/04/2019 14:39

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252



Classification Of Case:

**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7618381C



Name

SHARULLHIZAM BIN MOHD
NOOR

Race

MALAY

Date of birth

13-06-1976

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7618381C

Name

SHARULLHIZAM BIN MOHD
NOOR

Birth Date 13 Jun 1976

Issue Date 18 Jul 2007



4027156

NRIC No: S7618381C



Date of issue

22-03-2007

APT BLK 140 BUKIT BATOK WEST AVENUE 6 #04-317
SINGAPORE 650148

NPIC No: S7618381C

Date: 08/01/2010

No: 6405027

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

Class 2B Motorcycles < 200 cc
Class 2A Motorcycles between 201 cc and 400 cc

PASS DATE

04 Jan 1999
25 Feb 2003



Licence No: S7618381C

NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

11/04/2019 18:45

Vehicle No.(For Motor)

FBB8433Y

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086984611-02		SHARULLHIZAM BIN MOHD NOOR	S7618381C	GMC	Third Party, Fire & Theft	FBB8433Y	FBB8433Y	22/12/2018	21/12/2019

Claim Handling

Accident MT/1042242

Policy No.	5086984611-02	Vehicle No.	FBB8433Y	GST Registration No.
Certificate No.				
Policyholder Name	SHARULLHIZAM BIN MOHD NOOR			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91014619	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
Accident Details				
Report Date	29/04/2019 18:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/04/2019	Time of Accident hh:mm	18:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK WEST AVE 3			
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		
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	BLK 148 #04-317	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5086984611-02	
OI Driver Info				
Driver Name	SHARULLHIZAM BIN MOHD NOOR	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7618381C	Driver DOB
Register Date of Driver License	04/01/1999	Driver Age	42	Driving Experience
Contact No.(Mobile)	91014619	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 148	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-317			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SHARUL
Contact No.(Mobile)	91014619	Contact No. (Home)	666514
Email Address	sharul1937@yahoo.com.sg	OI Vehicle Number	FBB843
Claim Description	FBB8433Y / SDD7667L ON 11 Apr 2019		
Preferred Workshop	Preferred	Insured Liability	Fully at Fault
Contract No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	29/04/2019 18:08	GIA report	Received
Report Taken By	ROSILINDA	Claim Close Date	
Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No: MT/1042242

Claim No: 001

Last Doc. Received: ☒ Yes ☐ No

Upload Date: 29/04/2019 00:00

Path *

Category *

Confidential

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

Choose File No file chosen

Choose File No file chosen

Message Read

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:08	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:08	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Apr 2019 18:07	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
Display in New Window Scan and uploading		