

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 22/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009020/13	SAS e-filing		
Veh No: FBF188L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/05/19 1700	i-Motor Claim Form	107/1045592 - 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: 5J455247	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

NA/903806	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*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	
	9) N12: Idac Mobile	\$30	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	22/05/2019 15:58
Date Of Accident	21/05/2019 17:00
Exact Location Of Accident	CHAI CHEE DR OUTSIDE BEDOK SOUTH NPC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF188L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROHAIZAT BIN HASHIM
NRIC No	S7619411D
Email Address	AZEAN20@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98555299
Alternative Phone No	OTHERS-91691638

### Vehicle Particulars

Manufacturer	HONDA
Model	PCX150
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	5102227140
Cover Note Number	

### Driver

Name of Driver	NUR AZEAN IRDAWATY BINTE RAZALI
NRIC No	S8217987I
Date Of Birth	02/07/1982
Occupation	INDOOR
Date Of Driving Pass	07/08/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91691638
Fax Number	
Contact Number	
Email Address	AZEAN20@HOTMAIL.COM

Address	BLK 50 CHAI CHEE STREET #09-823
Postcode	461050
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCEE
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?	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

I WAS TRAVELLING STRAIGHT ALONG CHAI CHEE DRIVE

#### 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	SJU5524T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SWEE CHYE HUANG RUICAI
NRIC/Passport Number	S7613077I
Contact Number	83681616
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.
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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.

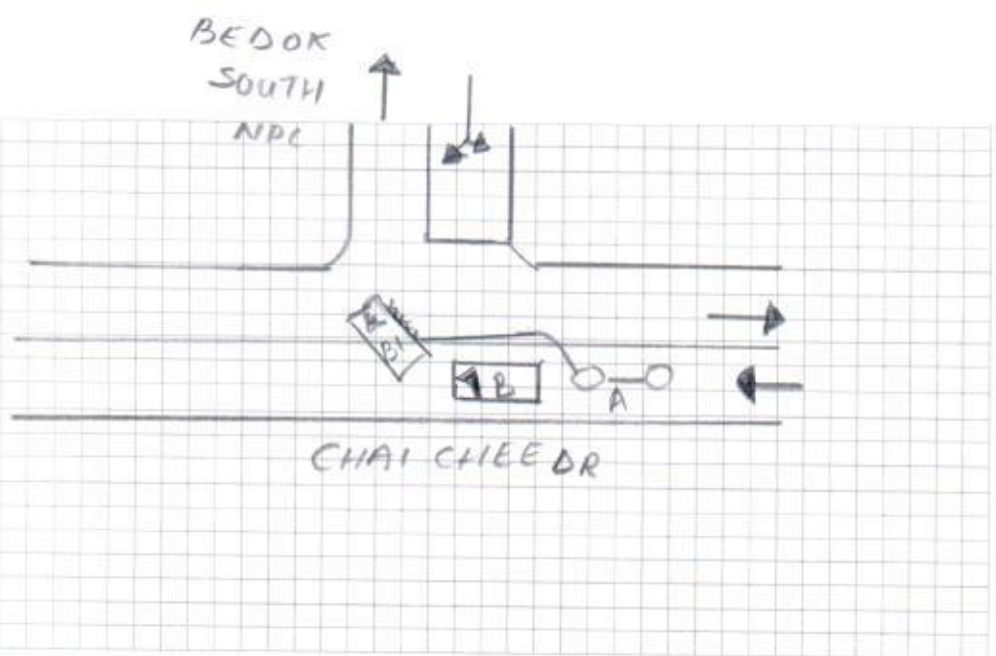
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 22/05/17  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

A- FBF188L  
B- SJU5524T




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CHAI CHEE DR ON VEHICLE A FBF188L AT 5PM, 21ST MAY 2019. THERE WAS VEHICLE (B) SJU5524T IN FRONT OF ME. I DID NOT NOTICE THAT SJU5524T WANTED TO TURN RIGHT THEREFORE I IMMEDIATELY TOOK THE CHANCE TO OVERTAKE SJU5524T FROM THE RIGHT. WHILST OVERTAKING, SJU5524T TURNED AND I COULD NOT BRAKE IN TIME RESULTING TO A SIDE SWIPE OF SJU5524T.

## 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:

 22/05/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a woman.

License Number: **S82179871**

Name: **NUR AZEAN IRDAWATY BINTE RAZALI**

Birth Date: **02 Jul 1982**

Issue Date: **07 Aug 2003**

Barcode: **1000727413G**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S82179871**

Portrait photo of a woman.

Name: **NUR AZEAN IRDAWATY BINTE RAZALI**

Race: **MALAY**

Date of birth: **02-07-1982**

Sex: **F**

Country of birth: **SINGAPORE**

Small circular portrait photo.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 2B	Motorcycles <= 200 CC	07 Aug 2003
Class 2A	Motorcycles between 201 CC and 400 CC	15 Feb 2005
Class 2	Motorcycles > 400 CC	01 Aug 2011
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg	20 Nov 2013

S82179871

S / No. 9000199848

License No. **S82179871**

NP 428A

5093045

Barcode

NRIC No. **S82179871**

Portrait photo of a woman.

Date of issue: **11-07-2012**

APT BLK 50 CHAI CHEE STREET #09-823  
SINGAPORE 461050

NRIC No: **S82179871** Date: **04/12/2017**

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="21/05/2019 17:00"/>
Vehicle No.(For Motor)	<input type="text" value="FBF188L"/>	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"/>	5102227140		ROHAIZAT BIN HASHIM	S7619411D	GMC	Third Party, Fire & Theft	FBF188L	FBF188L	12/07/2018	11/07/2019

## Claim Handling

Accident MT/1045592

Policy No.	S102227140	Vehicle No.	FBF188L	GST Registration No.
Certificate No.				
Policyholder Name	ROHAIZAT BIN HASHIM			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	98555299	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(%)	10	Private Hire

## ▼ Accident Details

Report Date	22/05/2019 16:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/05/2019	Time of Accident hh:mm	17:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CHAI CHEE DR OUTSIDE BEDOK SOUTH NPC			

## ▼ 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 279 #03-216	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-216	Related Policy Number	5109752646	

## ▼ OI Driver Info

Driver Name	NUR AZEAN IRDAWATY BTE RAZALI	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S82179871	Driver DOB
Register Date of Driver License	01/01/2016	Driver Age	36	Driving Experience
Contact No.(Mobile)	91691638	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 50	Address 2	CHAI CHEE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-823			
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 ROHAIZ

Contact No.(Mobile)

87677641 Contact No. (Home) 678211

Email Address

JATJAT726@GMAIL.COM OI Vehicle Number FBF188

Claim Description

FBF188L / SJU5524T ON 21 May 2019

Preferred Workshop Finalisation ☒ Yes ☐ No Insured Liability Fully at Fault Preferred Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered

22/05/2019 16:46 Claim Close Date

Report Taken By

ROSLINDA Workshop Repairer















✓ Print AK letter

[Save](#) [Submit](#)

## Attachment

Accident No.	MT/1045592	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/05/2019 00:00
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> <a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Message Read</a>		<a href="#">Clear</a> <a href="#">Please Select</a> ▼	<a href="#">NO</a>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:46	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:46	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:46	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:40	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 16:40	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name
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