

NATIONAL Assessment Centre Services

Form 1 Jan 2019

11/04/2019 062718

Date In: 14/05/2019 15:53	Job description	Date & Time Completed	Done by
Ref No: N/A/INC190085004	SAS e-filing		
Veh No: FBE 3355 G	E-mail (within 8hrs: AIC 2hrs)		
D.O.A: 13/05/2019 12:30	i-Motor Claim Form	11/04/2019 002	14/05/2019 16:04
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: SLG5725E	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

11/04/2019 0349	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comment(s):	For claiming against INC Only (wef 10 Jan 2019)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idem DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	N3: Courtesy Car / Tpt Allowance \$5		
	N6: Repair Co-ordination \$10		
	N7: Post Repair Inspection \$25		
	N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	N12: Idem Mobile 30		
	Invoice dated	For Charged	
	Invoice dated	For Charged	

07-MAY-2019 16:38

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	14/05/2019 15:53
Date Of Accident	03/05/2019 12:30
Exact Location Of Accident	ALONG HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3355G
Insured/Policyholder	
Name Of Registered Owner	JOEFENDI BIN ROHMAN
NRIC No	S7217742H
Email Address	JOEFENDIROHMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98384814
Alternative Phone No	OTHERS-98384814

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	DELIVER FOOD
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
Fleet Policy	NO
Policy Number	5103920079
Cover Note Number	

Driver

Name of Driver	JOEFENDI BIN ROHMAN
NRIC No	S7217742H
Date Of Birth	17/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1989
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98384814
Fax Number	
Contact Number	OTHERS-98384814
EMail Address	JOEFENDIROHMAN@GMAIL.COM

Address	BLK 466 SEGAR ROAD #12-170
Postcode	670466
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	RAINING
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	SLG5725E
Vehicle Make/Model/Colour	TOYOTA
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

IMPORTANT NOTICE

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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:

14/05/2019
14.12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/05/2019
14.12

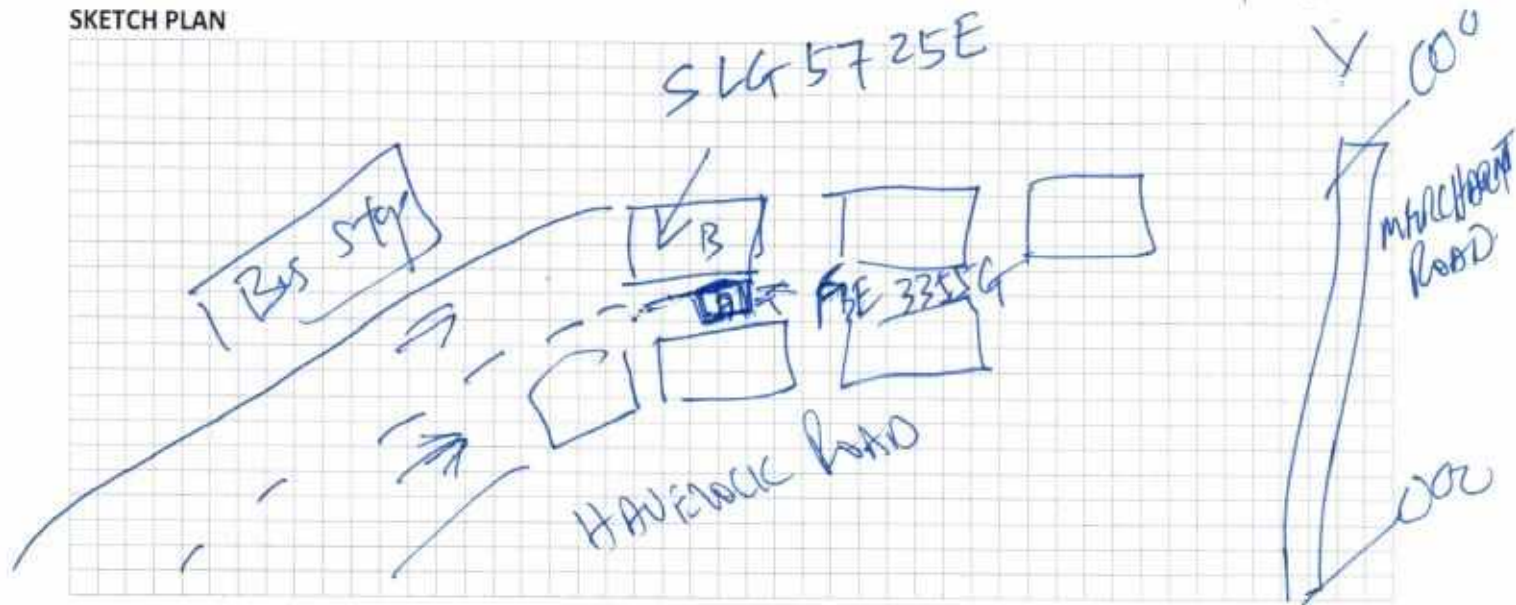
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

14/05/2019
Rashid Wathani

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the dated ~~03-05-2019~~ 03.05.2019. I was travelling at the Harlock Road. On my way after collect fund and on the way to deliver was travelling on Harlock Road to Wader town. I was in the middle, and at a sudden there a try to change lane, and at the time the weather is raining drizzling and the road is wet. so once I applied my Brake, the bike swiff to my right and collided with vehicle SLG 5725E while in stationary waiting at the traffic light.

DECLARATION


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



Policyholder's Signature

Date & Time:

14.15
14/05/2019



Driver's Signature

(If driver is not the policyholder)

Date & Time:

14.15
14/05/2019


14/05/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1043317

Policy No.	S103930079	Vehicle No.	PBE3355G	GST Registration No.	
Certificate No.					
Policyholder Name	JOE FENDI BIN ROHMAN			Policyholder NRIC	37217742H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	07/05/2019 12:59	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	03/05/2019	Time of Accident hh:mm	12:40	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	NA				

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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 466 #12-170	Address 2	SEGAH ROAD	Address 3	SINGAPORE 670466
Address 4		Address Type	Singapore address	Post Code	670466
Unit No.		Related Policy Number	S103930079		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification history

Claim 002 **New**

Claim Type *	OD-ND	Insured Name	JOE FENDI BIN ROHMAN	Insured NRIC	37217742H
Contact No.(Mobile)	98384814	Contact No.(Home)	83102546	Contact No.(Office)	
Email Address	kytta@gmail.com	OT		TP Vehicle Number	SL057258
Claim Description	PBE3355G / SL057258 ON 3 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Full at Fault		
Workshop No.		Vehicle No.			
Finalisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Repair Option	Preferred Workshop, Name unknown	GTA report	Received
Date Registered	04/05/2019 15:52	Claim Close Date		Date Received	14/05/2019 00:00
Report Taken By	R0511 WAHAB				

☐ Print A4 letter

Save **Submit**

Attachment

Accident No.	MT/1043317	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	14/05/2019 16:04

Path *

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Message Read							

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:04	SAS	Normal	SAS 2019-5-14	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-14	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:04	Photos	Normal	Photos 2019-5-14	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:04	Photos	Normal	Photos 2019-5-14	

[Send Message](#)

5/14/2019

Claim Handling(Claim Task)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 May 2019 15:52

Photos

Normal

Photos 2019-5-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 May 2019 15:52

Photos

Normal

Photos 2019-5-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 May 2019 15:52

Photos

Normal

Photos 2019-5-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 May 2019 15:52

Photos

Normal

Photos 2019-5-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 May 2019 15:52

Photos

Normal

Photos 2019-5-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 May 2019 15:52

Photos

Normal

Photos 2019-5-14

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 03/05/2019 (DD/MM/YYYY), TIME: 12:40 (HH:MM)

LOCATION: Havelock Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 3355G
 b) INSURANCE COMPANY: Ntue
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Maruti 800
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 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: Jaefendi Rohman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S72177401 CONTACT: 98384614
 c) ADDRESS: Blk 466, Segor Road #12-170
S670466

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 17/05/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20 Feb 1989

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: SLG 5725E MODEL: Toyota
 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 =

jaefendirohman@gmail.com

VIDEO

jaefendirohman@gmail.com

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 : 5103920079

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBE3355G

Chassis Number

: LBPKE1281A00726

2. Name of Policyholder

: JOEFENDI BIN ROHMAN

3. Effective Date of Insurance

: 16 Oct 2018

4. Expiry Date of Insurance

: 15 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)

: JOEFENDI BIN ROHMAN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : ZHU HAODI (00000602559)

Date of Issue : 15 Sep 2018 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7217742H



Name

JOEFENDI BIN ROHMAN

Race

JAVANESE

Date of birth

17-05-1972

Country of birth

SINGAPORE

Sex

M



4053817

NRIC No. S7217742H



Date of issue

13-08-2007

Address

APT 8LK 466 SEGAR ROAD
#12-17D
SINGAPORE 670466

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7217742H

Name

JOEFENDI BIN ROHMAN

Birth Date 17 May 1972

Issue Date 19 Oct 2013



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	20 Feb 1988
Class 2A	Motorcycles between 201 cc and 400 cc	03 Jul 1992
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	21 Nov 2003

NP 426A

