

# NATIONAL Assessment Centre Services

(Self / Janitor)

NBA 419059158

Date In: 07/05/2019 17:20	Job description	Date & Time Completed	Done by
Ref No: NBA/2019/000805714	SAS e-filing		
Veh No: FBM 7559S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/05/2019 17:20	i-Motor Claim Form	MM/1043390-001	07/05/2019
OD: TP & Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:50
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLT 3774H	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

<p>NA19032T</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$40)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2019)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idau DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>  * N3: Courtesy Car / Tpt Allowance \$5</p> <p>  * N6: Repair Co-ordination \$10</p> <p>  * N7: Post Repair Inspection \$25</p> <p>  * N8: DV / Collect Excess Coordination \$5</p> <p>  TP (N11): TP (N-in INC) against INC \$20</p> <p>  * N12: Idau Mobile 30</p>		<p>Ami (\$)</p> <p>Int Bill</p>	<p>Ami (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			



## 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	07/05/2019 17:26
Date Of Accident	06/05/2019 17:20
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVENUE/CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7559S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FARIS DANIAL BIN ROSLEE
NRIC No	S9133386D
Email Address	FARISDANIALBR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98584124
Alternative Phone No	OTHERS-98584124

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX530-530CC CVT ABS
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	5099779713-01
Cover Note Number	

### Driver

Name of Driver	FARIS DANIAL BIN ROSLEE
NRIC No	S9133386D
Date Of Birth	25/09/1991
Occupation	INDOOR
Date Of Driving Pass	26/02/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98584124
Fax Number	
Contact Number	OTHERS-98584124
Email Address	FARISDANIALBR@HOTMAIL.COM

Address	BLK 749 WOODLANDS CIRCLE #08-614
Postcode	730749
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	SLT3774H
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HENG FNG
NRIC/Passport Number	S2501568A
Contact Number	94776063
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :



## 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: 7/5/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

A Hinder stop

B

C

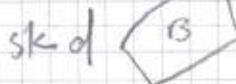
A - Car SLT 3774H

B - Bike FRM 7559S

distance not to scale



the make



skid



hit bumper

me

close junction of Clementi Road & Chuan Nee Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on my way back from work. Incident happened along Clementi Road. I was at least about 2 car lengths away from SLT 3774H. Driver decided to stop at the junction just as the light turned amber. I braked and self-skidded, my motorbike slid and hit the lower left bumper of the car slightly. ~~Only~~ inside of

## DECLARATION

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

Policyholder's Signature  
Date & Time: 7/5/19

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

Reporting Centre Personnel's Signature  
Name: ozloshov  
NRIC/FIN No.: meh lim fion



### Claim Handling

Accident NT/1043390

Policy No.	5099779713-01	Vehicle No.	PM75595	GST Registration No.	
Certificate No.					
Policyholder Name	FARIS DANIAL BIN ROSLEE				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	59133386D
Contact No.(Mobile)	98584124	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<div>No ▼</div>
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
▼ Accident Details				Private Hire	No
Report Date	07/05/2019 17:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	06/05/2019	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF COMMONWEALTH AVENUE/CLEMENTI ROAD				
▼ Total Excess Applicable					

Excess Type	Per Accident	Windscreen Excess		
DO Standard Excess	0.00	TP Standard Excess	0.00	
YIED DO Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?
Additional Excess				Not Covered
Total DO Excess Applicable	0.00	Total TP Excess Applicable	0.00	

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

Policyholder Mailing Address					
Address 1	BLK 749 #08-614	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730749
Address 4		Address Type	Singapore address	Post Code	730749
Unit No.	08-614	Related Policy Number	5099799711-01		

Q1 Driver Info		Q2 Driver Info		Q3 Driver Info	
Driver Name	PARIS DANIAL BIN ROSLEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9133386D	Driver DOB	25/09/1991
Register Date of Driver License	10/06/2011	Driver Age	27	Driving Experience	?
Contact No.(Mobile)	98584124	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 749 #08-614	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730749
Address 4		Address Type	Singapore address	Post Code	730749
Unit No.	08-614				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM7559S	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No

#### Modification History

Claim 001 New

Claim Type *		Insured Name		Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI		TP	
Claim Description		Vehicle Number		Vehicle Number	
Preferred Workshop		Name of Preferred Workshop			
Insured Liability		Fully at Fault			
Preferred Repair Option		Preferred Workshop, Name unknown		GIA report	
Date Registered		Received			
Report Taken By		Claim Close Date		Date Received	
Print AK letter		07/05/2019 17:48		07/05/2019 00:00	
		ROSLI WAHAB			

Attachment

Incident No.

MT/1043390

Claim No.

DOI

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

07/05/2019 17:50

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Message Read

Path \*

Category \*

Clear

Please Select

Confidential

NO

Urgency \*

Normal

Description \*

Clear

Please Select

NO

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Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal

Attachment List

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CQ)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:50	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:50	Photos	Normal	Photos 2019-5-7	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:50	Photos	Normal	Photos 2019-5-7
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:48	Photos	Normal	Photos 2019-5-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:48	Photos	Normal	Photos 2019-5-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:48	Photos	Normal	Photos 2019-5-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:48	SAS	Normal	SAS 2019-5-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 17:48	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-5-7

Video List

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



## ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 5 / 2019) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: Cross Junction of Commonwealth Ave & Clement Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 7559 S  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 509719713-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA TMAX 530  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal 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: FARIS DANIAL BIN ROSLEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9133386D CONTACT: 92584124  
c) ADDRESS: 749 WOODLANDS CIRCLE #08-614 5730749

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

### DRIVER

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

\* d) DATE OF BIRTH: (25 / 09 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18/8/2011

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT 3774 H MODEL: NISSAN QASHQAI  
b) DRIVER'S NAME: TAN HENG ENG  
c) NRIC/FIN/PASSPORT: S2501568A CONTACT: 9477 6063


### 9. THIRD PARTY VEHICLE

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

Email = farisdanialbr@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9133386D





Name  
FARIS DANIAL BIN ROSLEE

فاريس دانيال بن روسلي


Race  
JAVANESE

Date of birth Sex  
25-09-1991 M

Country of birth  
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9133386D  
Name  
FARIS DANIAL BIN ROSLEE

Birth Date: 25 Sep 1991  
Issue Date: 18 Aug 2011



NRIC No. S9133386D



Date of issue  
05-10-2008

Address  
APT BLK 749 WOODLANDS CIRCLE  
#08-614  
SINGAPORE 730749



3940640

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	18 Aug 2011
Class 2A	Motorcycles between 201 CC and 400 CC	17 Oct 2012
Class 2	Motorcycles > 400 CC	26 Feb 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	10 Dec 2012

S9133386D S / No. 9000202745

NP 428A





Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/05/2019 15:02"/>
Vehicle No. (For Motor)	<input type="text" value="FBM7559S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099779713-01		FARIS DANIAL BIN ROSLEE	S9133386D	GMC	Third Party, Fire & Theft	FBM7559S	FBM7559S	10/04/2019	09/04/2020