

NATIONAL Assessment Centre Services. [ver 1 Jan'03] : MIMA 119069037

Date In: 28 15 19 09:07	Job description	Date & Time Completed	Done by
Ref No: MA1 INC19099339/4	SAS e-illing		
Veh No: FBL 1857B	E-mail (within 2hrs, AIC 2hrs)		
DDA: 18 15 19 07:30	I-Motor Claim Form	MT11046600-001	28/15/19 09:40
<input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whs		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: () 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%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) () Loading: \$1,000 () / \$2,000 ()

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: ()

Reasons for Non-Completion:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Other Comments:

Comments on Estimate	1) AIC Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	180.00	
Contact No:	3) TP: Towing Fee \$40/\$45	85.00	
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR: Re-inspection \$75		
AL 1:	7) NI: Idea DA + SMRT Survey \$160		
2 / 3:	8) NRUC Additional Services:		
	Oil:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10	10.00	
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI) / TP (Non INC) against INC \$20		
	9) N12: Idea Mobile \$0	0.00	
	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 willful 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	28/05/2019 09:07
Date Of Accident	18/05/2019 07:30
Exact Location Of Accident	MALAYSIA NORTH SOUTH HWY TWDS NORTH NEAR 200.1KM
Country/State of Loss	MALAYSIA/MELAKA

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1857B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HANIFF BIN MOHAMED SAID
NRIC No	S7935054J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98516169
Alternative Phone No	OFFICE-98516169

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-09 ABS TRACER
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081920019-02
Cover Note Number	-

Driver

Name of Driver	MOHAMED HANIFF BIN MOHAMED SAID
NRIC No	S7935054J
Date Of Birth	30/10/1979
Occupation	INDOOR
Date Of Driving Pass	15/06/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98516169
Fax Number	
Contact Number	OFFICE-98516169
EMail Address	NOEMAIL

Address	BLK 188 PASIR RIS ST 12 #03-46
Postcode	510188
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	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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 [OTHER]	TRAFIK ALOR GAJAH
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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 INJURED PERSON 1

Name	MOHAMED HANIFF BIN MOHAMED SAID
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL1857B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

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



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

SKETCH PLAN

A = EBL 1857B

Self Skidded

Malaysia North South Hwy 400's north near
2001 Km B4 Exit 227

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:



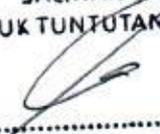
POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK ALOR GAJAH
Daerah : ALOR GAJAH
Kontinjen : MELAKA
No Repot : TRAFIK ALOR GAJAH/003281/19
Tarikh : 27/05/2019
Waktu : 1400 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R131650
No Repot Bersangkut : TRAFIK ALOR GAJAH/003081/19

SALINAN YANG SAH
UNTUK TUNTUTAN CIVIL SAHAJA


 KETUA POLIS DAERAH

Butir-butir Penerima Repot

Nama : MOHD NURAZLAN B MD RADZI
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personel : R168863 ^{ALOR GAJAH} **Pangkat** : L/KPL
No K/P (Baru) : --- **No Polis/Tentera** : ---
Bahasa Asal : ---

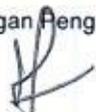
Butir-butir Pengadu

Nama : MOHAMED HANIFF BIN MOHAMED SAID
No K/P (Baru) : --- **No Polis/Tentera** : --- **No Pasport** : S7935054J
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir** : 30/10/1979 **Umur** : 39 tahun 6 bulan
Keturunan : Melayu **Warganegara** : Singapore
Pekerjaan : GURU
Alamat Tempat Tinggal : APT BLK 188 PASIR RIS STREET 12#03-46, SINGAPORE, 510188
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 98516169
Emel : ---

Pengadu Menyatakan:-

PADA 18/05/2019 JAM LEBIH KURANG 0730 HRS, SAYA MENUNGGANG MOTOSIKAL NOMBOR FBL1857B DARI SINGAPORE MENUJU KE KUALA LUMPUR. PADA KETIKA ITU, SAYA BERADA DI LORONG TENGAH, APABILA SAYA SAMPAI DI KM 200.1 LEBUH RAYA ARAH UTARA, TIBA-TIBA M/SKAL SAYA HILANG KAWALAN LALU SAYA JATUH DI LORONG TENGAH. SAYA TIDAK LANGGAR APA-APA OBJEK SELEPAS KEMALANGAN TERSEBUT. DALAM KEJADIAN ITU, DI BAWA KE HOSPITAL ALOR GAJAH MELAKA KEMUDIAN DI HANTAR KE HOSPITAL MELAKA DAN MENGALAMI KECEDEeraan PARU-PARU KIRI DARAH, TULANG RUSUK KIRI PATAH, LUKA DI TANGAN KANAN DAN KIRI. KEROSAKAN MOTOSIKAL HADLE BAR PATAH, LAMPU DEPAN PECAH, CERMIN SISI KIRI KANAN PATAH, BOX BELAKANG PECAH DAN LAIN-LAIN KEROSAKAN BELUM PASTI.

Tandatangan Pengadu:



Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:



ID Pencetak | Tarikh @ Masa Cetak : R168863 | 27/05/2019 02:20:25 PM

Saturday 18/5/2019 ~7.30 am 1 rider, no pillion

~~Malaysia North-South Highway. Heading north, near 200.1 km mark~~

Just before Exit 227 Simpang Ampat to Alor Gajah, Melaka

Middle lane of 3-lane road

Believed to have rode over an oil patch, lost control of m/bike, self-skidded

Rider and m/bike both landed on middle lane; did not collide into any other vehicle or structure

Rider helped by other drivers to the side of the road

PLUS highway patrol arrived a few minutes later; cleared bike from road

Pics believed to have been taken by PLUS highway patrol team but not provided to Malaysian Police or to me

~~Ambulance activated; arrived around 30 minutes later~~

Rider conveyed to Alor Gajah Hospital

Rider injuries: Left lung pneumothorax, left ribs suspected fracture, abrasions on palms, knees, left arm, left shoulder and left body

Chest tube inserted after discovering pneumothorax

Transferred to Melaka General Hospital around 1+ PM same day

Conveyed by ambulance back to Singapore on Sunday 19/06. Arrived at Mount E Novena Hospital around 10 PM on 19/06

Damages to bike:

- Broken handlebar and all control buttons
- Broken handguard, mirrors, front indicators
- Broken headlight, front fairings
- ~~Broken rear box~~
- Damaged engine guards
- Scratches on side fairing panels
- UNKNOWN: engine issues?
- UNKNOWN: handling issues?
- UNKNOWN: any other non-visible damage

Claiming damages to bike + Towing costs

Not claiming any medical costs; covered by other insurance policies

Ambulance transfer covered by SOMPO (D18PAST02011334)

Medical costs covered by GE (Supreme Health 0083410140) & (AXA Premier Care H10288)



MEDICAL CERTIFICATE

NAME: MOHAMED HANIFF, BIN MOHAMED SAID

Identification No: S7935054J

THIS IS TO CERTIFY THAT THE ABOVE IS UNFIT FOR DUTY FOR A PERIOD OF 18 DAYS
FROM **19-May-2019** TO **05-Jun-2019**

TYPE OF MEDICAL LEAVE GRANTED: **HOSPITALIZATION LEAVE**

ADMITTED ON : **19-May-2019**

DISCHARGED ON : **22-May-2019**

DATE	SIGNATURE, NAME (IN BLOCK LETTERS) AND DESIGNATION
22-May-2019	Lim, Yeong Phang 06084d 

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated*



Clinical Discharge Summary

Patient Demographics

Name	: MOHAMED HANIFF, BIN MOHAMED SAID	Location:	MOUNT ELIZABETH NOVENA HOSPITAL
Identification No.	: S7935054J	Date of Birth	: 30-Oct-1979
MRN No.	: 5816618	Age	: 39y
Visit No.	: 4019043802	Nationality	: Singapore
Gender	: Male	Height/Weight	: 174cm/110kg
Address	: BLK188,#03-46,PASIR RIS STREET 12, Singapore-510188, SINGAPORE	Ward:	MNH-WARD 08 RM 0829

Allergies : No Known Allergies

Medical Alerts : NA

Admission/Operation Information

Admission Date : 19-May-2019
Reason for Admission : post RTA
Principal Diagnosis : • S2242, Multiple rib fractures, involving two ribs
Secondary Diagnosis : • S661, Injury of flexor muscle and tendon of other finger at wrist and hand level
Co-morbidities : NA
Operation Procedures : NA
Clinical Summary : RTA in Malaysia
Apparently skidded on Oil Patch n highway and flew off motorbike at 100km/h. no HI, able to ambulate
sustained L 4 and 5th rib fractures with haemopneumothorax, L shoulder and chest wall abrasions, bilat hand contusions. CT inserted inserted at Hospital Meleka. was subsequently transferred to Singapore for care

Lung was reexpanded after 1 day of CT suction. CT removed 21 May. Ambulated well
TCU Dr Lim YP 5 Jun 2pm CXR OA

Hand Surgery

Right hand ring finger likely partial FDS injury and lumbrical injury
ROM improving
For review next week on discharge

Discharge Details

Discharge Date : 22-May-2019
Outcome : Patient Discharged
Conditions at Review of Discharge : Well
Follow up Date : 05-Jun-2019
Follow up Location : #10-32 MNH
Medical Certification Details :
• MC No.: PNH-2019-009512
From: 19-May-2019 to 05-Jun-2019
Medications on Discharge (Hospital TTO) :



Clinical Discharge Summary

- Arcoxia Tablet at Discharge Order via OralGive 120 MILLIgram(s) OM for 14 DaysPRN for Moderate Pain (4-7)
- Augmentin (Amoxicillin 875mg, Clavulanic Acid 125mg) Tablet at Discharge Order via OralGive 1 Tablet(s) BD for 7 Days
- Codeine Phosphate Tablet at Discharge Order via OralGive 30 MILLIgram(s) TDS for 7 DaysPRN for Moderate Pain (4-7)
- Duphalac Syrup at Discharge Order via OralGive 10 MILLIlitre(s) TDS for 7 DaysPRN for constipation
- Flumucil Effervescent Tablet at Discharge Order via OralGive 600 MILLIgram(s) OM for 5 Days
- Omeprazole Capsule at Discharge Order via OralGive 40 MILLIgram(s) OM for 14 Days
- Paracetamol Tablet at Discharge Order via OralGive 1000 MILLIgram(s) QDS for 7 DaysPRN for Mild Pain (1-3) or Temp > 38

Medications on Discharge (Collect from Clinic) : NA

Principal Doctor/SMC Number

Principal Doctor : Lim, Yeong Phang
SMC Number : 06084D

Signature: _____

Date: 22-May-2019

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7935054J**

Name
MOHAMED HANIFF BIN MOHAMED SAID

Birth Date: 30 Oct 1979
Issue Date: 21 Apr 2003

0004114000




For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7935054J**

Name
MOHAMED HANIFF BIN MOHAMED SAID
محمد حانيف بن محمد سعيد

Race
INDIAN

Date of birth
30-10-1979

Sex
M

Country of birth
SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	30 Jun 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	10 Apr 2015
Class 2	MOTORCYCLES EXCEEDING 400 CC	14 Jun 2010
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	09 Apr 1999

S / No. 9000248845

MP 428A



For LKK/NAC Use Only

4484390

NRIC No. **S7935054J**

Date of issue
02-11-2009

Address
**APT BLK 188 PASIR RIS STREET 12
#03-46
SINGAPORE 510188**





CASH SALES

No 0160



QM AUTO ASSIST & TOWING SERVICES

(JP0089635-W)
Plot 15, Bengkel Teres, Kawasan IKS Pondok Batang,
77100 Asahan, Melaka.

MOTO FBL 1857 B	Date: 23-5-2019
	Ref. No.
	Tow Truck: JFU 2073
	In Case: EXCIDENT

No	Type Of Vehicle	Description	Amount
		AIR KERUH TO KM200	1450/
		KM200 TO STOR AIR KERUH	
		AIR KERUH TO JOHOR	
		JOHOR TO SINGAPORE	650/

QM AUTO ASSIST & TOWING SERVICES
(JP0089635-W)
PLOT 15, BENGKEL TERES, KAWASAN IKS
PONDOK BATANG, 77100 ASAHAN, MELAKA
TEL: 016-770 9818, 016-382 9070

Total RM 2100/

Received by

Issued by

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081920019-02		MOHAMED HANIFF BIN MOHAMED SAID	S7935054J	GMC	Comprehensive	FBL1857B	FBL1857B	04/07/2018	03/07/2019

Continue

Claim Handling

Accident MT/1046600

Policy No.	5081920019-02	Vehicle No.	FBL1857B	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED HANIFF BIN MOHAMED SAID			Policyholder NRIC	S79354
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98516169	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	15	Private Hire	No

▼ Accident Details

Report Date	29/05/2019 09:32	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	18/05/2019	Time of Accident hh:mm	07:30	Country of Accident	Outside
Reporting Centre		Orange Force		ICM No.	
Accident Location	MALAYSIA NORTH SOUTH HWY TWDS NORTH NEAR 200.1KM				

▼ Excess

Own damage Excess	1,000.00	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 188 #03-46	Address 2	PASIR RIS STREET 12	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	S10181
Unit No.		Related Policy Number	5081920019-03		

▼ OI Driver Info

Driver Name	MOHAMED HANIFF BIN MOHAMED SAID	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7935054J	Driver DOB	30/10/
Register Date of Driver License	03/01/2014	Driver Age	39	Driving Experience	5
Contact No.(Mobile)	98516169	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 188 #03-46	Address 2	PASIR RIS STREET 12	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	S10181
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	MOHAMED HANIFF BIN MOHAM
Contact No.(Mobile)	98516169	Contact No.(Home)	65824244
Email Address	MHMDHANIFF@YAHOO.COM	OI Vehicle Number	FBL1857B
Claim Description	FBL1857B ON 18 May 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Date Registered	29/05/2019 09:36	Preferred Repair Option	income to assign workshop
Report Taken By	LIEW SHAN HUI	GIA report	Received
Print AK letter	<input type="checkbox"/>		

Save Submit

Attachment

Accident No.	MT/1046600	Claim No.	001
--------------	------------	-----------	-----

29 May 2019 09:36



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2019 09:36	Photos	Normal	Photos 2019-5-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2019 09:36	Photos	Normal	Photos 2019-5-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2019 09:36	Photos	Normal	Photos 2019-5-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2019 09:36	Photos	Normal	Photos 2019-5-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2019 09:36	Photos	Normal	Photos 2019-5-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2019 09:36	Photos	Normal	Photos 2019-5-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window Scan and uploading

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) Motorcycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govn Property () b) Road Work Object ()
(Eg: signboard, barrier, tree etc)
- c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
- a) Fallen Object () b) Flood ()
- c) Other
- 6) Parked & Found Damaged:
- a) Vandalism () b) Hit by Moving Object ()
- 7) Theft Case
- a) Stolen () b) Damage found when recovered ()
- 8) Fire
- a) Whilst driving () b) Parked ()
- 9) Accident date more than 24hrs ()

By Assessor- 1) Vehicle Information

Vehicle No: **FBL 1857 B** to Be on **4 Jul 2016**

Type: M.Car / Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MUV / Truck / Trailer or

Make & Model: **Kawasaki MT-09 Tracer** : 847

Colour: **Black** Transmission Type: Auto Manual

Eng/Mod: Sp. Reading **47203**

C/No: **JYARN2AK 000 000 939**

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: / Jammed / Leaked / Burnt or

Brake: / Jammed / Leaked / Burnt or

Modi: Nil / STD / Rim or

Tyre Size: F: **120 / 70 R17**
R: **180 / 55 R17**

BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

<u>Front</u>	<u>Rear</u>
R/Bal: 5 mm	R/Bal: 5 mm
L/Bal: mm	L/Bal: mm

Parallel Import: Yes No Towed-In: Yes / No

Repair Type: LS / L.B.I Towing Required: Yes / No

No of Repair Days: **7** Vehicle in Idac: Yes / No

D.O.I. **28/5/2019** Time: **9.50am**

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
e. Animal () f. Govn Object () g. Road Work Object ()
h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

FOR MOTORCYCLE

Motorcycle

Vehicle No: **FBL1857B**

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate	TN	/	
3001	995065	Front Tyre		/	
3002	995095	Front Rim	DD	/	
3003	994872	Front Tyre Rim Spoke		/	
3004	991771	Front Fender Wheel Guard		/	
3005	991283	Front Brake Disc		/	
3006	991281	Front Brake Caliper		/	
3007	991785	Front Fork Assy	?	/	
3008	991787	Front Fork Inner Tube		/	
3009	991789	Front Fork Outer Tube		/	
3010	991167	Front Fork Bracket	"	/	
3011	991182	Front Fork Oil Seal		/	
3012	991174	Front Fork Garnish		/	
3013	992376	Front Headlamp Rim		/	
3014	992328	Front Headlamp	BR	/	
3015	992337	Front Headlamp Bracket		/	
3016	992345	Front Headlamp Fairing	CRA	/	
3017	992130	Front Windshield	CRA	/	
3018	992134	Front Wing Mirror	LH-CUT RH-MIS	/	2
3019	995245	Front LH Signal Lamp	CUT	/	
3020	995246	Front RH Signal Lamp	CUT	/	
3021	992556	Meter Casing		/	
3022	992553	Meter Assy	CUT	/	
1118	991019	ERP Bracket		/	
1119	991020	ERP Unit	CUT	/	
3023	992446	Ignition Switch		/	
3024	992442	Ignition Key Assy		/	
3025	990706	Cowling Stay		/	
3026	994470	Steering Stem	?	/	
3027	994427	Steering Cone	?	/	
3028	992299	Handle Bar	BR	/	
3029	992312	Handle Bar Switch	CUT	/	
3030	992310	Handle Bar Grip	NEC	/	
3031	995184	Handle Bar Balancer LH	CUT	/	
3032	992300	Handle Bar Balancer RH	MIS	/	
1282	992179	Fuel Tank Garnish RH	CUT	/	
3033	990438	Brake Reservoir	CUT	/	
3034	990621	Clutch Lever	CUT	/	
3035	992293	Hand Brake Lever	BR	/	
3036	991119	Side Fairing	CRA	/	
3037	994220	Side Fairing Top Garnish	CUT	/	
3038	994219	Side Fairing Inner Garnish	?	/	
3039	991118	Fairing Shield	CRA	/	
3040	992047	Front Top Fairing Inner Garnish	CRA	/	
3041	991123	Fairing Top Garnish	?	/	
3042	990538	Center Fairing	CRA	/	
3043	993378	Rear Fairing	?	/	
3044	991121	Fairing Stopper	?	/	
3045	991117	Fairing Lower	CUT	/	
		Hand Guard L & R	CUT	/	2
		Spot Light Bracket R	CUT	/	
		Hand Guard Fairing PL R	CUT	/	2
		Engine Start Switch	CUT	/	
		Fuel Tank Top Garnish	CUT	/	

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator		/	
1053	992738	Radiator Cowling		/	
3046	994146	Seat Assy		/	
3047	990915	Engine Crash Bar L & R	DD	/	2
3048	990928	Engine Guard		/	
1067	990219	Battery		/	
1068	990224	Battery Cover		/	
1069	990223	Battery Bracket		/	
3049	991144	Foot Brake		/	
3050	991154	Front Foot Rest RH	MIS	/	
3051	991779	Front Foot Rest Bracket	CUT	/	
3052	994269	Side Stand		/	
3053	992549	Main Stand		/	
3054	990615	Clutch Engine Cover	CUT	/	
3055	992478	Kick Starter Rubber	CUT	/	
3056	992477	Kick Starter Lever	CUT	/	
3057	991145	Foot Gear Shifter		/	
3058	993500	Rear Foot Rest RH	BR	/	
3059	993501	Rear Foot Rest Bracket		/	
3060	992581	Exhaust Muffler Heat Shield		/	
3061	991058	Exhaust Muffler Assy	?	/	
1405	993719	Rear LH Shock Absorber		/	
1445	993720	Rear RH Shock Absorber		/	
3062	995065	Rear Tyre		/	
3063	991200	Rear Rim		/	
3064	994872	Rear Tyre Rim Spoke		/	
3065	993474	Rear Fender Wheel Guard		/	
3066	993443	Rear Fender Mudflap		/	
3067	992940	Rear Brake Disc		/	
3068	992936	Rear Brake Caliper		/	
3069	995236	Rear Spocket		/	
3070	990585	Chain		/	
3071	990580	Chain Guard		/	
3072	994530	Swing Arm		/	
1420	993819	Rear Sub frame		/	
3073	995245	Rear LH Signal Lamp		/	
3074	995246	Rear RH Signal Lamp		/	
3075	995251	Rear Taillamp		/	
1137	993626	Rear Number Plate		/	
3076	994192	Side Box		/	
3077	992927	Rear Box	BR	/	
3078	992928	Rear Box Bracket			

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	FBL1857B
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	YAMAHA
Vehicle Model :	MT-09 ABS TRACER
Chassis No. :	JYARN29K000000939
Propellant :	Petrol
Engine No. :	N701E065520
Engine Capacity :	847 cc
Maximum Power Output :	-
Maximum Laden Weight :	365 kg
Unladen Weight :	210 kg
Year Of Manufacture :	2016
Original Registration Date :	04 Jul 2016
Lifespan Expiry Date :	-
COE Category :	D - Motorcycle
Quota Premium :	\$6,501.00
COE Expiry Date :	03 Jul 2026
Road Tax Expiry Date :	03 Jul 2020
Inspection Due Date :	03 Jul 2020
Intended Transfer Date :	31 May 2019
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

Claim Handling

[Task Transfer](#) [Exit](#)

▼ **Accident MT/1046600**

[LOS](#) [SAL](#) [SUB](#)

Policy No.	5081920019-02	Vehicle No.	FBL1857B	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED HANIFF BIN MOHAMED SAID			Policyholder NRIC	S7935054J
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98516169	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
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(%)	15	Private Hire	No

▼ **Accident Details**

Report Date	29/05/2019 09:32	Accident Report Within 24 hrs	No	Accident Type	Others
Date of Accident	18/05/2019	Time of Accident hh:mm	07:30	Country of Accident	Outside Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR.	Orange Force	No	ICM No.	
Accident Location	MALAYSIA NORTH SOUTH HWY TWDS NORTH NEAR 200.1KM				

▼ **Excess**

Own damage Excess	1,000.00	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 188 #03-46	Address 2	PASIR RIS STREET 12	Address 3	SINGAPORE 510188
Address 4		Address Type	Singapore address	Post Code	510188
Unit No.		Related Policy Number	5081920019-03		

▼ **OI Driver Info**

Driver Name	MOHAMED HANIFF BIN MOHAMED SAID	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7935054J	Driver DOB	30/10/1979
Register Date of Driver License	03/01/2014	Driver Age	39	Driving Experience	5
Contact No.(Mobile)	98516169	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 188 #03-46	Address 2	PASIR RIS STREET 12	Address 3	SINGAPORE 510188
Address 4		Address Type	Singapore address	Post Code	510188
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

▼ **Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Modification History	29/05/2019 09:42 s018940 Modify Accident Report Within 24 hrs(Yes-->No)		

▼ **Investigation**

Claim 001 OD-MD

▼ **Claim Case Officer Tan Siew Choo**

[LOS](#) [SAL](#) [SUB](#)

Claim Type	OD-MD	Insured Name	MOHAMED HANIFF BIN MOHAME	Insured NRIC	S7935054J
Contact No.(Mobile)	98516169	Contact No. (Home)	65824244	Contact No. (Office)	
Email Address	MHMDHANIFF@YAHOO.COM	OI Vehicle Number	FBL1857B	TP Vehicle Number	
Claim Description	FBL1857B ON 18 May 2019			Name of Preferred Workshop	0
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Preferred Repair Option	Income to assign workshop	Insured liability report	Fully at Resolved
Date Registered	29/05/2019 09:41	Claim Close Date		Date Received	29/05/2019 11:14
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	
Modification History					

▼ **Special Claim Creation Approval**

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	YAMAHA	Vehicle Model	MT-09	Engine Capacity	
Date of Registration	04/07/2016	Classis No.	JYARN29K00000939		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK:NO OF REPAIR DAY:7 DAYS.1X FRT TYRE - UNCONFIRM.1X FRT RIM - REPLACE.1X FRT FENDER WHEEL GUARD - UNCONFIRM.1X FRT BRAKE DISC - UNCONFIRM.1X FRT FORK - UNCONFIRM.1X FRT HEADLAMP - REPLACE.1X FRT WINDSHIELD - REPLACE.1X HANDLE BAR SWITCH - REPLACE.1X HANDLE BAR BALANCER LH - REPLACE.1X HANDLE BAR BALANCER RH - REPLACE.1X FUEL TANK GARNISH RH - REPLACE.1X BRAKE RESERVOIR - REPLACE.1X SIDE FAIRING - REPLACE.1X SIDE FAIRING TOP GARNISH - REPLACE.1X SIDE FAIRING INNER GARNISH - UNCONFIRM.1X FRT TOP FAIRING INNER GARNISH - REPLACE.1X FAIRING TOP GARNISH - UNCONFIRM.2X HAND GUARD L& R - REPLACE.1X SPOT LIGHT BRACKET RH-REPLACE.2X HAND GUARD FAIRING L & R-REPLACE.1X ENGINE STAR SWITCH-REPLACE.1X FUEL TANK TOP GARNISH-REPLACE.2X ENGINE CRASH BAR L&R-REPLACE.1X REAR FOOT REST-REPLACE.1X STICKER-REPLACE.2X ENGINE CRASHBAR RUBBER-REPLACE.1X SPOTLIGHT LH-REPLACE.1X BODY MAINFRAME-UNCONFIRM.1X WING MIRROR STAY-REPLACE.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	437002	TYRE (M/C) RIM SPOKE	1	Unconfirm	X
ABSORBER	3	26200201	FORK (M/C) BRACKET (LOWER)	1	Unconfirm	X
ACCELERATOR	4	26200202	FORK (M/C) BRACKET (UPPER)	1	Unconfirm	X
ACTUATOR	5	278002	HEAD LAMP (M/C) BRACKET	1	Unconfirm	X
ADVERTISEMENT STICKER	6	200004	CLUTCH COVER	1	Replace	X
AIR BAG	7	298002	KICK STARTER (M/C) RUBBER	1	Replace	X
AIR BLOWER	8	298001	KICK STARTER (M/C) LEVER	1	Replace	X
AIR BOX	9	247014	EXHAUST MUFFLER	1	Unconfirm	X
AIR CHAMBER BOX	10	15100102	BOX (M/C) (REAR)	1	Replace	X
AIR CLEANER	11	1520	BOX BRACKET (M/C)	1	Unconfirm	X
AIR COMPRESSOR	12	247022	EXHAUST PROTECTOR	1	Replace	X
AIR CON	13	103001	ACCELERATOR CABLE	1	Replace	X
AIR CON (VAN)	14	15700701	BRAKE CABLE (REAR)	1	Replace	X
AIR COOLER	15	278004	HEAD LAMP (M/C) FAIRING	1	Replace	X
AIR DISTRIBUTOR	16	45300101	WING MIRROR (LEFT)	1	Replace	X
AIR FILTER	17	45300102	WING MIRROR (RIGHT)	1	Replace	X
AIR FLOW	18	38500201	SIGNAL LAMP (FRONT LEFT)	1	Replace	X
AIR GRILLE	19	38500202	SIGNAL LAMP (FRONT RIGHT)	1	Replace	X
AIR HORN	20	316001	METER (M/C)	1	Replace	X
AIR INTAKE	21	245002	ERP UNIT	1	Replace	X
AIR RESONATOR BOX	22	40103501	STEERING STEM (LOWER)	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	23	40103502	STEERING STEM (UPPER)	1	Unconfirm	X
ALARM	24	402002	STEERING (M/C) CONE	1	Unconfirm	X
ALTERNATOR	25	27400101	HANDLE BAR (M/C) (FRONT)	1	Replace	X
ALUMINIUM PANEL - SIDE	26	27400601	HANDLE BAR (M/C) GRIP (FRONT)	1	Replace	X
AMPLIFIER	27	200011	CLUTCH LEVER	1	Replace	X
ANTENNA	28	273005	HAND BRAKE LEVER	1	Replace	X
ANTI ROLL	29	252003	FAIRING SHIELD	1	Replace	X
APRON	30	25200102	FAIRING (CENTRE)	1	Replace	X
ARCH	31	25200105	FAIRING (REAR)	1	Unconfirm	X
ARM REST	32	252005	FAIRING STOPPER	1	Unconfirm	X
ASH TRAY	33	25200101	FAIRING (BOTTOM)	1	Replace	X
AUTO CLUTCH	34	261001	FOOT REST (M/C)	1	Replace	X
AUTO COOLER PIPE	35	261002	FOOT REST (M/C) BRACKET	1	Replace	X
AUTO CRUISE MOTOR						
AUTO TRANSMISSION						
AXLE						
BACK REST (M/C)						
BACK SEAT						
BALANCER						
BATTERY						
BEADING (M/C)						
BELT COVER (M/C)						
BELT TENSIONER						

Save Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: FBL 1857B Date In: _____ Time In: _____ with Keys: Yes/No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Ban hock hin

Collection Date: 3/6/19 Time: 1620 with Keys: Yes/No

Tow Truck No: YP7746E Tow Man: Ahg NRIC: 66977876W

Signature: [Signature] 81808364

For office use

Attended by: ROSINDA

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In
Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Monday, 3 June 2019 10:45 AM
To: raymond@bhh.com.sg; NAC
Subject: FBL1857B, OD claim no : MT/1046600

Importance: High

Dear Raymond of Ban Hock Hin,

As spoken.

Bike is in NAC (Ubi).

Kindly assist to tow bike to your workshop so as to put up detailed estimate to arrange for survey personally at mtsurvey@income.com.sg

Once survey done, pls forward surveyor's marking to my email for our approval.

Dear IDAC – Pls release bike to Ban Hock Hin, owner Mr Mohamed Haniff (tel : 98516169) had been informed accordingly.

Regards.

Tan Siew Choo
Senior Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg

 income
made different



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.