

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

Date-In: 18/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008835/13	SAS e-filing		
Veh No: AU55094	E-mail (within 8hrs, AIC 2hrs)		
DOA 17/05/19 0815	i-Motor Claim Form	MT/1045132 - 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: NA90604	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

NA1905696	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			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
Cat 1:	9) N12: Idac Mobile \$0			
Cat 2 / 3:	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	18/05/2019 12:16
Date Of Accident	17/05/2019 08:15
Exact Location Of Accident	UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	AU5509U
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN WANDY
NRIC No	S0168831F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97581750
Alternative Phone No	OTHERS-97581750
Vehicle Particulars	
Manufacturer	VESPA
Model	-
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	THIRD PARTY
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	0075256287-15
Cover Note Number	
Driver	
Name of Driver	ISMAIL BIN WANDY
NRIC No	S0168831F
Date Of Birth	08/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97581750
Fax Number	
Contact Number	OTHERS-97581750
Email Address	NOEMAIL

Address	BLK 218 SERANGOON AVE 4 #03-182
Postcode	550218
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	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?	YES
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?	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/20190517/2107

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	PA9060Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 ISMAIL BIN WANDY

Approximate Age

Injuries Sustain ABRASION

Injured person in which vehicle? AU5509U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

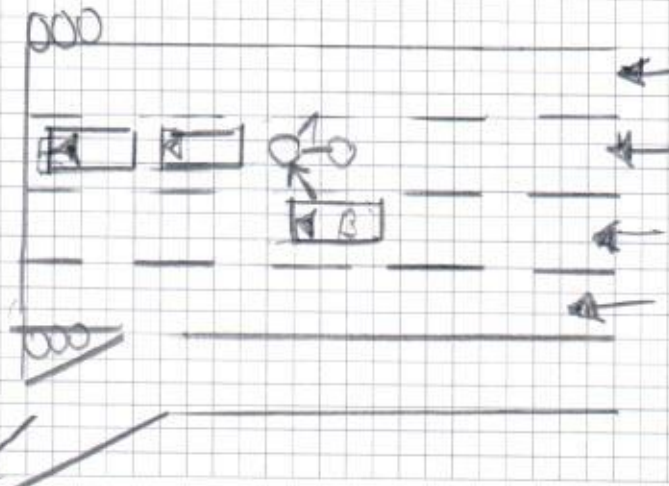

Policyholder's Signature
Date & Time:

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

 18/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - A45509U
B - PA9060Y



LOR AH 800

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190517/2107

DECLARATION

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

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.:



SINGAPORE POLICE FORCE



T/20190517/2107

1 of 3

Report No. T/20190517/2107

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/05/2019 16:12

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: ISMAIL BIN WANDY			Address: APT BLK 218 SERANGOON AVENUE 4 #03-182 SERANGOON GREEN SINGAPORE 550218		
ID Type / ID No.: NRIC NO / S0168831F			Contact No.: Home/Office: Mobile: 97581750		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 08/04/1953	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: FREELANCE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2019 08:15	Type of Location:
Location: UPPER PAYA LEBAR ROAD UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AU5509U	Motorcycle				Slightly Damaged	0
PA9060Y	Bus/Coach/Mi nibus	MERCEDES BENZ	515CDI/4325	White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190517/2107

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190517/2107

CONTINUATION OF REPORT

Rider			
Name	ISMAIL BIN WANDY	ID No.	S0168831F
Related Vehicle	AU5509U (Motorcycle)	Contact No.	97581750
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/05/2019	Date Discharge	17/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME, DATE AND LOCATION

I WAS ON MY BIKE TRAVELLING AROUND 0815HRS ALONG UPPER PAYA LEBAR ROAD. I WAS ON THE CENTRE OF THE RIGHT LANE, OUT OF THE SUDDEN A MINI BUS HIT ME AND I SKIDED ONTO THE ROAD. I TOOK PHOTO OF THE MINIBUS PLATE NUMBER AND RIDE OFF AFTER THAT. I SUFFERED SOME MINOR ABRASION AND SAW THAT I HAVE BLOOD COMING OUT SO I WENT TO THE HOSPITAL ON THE ACCIDENT DAY ITSELF FOR A CHECKUP AND WAS GIVEN 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20190517/2107

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

3 of 3

Report No. T/20190517/2107

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 /
EUGENE AW WEI XUAN

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
17/05/2019 16:12

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168


Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: *[Signature]*

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0168831F




Name
ISMAIL BIN WANDY

اسماعيل بن واندې
Race
JAVANESE
Date of birth
08-04-1953 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Motorist register **S0168831F**
Name
ISMAIL BIN WANDY
Birth Date **08 Apr. 1953**
Issue Date **28 Jun 2012**

0020809220



5054274



NRIC No. **S0168831F**



Date of issue
28-06-2012

Address
**APT BLK 218 SERANGOON AVENUE 4
#03-182
SINGAPORE 550218**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

EFFECTIVE DATE


Class 2B	Motorcycles <= 200 CC	21 Aug 1976
Class 2A	Motorcycles between 201 CC and 400 CC	21 Aug 1976
Class 2	Motorcycles > 400 CC	21 Aug 1976
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	02 Nov 1976

S0168831F

S / No. 9000293663

NP 4284

Licence No. S0168831F



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) 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"/>	0075256287-15		ISMAL BIN WANDY	S0168831F	GMC	Third Party	AU5509U	AU5509U	01/08/2018	31/07/2019

Claim Handling

Accident MT/1045132

Policy No.	0075256287-15	Vehicle No.	AU5509U	GST Registration No.
Certificate No.				
Policyholder Name	ISMAIL BIN WANDY			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97581750	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(%)	0	Private Hire

▼ Accident Details

Report Date	18/05/2019 12:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/05/2019	Time of Accident hh:mm	08:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP PAYA LEBAR RD			

▼ 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 218 #03-182	Address 2	SERANGOON AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	0075256287-15	

▼ OI Driver Info

Driver Name	ISMAIL BIN WANDY	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0168831F	Driver DOB
Register Date of Driver License	01/01/2001	Driver Age	66	Driving Experience
Contact No.(Mobile)	97581750	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 218	Address 2	SERANGOON AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-182			
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
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	ISMAIL
97581750	Contact No. (Home)	628305
	OI Vehicle Number	AU5509

AU5509U / PA9060Y ON 17 May 2019

Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown		

18/05/2019 12:59	Claim Close Date
------------------	------------------

ROSLINDA	Workshop Repairer
----------	-------------------

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1045132
☒ Yes ☐ No

Claim No.
Upload Date

001
18/05/2019 00:00

Path *

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

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Confidential

Please Select

NO

Please Select

NO

Please Select

NO

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NO

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NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:59	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:59	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 May 2019 12:57	Photos	Normal	Photos

Video List

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