

# NATIONAL Assessment Centre Services

(Solely for Jantzen)

Date In: 07/06/2019 11:18	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19010054/K4	SAS e-filing		
Veh No: FBC 7319 X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/06/2019 09:50	i-Motor Claim Form	MT/1048097-001	8/6/19/1040
OD: 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/Wksp		

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

TP Particulars:	Veh No: SLH345 X	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: (\$ )	Landing: \$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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Car 1:	For claiming against INC Only (wef 10 Jan 2005)		
Car 2/3:	6) TR: Re-inspection \$75		
1/1/1	7) N1: Idnu DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	12) N3: Courtesy Car / Tpt Allowance \$5		
	N6: Repair Co-ordination \$10		
	N7: Post Repair Inspection \$25		
	N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idnu Mobile \$0		
	Invoice dated	For Charged	
	Invoice dated	For 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 11:18
Date Of Accident	06/06/2019 09:50
Exact Location Of Accident	CTE AFTER EXIT BRADDELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7319X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HYRUL AMIRUL BIN HYRIL ANNUAR
NRIC No	S9717993Z
Email Address	HYRULAMIRUL97@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97870713
Alternative Phone No	OTHERS-97870713

### 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	REPORTING ONLY
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	5107519661
Cover Note Number	

### Driver

Name of Driver	HYRUL AMIRUL BIN HYRIL ANNUAR
NRIC No	S9717993Z
Date Of Birth	02/06/1997
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97870713
Fax Number	
Contact Number	OTHERS-97870713
Email Address	HYRULAMIRUL97@GMAIL.COM

Address	BLK 673A YISHUN AVENUE 4 #12-638
Postcode	761673
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
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?	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

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	SLH345X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SOO HUI, WINSON ( LI SHUHUI, WINSON )
NRIC/Passport Number	S8035388Z
Contact Number	82281916
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## SKETCH PLAN


### IMPORTANT NOTICE

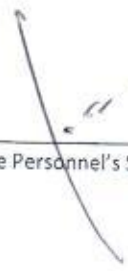
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

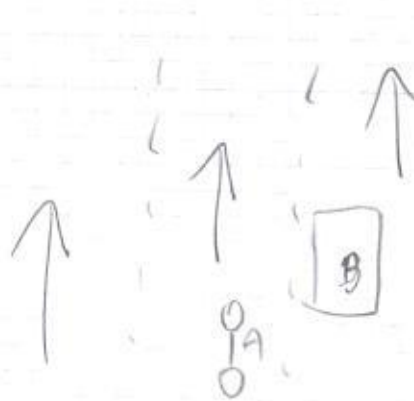
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

CTE AFTER EXIT  
BRADDELL ROAD



A - FBC7319X  
B - SLH345X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS RIDING ON A RAINY DAY, WHEN I BRAKE THEN I SKIPPED AND  
HIT THE BACK OF THE VEHICLE (SLH345X). MY MOTORBIKE A  
WAS BADLY DAMAGE

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.:

7/6/2019

(Bukit Merah)

Reported on 6/6/2019  
@ 1025AM

## ACCIDENT STATEMENT

ACCIDENT DATE: (06/06/19) (DD/MM/YYYY), TIME: (09:52) (HH:MM) <sup>AM</sup>

LOCATION: LIE OFF AFTER EXIT BRADEN ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC7319X  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: NTUC  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: HYRUL AMIRUL BIN HYI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 47890713  
c) ADDRESS:

\* d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLH345X MODEL:

b) DRIVER'S NAME: LEE SOO HUI, WINSON (LI SHU HUI, WINSON)

c) NRIC/FIN/PASSPORT: S8035388Z CONTACT: 82281916

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

OWNER

email = hyrulamirul97@gmail.com

VIDEO hyrulamirul97@

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9717993Z

 Name  
HYRUL AMIRUL BIN HYRIL  
ANNUAR  
حيرل عاميرل بن حيرل انور  
Race  
MALAY  
Date of birth  
02-06-1997  
Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

 ID NUMBER S9717993Z  
HYRUL AMIRUL BIN HYRIL  
ANNUAR  
Birth Date 02 Jun 1997  
Issue Date 07 Jun 2018  


  
NRIC No: S9717993Z

  
Date of issue  
07-07-2016  
APT BLK 673A YISHUN AVENUE 4 #12-638  
SINGAPORE 761673  
NRIC No: S9717993Z Date: 18/11/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE  
07 Jun 2018

NP 479A

 Licence No: S9717993Z

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 09:50"/>							
Vehicle No. (For Motor)	<input type="text" value="FBC7319X"/>	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"/>	5107519661		HYRUL AMIRUL BIN HYRIL ANNUAR	S9717993Z	GMC	Third Party	FBC7319X	FBC7319X	12/02/2019	11/02/2020
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5107519661	Policyholder Name	HYRUL AMIRUL BIN HYRIL ANN	Policyholder NRIC	S9717993Z
Certificate No.					
Address	BLK 673A #12-638 YISHUN AVENUE 4 FERN GROVE @ YISHUN SINGAPORE 761673				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/02/2019	Effective Date	12/02/2019 00:00	Expiry Date	11/02/2020 23:59
Excess Type	Per Accident	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	CCL INSURANCE AGENCY PTE L	Agent Tel.	65 63449990	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 673A #12-638	Address 2	YISHUN AVENUE 4	Address 3	FERN GROVE @ YISHUN
Address 4	SINGAPORE 761673	Address Type	Singapore address	Post Code	761673
Unit No.	12-638	Related Policy Number	5107519661		

 Insured Object: FBC7319X

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <div>Continue</div> <div>Cancel</div> </div>				

## Claim Handling

## Accident MT/1048097

Policy No.	5107519661	Vehicle No.	FBC7319X	GST Registration No.
Certificate No.				
Policyholder Name	HYRUL AMIRUL BIN HYRIL ANNUAR			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97870713	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	08/06/2019 10:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/06/2019	Time of Accident hh:mm	09:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE AFTER EXIT BRADDELL ROAD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

## ▼ 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 673A #12-638	Address 2	YISHUN AVENUE 4	Address 3
Address 4	SINGAPORE 761673	Address Type	Singapore address	Post Code
Unit No.	12-638	Related Policy Number	5107519661	

## ▼ OI Driver Info

Driver Name	HYRUL AMIRUL BIN HYRIL ANNUAR	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9717993Z	Driver DOB
Register Date of Driver License	07/06/2018	Driver Age	22	Driving Experience
Contact No.(Mobile)	97870713	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 673A	Address 2	YISHUN AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-638			
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	HYRUL
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	FBC731
Claim Description	FBC7319X / SLH345X ON 6 Jun 2019		
Preferred Workshop	Preferred	Insured Liability	Partially at Fault
Repair Option	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	08/06/2019 10:42	Claim Close Date	

Report Taken By

Workshop  
Repairer

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1048097	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/06/2019 10:40

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Message Read		

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:42	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:41	SAS	Normal	SAS ;
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:40	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:40	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>