

NATIONAL Assessment Centre Services

(Form 1 Jan 2019)

Date In: 07/06/2019 12:40	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19010043/K4	SAS e-filing		
Veh No: FBB 161J	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 06/06/2019 07:15	i-Motor Claim Form	MT/1048093-001	8/6/19/1020
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLW1908L	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

N/A1904186		Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add'l 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		
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2019)		
Car 1:		6) TR: Re-inspection \$75		
Car 2/3:		7) N1: Idau DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		• N3: Courtesy Car / Tpl Allowance \$5		
		• N6: Repair Co-ordination \$10		
		• N7: Post Repair Inspection \$25		
		• N8: DV / Collect Excess Coordination \$5		
		• N11: TP (Non-INC) against INC \$20		
		• N12: Idau Mobile \$0		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	

07-MAY-2019 16:39

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	07/06/2019 12:40
Date Of Accident	06/06/2019 07:15
Exact Location Of Accident	SLIP ROAD TWDS SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB161J
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD AIDIL BIN SALIM
NRIC No	S8319504E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90084512
Alternative Phone No	OTHERS-90084512

Vehicle Particulars

Manufacturer	YAMAHA
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	5087895177-02
Cover Note Number	

Driver

Name of Driver	MOHAMAD AIDIL BIN SALIM
NRIC No	S8319504E
Date Of Birth	30/06/1983
Occupation	INDOOR
Date Of Driving Pass	09/06/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90084512
Fax Number	
Contact Number	OTHERS-90084512
Email Address	NOEMAIL

Address	BLK 334B ANCHORVALE CRESCENT #05-134
Postcode	542334
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	COLLISION - HEAD TO REAR
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?	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?	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	SLW1908L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHOON WEI, ADRIAN (HUANG JUNWEI, ADRIAN)
NRIC/Passport Number	S8243234E
Contact Number	97474974
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMAD AIDIL BIN SALIM
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Approximate Age

Injuries Sustain

RIGHT LEG PAIN

Injured person in which vehicle?

FBB161J

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

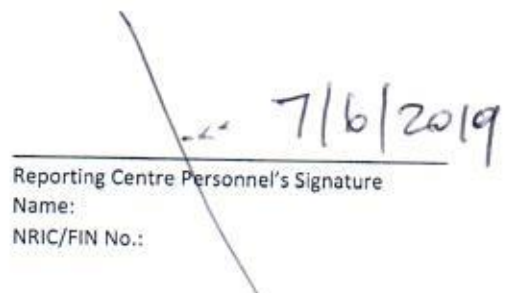
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



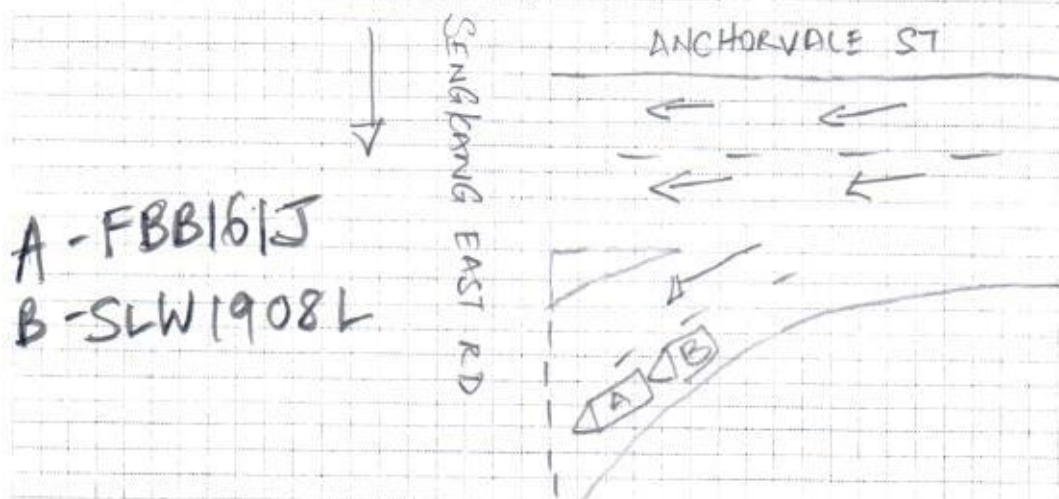
Policyholder's Signature
Date & Time:



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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

06/06/2019 @ AROUND 0715HRS.

ON THE 06/06/2019, WHILE TURNING LEFT ONTO SLIP ROAD TO SENG KANG EAST ROAD, I STOPPED TO GIVE WAY TO THE VEHICLE ON THE MAIN ROAD, CAR BEHIND ME WAS UNABLE TO STOP AND I WAS REAR ENDED.

DAMAGE SEEN WAS BENT FOOTREST (LEFT), CRACK HEAD COVER SET (LEFT), SCRATCH TO THE BOX RACK, SIDE MIRROR LEFT.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8319504E



Name
MOHAMAD AIDIL BIN SALIM



محمد عدل بن سالم

Race
MALAY

Date of birth
30-06-1983

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVE

Licence Number
S8319504E

Name
MOHAMAD AIDIL BIN SALIM

Birth Date: 30 Jun 1983

Issue Date: 09 Jun 2005




10013476448

4170984



NRIC No. S8319504E



Date of issue
05-02-2008

APT BLK 334B ANCHORVALE CRESCENT #05-134
SINGAPORE 542334

NRIC No: S8319504E Date: 03/11/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B Motorcycles \leq 200 CC

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

09 Jun 2005
08 Aug 2012

S8319504E

S / No. 9000162834



Licence No: S8319504E

NP 428A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[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="06/06/2019 07:15"/>
Vehicle No.(For Motor)	<input type="text" value="FBB161J"/>	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"/>	5087895177-02		MOHAMAD AIDIL BIN SALIM	S8319504E	GMC	Third Party	FBB161J	FBB161J	08/02/2019	07/02/2020

Policy Information

Policy No.	5087895177-02	Policyholder Name	MOHAMAD AIDIL BIN SALIM	Policyholder NRIC	S8319504E
Certificate No.					
Address	BLK 334B #05-134 ANCHORVALE CRESCENT ANCHORVALE COVE SINGAPORE 542334				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/02/2019	Effective Date	08/02/2019 00:00	Expiry Date	07/02/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 334B #05-134	Address 2	ANCHORVALE CRESCENT	Address 3	ANCHORVALE COVE
Address 4	SINGAPORE 542334	Address Type	Singapore address	Post Code	542334
Unit No.	05-134	Related Policy Number	5087895177-02		

Insured Object: FBB161J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1048093

Policy No.	5087895177-02	Vehicle No.	FBB161J	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMAD AIDIL BIN SALIM			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90084512	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	08/06/2019 10:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/06/2019	Time of Accident hh:mm	07:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP ROAD TWDS SENGKANG EAST ROAD			

▼ 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 334B #05-134	Address 2	ANCHORVALE CRESCENT	Address 3
Address 4	SINGAPORE 542334	Address Type	Singapore address	Post Code
Unit No.	05-134	Related Policy Number	5087895177-02	

▼ O1 Driver Info

Driver Name	MOHAMAD AIDIL BIN SALIM	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8319504E	Driving Experience
Register Date of Driver License	09/06/2005	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	90084512	Contact No.(Office)	0	Address 3
Address 1	BLK 334B	Address 2	ANCHORVALE CRESCENT	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#05-134			
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	MOHAM
Contact No.(Mobile)		Contact No. (Home)	648334
Email Address	jessterr20@hotmail.com	O1 Vehicle Number	FBB161
Claim Description	FBB161J / SLW1908L ON 6 Jun 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Consent No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By		Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save Submit

Attachment



Accident No.	MT/1048093	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/06/2019 10:20
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:23	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:21	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:21	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:21	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:21	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:20	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:20	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:20	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:20	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:20	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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