

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 14/05/19	Job description	Date & Time Completed	Done by
Ref No: NIA/INC19008529/13	SAS e-filing		
Veh No: FBN69265	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/05/19 1330	i-Motor Claim Form	MT/1044508-001	
OD <input checked="" type="checkbox"/> 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: SHA29334	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

NA1903546		<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
<b>Claimant's Particulars :-</b>		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) RT : 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	14/05/2019 15:46
Date Of Accident	13/05/2019 13:30
Exact Location Of Accident	BLK 441A PASIR RIS DRIVE 6 MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6926S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RASHINAH BINTE ABDUL RASHID
NRIC No	S7629947A
Email Address	MRSNORMAN2721@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81618553
Alternative Phone No	OTHERS-81618553

### Vehicle Particulars

Manufacturer	VESPA
Model	GTS150
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5105800481
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD NORMAN BIN KAMARUDIN
NRIC No	S7540458A
Date Of Birth	27/03/1975
Occupation	INDOOR
Date Of Driving Pass	15/03/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87001909
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 480 SEMBAWANG DRIVE #02-461
Postcode	750480
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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	3
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)	0

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SHA2933U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR PEH
NRIC/Passport Number	
Contact Number	97860206
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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


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:

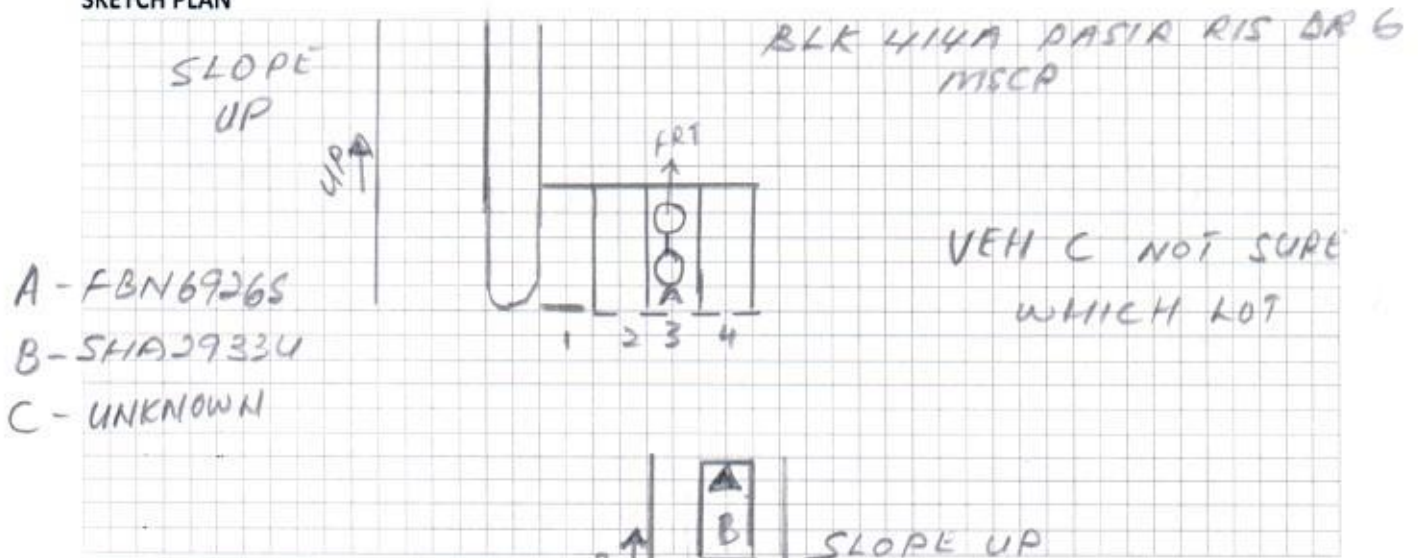
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 14/05/19

\_\_\_\_\_  
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

My bike was parked at the MSCP of BLK 414 PASIR RIS DRIVE 6 AND THE ACCIDENT HAPPENED @ 1300HR, THE HOB OFFICER WAS TRYING TO CALLED ME AT THE POINT OF TIME AND I WAS BUSY. I HAVE ANSWERED THE CALL @ 1600HR AND WAS TOLD ABOUT THE ACCIDENT. MANAGED TO SPEAK WITH THE DRIVER INVOLVED ON THE PHONE AND HE HAD TOLD ME THAT AS HE DROVE UP THE SLOPE HE HAD LOST CONTROL AND HAD HIT 2 MOTORBIKE THAT WAS STATIONERY AT THE PARKING LOT AND MY BIKE WAS BADLY DAMAGED.

## DECLARATION

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

*Mural*  
 Policyholder's Signature  
 Date & Time: 14/05/19

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

*sfym* 14/05/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that Muhammad Norman Bin Kamarudin NRIC / FIN S7540458A has reported to the Police a non injury traffic accident which occurred along Blk 441A Pasir Ris Drive 6 MSCP, on 13/05/2019 at 0130hrs involving the following vehicles;

- A) FBN6926S – Black (Vespa GTS150)
- B) SHA2933U – Taxi (Comfort Delgro)

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: Sgt T160276 Jowson Ng  
Date: 13/05/2019 Time: 2133hrs  
S/D Ref No: 136  
Police Post / Unit: Pasir Ris NPC

  
Pasir Ris NPC  
No. 1 Pasir Ris Drive 4  
#01-01 Singapore 519457  
Tel: 1800-5852999

Original to be issued to complainant  
Duplicate to be submitted to Traffic Police

CONFIDENTIAL

3 th. Road

## ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 05 / 2019 (DD/MM/YYYY), TIME: 1330 HRS (HH:MM)

LOCATION: BLK 41A PASIR RIS DRIVE 6 MSCP

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 6926S  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5105900401  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: VESPA GTS 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PARK VEHICLE  
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: RASHIAN BINTE ABDUL RASHID (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7629947A CONTACT: 61812553  
c) ADDRESS: BLK 400 #02-461 SEMBAWANA DRIVE  
SPORE 750400

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

### DRIVER

- a) NAME: MUHAMMAD NORMAN BIN KAMARUDIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7540458A CONTACT: 87001909  
c) ADDRESS: BLK 400 #02-461 SEMBAWANA DRIVE  
SPORE 750400

\*d) DATE OF BIRTH: 27 / 03 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 MARCH 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: PASIR RIS NDC

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 2933U MODEL: \_\_\_\_\_

b) DRIVER'S NAME: MR PEH

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97860206

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: UNKNOWN MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

14/05/19

wanting for  
sketch  
and  
scene  
photos


Email =

fax =

video =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7540458A



Name  
**MUHAMMAD NORMAN BIN KAMARUDIN**

Race  
**MALAY**

Date of birth  
**27-03-1975**

Sex  
**M**

Country of birth  
**SINGAPORE**

RIDER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7629947A



Name  
**RASHINAH BINTE ABDUL RASHID**

Race  
**MALAY**

Date of birth  
**21-09-1976**

Sex  
**F**

Country of birth  
**SINGAPORE**

OWNER

4788986



NRIC No. S7540458A



Date of issue  
**13-10-2011**

Address  
**APT BLK 480 SEMBAWANG DRIVE  
#02-461  
SINGAPORE 750480**

3124680



NRIC No. S7629947A



Blood Group  
**O+**

Date of issue  
**02-02-2000**

APT BLK 480 SEMBAWANG DRIVE #02-461  
SINGAPORE 750480  
NRIC No: S7629947A  
Date: 09-03-2007 No: 5527255

REPUBLIC OF SINGAPORE DRIVING LICENCE

S75104



MUHAMMAD NORMAN BIN  
KAMARUDIN

Birth Date: 27 Mar 1975

Issue Date: 15 Mar 2012

P0205 1458J





DRIVERS ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles $\leq$ 200 CC	15 Mar 2012
Class 2A	Motorcycles between 201 CC and 400 CC	04 Jun 2013
Class 2	Motorcycles $>$ 400 CC	11 Mar 2015

S7540458A

S / No. 9000217785



Licence No. S7540458A

NP 428A

Hello, NAC\_PAYA\_UBI\_800601

[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="13/05/2019 13:30"/>
Vehicle No.(For Motor)	<input type="text" value="FBN6926S"/>	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 checked="" type="radio"/>	5105800481		RASHINAH BINTE ABDUL RASHID	S7629947A	GMC	Third Party, Fire & Theft	FBN6926S	FBN6926S	23/11/2018	22/11/2019



## Claim Handling

Accident MT/1044508

Policy No.	5105800481	Vehicle No.	FBN6926S	GST Registration No.
Certificate No.				
Policyholder Name	RASHINAH BINTE ABDUL RASHID			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	81618553	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	14/05/2019 17:23	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/05/2019	Time of Accident hh:mm	13:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 441A PASIR RIS DRIVE 6 MSCP			

## ▼ 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 480 #02-461	Address 2	SEBBAWANG DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-461	Related Policy Number	5105800481	

## ▼ OI Driver Info

Driver Name	MUHAMMAD NORMAN BIN KAMARUDIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7540458A	Driver DOB
Register Date of Driver License	15/03/2012	Driver Age	44	Driving Experience
Contact No.(Mobile)	87001909	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 480	Address 2	SEBBAWANG DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-461			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RASHINAH
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		Vehicle Number	FBN692
Claim Description	FBN6926S / SHA2933U ON 13 May 2019		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	14/05/2019 17:30
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment

Accident No.  
Last Doc. Received

MT/1044508  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
14/05/2019 00:00

Path \*

Category \*

Confidential

Choose File

No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 17:30	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 17:30	Photos	Normal	Photos
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14 May 2019 17:28

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14 May 2019 17:27

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14 May 2019 17:27

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14 May 2019 17:26

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14 May 2019 17:26

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Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading