

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MHA 11904349**

Date In: 7/6/14-12:35	Job description	Date & Time Completed	Done by
Ref No: VA/INC19010053/24	SAS e-filing		
Veh No: FY35624	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/6/14-14:45	i-Motor Claim Form	M/11047992-001	7/6/14 14:26
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: YP71430	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 ()	

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

HA1904349	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	07/06/2019 12:35
Date Of Accident	04/06/2019 14:45
Exact Location Of Accident	JUNC PUNGGOL WAY & PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY3562Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ARIFF BIN SUMALI
NRIC No	S0038969B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90290521
Alternative Phone No	OFFICE-90290521

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M
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	5041244923-09
Cover Note Number	

Driver

Name of Driver	MOHAMED ARIFF BIN SUMALI
NRIC No	S0038969B
Date Of Birth	18/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90290521
Fax Number	
Contact Number	OFFICE-90290521
E Mail Address	NOEMAIL

Address	BLK 406 HOUGANG AVENUE 10 #10-1164
Postcode	530406
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	YES
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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20190604/2239.

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	YP7143U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

MOHAMED ARIFF BIN SUMALI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FY3562Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

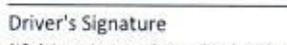
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

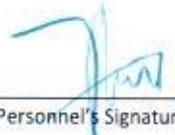
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

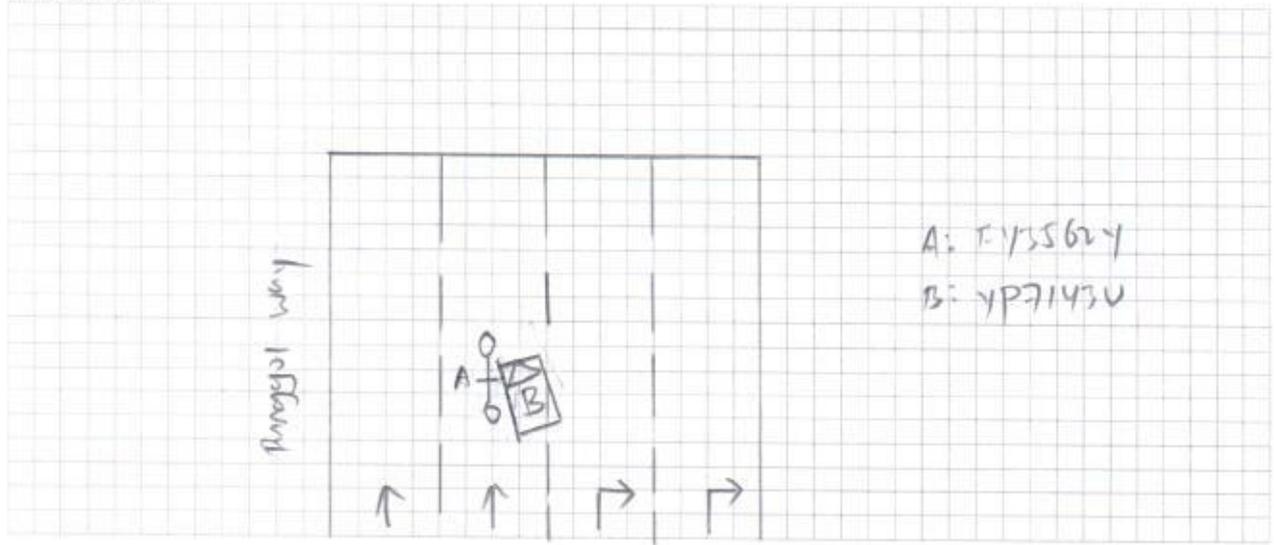


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/19/2024.

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.:



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

Report No. T/20190604/2239

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED ARIFF BIN SUMALI	ID No.	S0038969B
Related Vehicle	NIL	Contact No.	90290521
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/06/2019	Date Discharge	04/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

HOUGANG NPC
80 HOUGANG AVE 3
SINGAPORE 538775
TEL: 1800-1890995

3 & 4
THE TRAFFIC CONSIST OF 4 LANES. LANE 1 & 2 IS GOING STRAIGHT AND LANE 3 & 4 IS TURNING TO THE RIGHT. I WAS RIDING MY BIKE ALONG ON THE LANE 2, HEADING STRAIGHT TOWARDS PUNGGOL WALK. THE OTHER LORRY DRIVER WAS STATIONERY WAITING ON THE LANE 3, WAITING FOR THE TAFFIC LIGHT SIGNAL TO MAKE A TURN TO THE RIGHT.

THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR, AS I PASSED BY THE LORRY, SUDDENLY THE LORRY MADE A FAST TURN INTO MY LANE.

I NEVER EXPECT THE SUDDEN TURN AND I COULDN'T REACT TO IT.

I HIT THE LEFT SIDE PORTION OF THE LORRY AND FALL OFF FROM MY BIKE.

I SUSTAINED INJURY AND WAS BROUGHT OVER TO THE HOSPITAL. BOTH THE VEHICLES WERE DAMAGED AND MY BIKE WAS TOWED TO TRAFFIC POLICE.

TRAFFIC POLICE ATTENDED TO THE CASE, AND THEY TOOKED DOWN THE PARTICULARS OF THE DRIVER.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190604/2239

3 of 3

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

Report No. T/20190604/2239

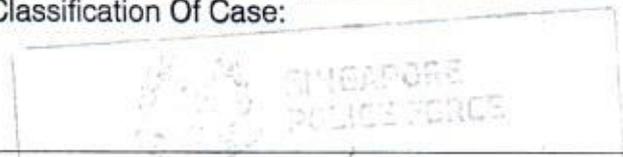
CONTINUATION OF REPORT

Sketch Plan

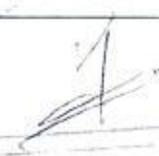
Informant is not able to provide sketch plan

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 / YOGENDRAN S/O RAJASAKARAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216

Signature Of Informant: 
Date/Time: 04/06/2019 22:30
Classification Of Case: 

Authentication Stamp
NP168

Signature: 

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S0038969B**

MOHAMED ARIFF BIN SUMALI

Birth Date: **18 May 1953**
Issue Date: **23 Dec 2015**

002507101C

SC
CC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0038969B**



Name
MOHAMED ARIFF BIN SUMALI

Race
JAVANESE

Date of Birth
18-05-1953

Sex
M

Country/Place of Birth
SINGAPORE

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE
06 Jul 2004

Licence No: S0038969B

NP-42EA

5938031



NRIC No. **S0038969B**

Date of issue
16-05-2018

Address
**APT BLK, 406 HOUGANG AVENUE 10
#10-1724
SINGAPORE 530406**

For LKK/NAC Use Only

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"/>	5041244923-09		MOHAMED ARIFF BIN SUMALI	S0038969B	GMC	Third Party	FY3562Y	FY3562Y	27/02/2019	26/02/2020

▼ **Policy Information**

Policy No.	5041244923-09	Policyholder Name	MOHAMED ARIFF BIN SUMALI	Policyholder NRIC	S0038969B
Certificate No.					
Address	BLK 406 #10-1124 HOUGANG AVENUE 10 SINGAPORE 530406				
Product Name	MOTORCYCLE INSURANCE	Plan			
Policy issue Date	15/02/2019	Effective Date	27/02/2019 00:00	Expiry Date	26/02/2020 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess Young/Inexperience Driver Excess				
Agent	SANTUCK TRADE & INSURANCE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 406 #10-1124	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE 530406
Address 4	Address Type		Singapore address	Post Code	530406
Unit No.	Related Policy Number		5041244923-09		

▶ **Insured Object: FY3562Y**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1047992

Policy No.	5041244923-09	Vehicle No.	PY3562Y	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED ARIFF BIN SUMALI	Cover Type	Third Party	Policyholder NRIC	S0038969B
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90290521	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	07/06/2019 14:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	04/06/2019	Time of Accident hh:mm	14:43	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC PUNGGOL WAY & PUNGGOL CENTRAL				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 405 #10-1124	Address 2	HOUANG AVENUE 10	Address 3	SINGAPORE 530406
Address 4		Address Type	Singapore address	Post Code	530406
Unit No.		Related Policy Number	5041244923-09		

DI Driver Info

Driver Name	MOHAMED ARIFF BIN SUMALI	Driver Type	Main Driver	Driver DOB	18/05/1953
Unnamed driver Name		Driver NRIC	S0038969B	Driving Experience	14
Register Date of Driver License	06/07/2004	Driver Age	66	Contact No. (home)	0
Contact No. (Mobile)	90290521	Contact No. (Office)	0	Address 3	SINGAPORE 530406
Address 1	BLK 405	Address 2	HOUANG AVENUE 10	Post Code	530406
Address 4		Address Type	Singapore address		
Unit No.	10-1124				
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
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	MOHAMED ARIFF BIN SUMALI	Insured NRIC	S0038969B
Contact No. (Mobile)	90290521	Contact No. (Home)	90290521	Contact No. (Office)	
Email Address		O1 Vehicle Number	PY3562Y	TP Vehicle Number	YP7143U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PY3562Y / YP7143U ON 4 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/05/2019 14:28	Claim Close Date		Date Received	07/06/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1047992	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/06/2019 14:27

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

