

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA11923336**

Date In: <b>12/6/19 - W:32</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/INC 19233336/24</b>	SAS e-filing		
Veh No: <b>FW 385E</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>8/6/19-18:20</b>	i-Motor Claim Form	<b>M1/1048411-201</b>	<b>12/6/19 W:4V</b>
OD / TP: <b>Reporting Only</b>	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: **JAL 427XL**

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

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref 1:

Ref 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) ON\*
- \*N5: Courtesy Car / Tpt 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: Idac Mobile 30

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	10/06/2019 20:30
Date Of Accident	08/06/2019 18:20
Exact Location Of Accident	JUNC DORSET RD & BRISTOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW365E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN
NRIC No	S8737754G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91277421
Alternative Phone No	OFFICE-91277421

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TDM900
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091344101-01
Cover Note Number	

### Driver

Name of Driver	ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN
NRIC No	S8737754G
Date Of Birth	29/11/1987
Occupation	INDOOR
Date Of Driving Pass	28/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91277421
Fax Number	
Contact Number	OFFICE-91277421
Email Address	NOEMAIL

Address	BLK 795 WOODLANDS DRIVE 72 #13-03
Postcode	730795
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	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?	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/20190609/7011.

#### 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	SHC4275L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FW365E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

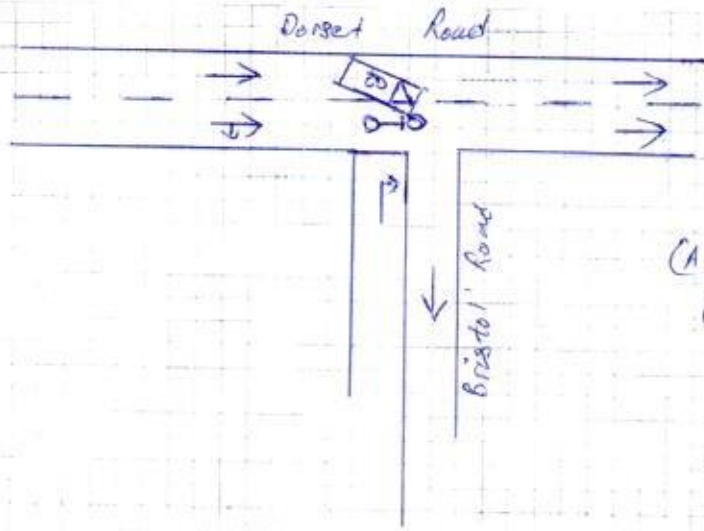
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 040 FW 365E.  
(B) 3H/C 4275L.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer To Police Report

No: T/20190609/7011

**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:



<b>Vehicle No.</b>	FW 365E.	<b>Model / Make</b>	Yamaha TDM 900.
<b>Date of Accident</b>	08/06/19.		
<b>Time of Accident</b>	1820 HRS		
<b>Location of Accident</b>	Dorset Road Junction Bristol Road.		
<b>Exact purpose use during accident</b>	Private Used		
<b>Name of Owner</b>	Abdul Aziz Zul Hakeem Ibni Rosnan		
<b>Telephone No.</b>	H/P: 9127 7421 Home:	Office:	
<b>NRIC</b>	S 8737754G.		
<b>Address</b>	BHK 795 Woodlands Dr 72 #13-03 (B) 730795.		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive Third Party <u>Third Party / Fire / Theft</u>		
<b>Policy No.</b>	5091344101-01		
<b>Name of Driver</b>	<u>As Above If No,</u>		
<b>NRIC</b>		<b>Any Passengers:</b>	N/A.
<b>Date of birth</b>	29/11/1987.		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	28/11/2016.		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P:	Home:	Office:
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state <u>owner</u> .		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, <u>If Yes, Who?</u> Abdul Aziz Zul Hakeem Ibni Rosnan		
<b>Name And Contact No.</b>	(H/P: 91277421)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, <u>If Yes, Where?</u> Traffic Police.		
<b>Vehicle B No.</b>	3HC 4275L	<b>Any Passengers:</b>	
<b>Name of Driver</b>		<b>Contact No.:</b>	
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>	N/A	<b>Witness Contact:</b>	N/A.
<b>Accident Portion</b>	Front left and Right portion.		
<b>Camera Recorder</b>	Yes <u>No</u>		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	MOTO 51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Jackie		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales @ n51.com.sg		





# SINGAPORE POLICE FORCE



T/20190609/7011

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

1 of 4

Report No. T/20190609/7011

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 16:07		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN			Address: 795 WOODLANDS DRIVE 72 #13-03 HDB-WOODLANDS SINGAPORE 730795		
ID Type / ID No.: NRIC NO / S8737754G			Contact No.: Home/Office: Mobile: 91277421		
Nationality: SINGAPORE CITIZEN			Email: aazhir987@gmail.com		
Sex: Male	Age: 31	Date of Birth: 29/11/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Teachers' aide			Driving Licence Information: Class: 2		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 18:20	Type of Location: T-Junction
Location:  DORSET ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 45 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW365E	Motorcycle	YAMAHA	TDM900	Blue	Seriously Damaged	0
SHC4275L	Car	TOYOTA		Maroon		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW365E	NTUC Income Insurance Co-Operative Limited	5091344101-01	30/06/2018	29/06/2019





**SINGAPORE  
POLICE FORCE**



T/20190609/7011

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

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Report No. T/20190609/7011

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN	ID No.	S8737754G
Related Vehicle	FW365E (Motorcycle)	Contact No.	91277421
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Rider</b>			
Name	ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN	ID No.	S8737754G
Related Vehicle	FW365E (Motorcycle)	Contact No.	91277421
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHC4275L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I turned left from Gloucester Road into the left lane of Dorset road. Right after a zebra crossing, I filtered to the right lane as ahead, there was a taxi (SHC 4275L) in the left lane. The taxi showed no signs of changing lanes.

As I drew alongside it from behind to its right, the taxi made a sudden right turn (which I believed it was trying to turn right into Bristol Road). The taxi's front right side swerved and hit into my left side and carried on diagonally to the right pavement, pushing me along. I was caught in between the taxi and my bike as I was pushed along. As the taxi finally came to a stop, my bike fell over to its right and I rolled over it onto the pavement. The taxi driver got out and tended to me, while the single passenger came out, checked on me, offered to call the ambulance and then left. I called the bike



**SINGAPORE  
POLICE FORCE**



T/20190609/7011

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

3 of 4

Report No: T/20190609/7011

**CONTINUATION OF REPORT**

insurance company (Income) and they dispatched an officer to the site to attend to us. No ambulance or police resources were called or came to scene.

Injuries were inflicted to both my feet, right ankle, right elbow and left calf. The doctor at Khoo Teck Puat Hospital's A&E offered to give an MC but I declined seeing that it is the June school holidays now.

This report is made for the purpose of insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20190609/7011

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

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Report No. T/20190609/7011

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KOH CHEE SENG, KEVIN  
Contact No.: 65472073


Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
09/06/2019 16:07


Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S8737754G**  
 Name: **ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN**  
 Birth Date: **29 Nov 1987**  
 Issue Date: **04 Oct 2010**

0018985056



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8737754G**



Name: **ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN**  
 Race: **MALAY**  
 Date of birth: **29-11-1987**  
 Country of birth: **SINGAPORE**  
 Sex: **M**

S8737754G

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

Class	Description	Expiry Date
Class 2B	Motorcycles <= 200 CC	03 Oct 2009
Class 2A	Motorcycles between 201 CC and 400 CC	15 Mar 2011
Class 2	Motorcycles > 400 CC	28 Nov 2016
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	07 Sep 2012

S8737754G

S / No. 9000254209

Licence No: S8737754G

NP 428A

4558404



NRIC No. **S8737754G**



Date of issue: **26-03-2010**  
 Address: **APT BLK 795 WOODLANDS DRIVE 72 #13-03 SINGAPORE 730795**



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5091344101-01

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FW365E

Chassis Number

: JYARN084000000404

2. Name of Policyholder

: ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN

3. Effective Date of Insurance

: 30 Jun 2018

4. Expiry Date of Insurance

: 29 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHANG PHUI YANG (00000602426)

Date of Issue : 13 Jun 2018 12:06 hrs

Reprint : 13 Jun 2018 12:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/06/2019 18:20"/>
Vehicle No. (For Motor)	<input type="text" value="FW365E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091344101-01		ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN	S8737754G	GMC	Third Party, Fire & Theft	FW365E	FW365E	30/06/2018	29/06/2019



Policy Information					
Policy No.	5091344101-01		Policyholder Name	ABDUL AZIZ ZUL HAKEEM IBNI	
Certificate No.			Policyholder NRIC	S8737754G	
Address	BLK 795 #13-03 WOODLANDS DRIVE 72 SINGAPORE 730795				
Product Name	MOTORCYCLE INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	13/06/2018	Effective Date	30/06/2018 00:00	Expiry Date	29/06/2019 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				
Agent	CHANG PHUI YANG	Agent Tel.	97378448	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	BLK 795 #13-03	Address 2	WOODLANDS DRIVE 72	Address 3	SINGAPORE 730795
Address 4		Address Type	Singapore address	Post Code	730795
Unit No.	13-03	Related Policy Number	5091344101-01		
Insured Object: FW365E					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

## Claim Handling

Accident MT/1048411

Exit

Policy No.	5091344101-01	Vehicle No.	PW365E	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL AZIZ ZUL HAKEEM IBNI ROSNAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8737754G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91277421	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPIK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	10/06/2019 20:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/06/2019	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNE DORSET RD & BRISTOL RD				

**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 795 #13-03	Address 2	WOODLANDS DRIVE 72	Address 3	SINGAPORE 730795
Address 4		Address Type	Singapore address	Post Code	730795
Unit No.	13-03	Related Policy Number	5091344101-01		

**OI Driver Info**

Driver Name	Abdul Aziz Zul Hakeem Ibni Rosnan	Driver Type	Main Driver	Driver DOB	29/11/1987
Unnamed driver Name		Driver NRIC	S8737754G	Driving Experience	2
Register Date of Driver License	28/11/2016	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	91277421	Contact No.(Office)	0	Address 3	SINGAPORE 730795
Address 1	BLK 795	Address 2	WOODLANDS DRIVE 72	Post Code	730795
Address 4		Address Type	Singapore address		
Unit No.	13-03				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

**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 New

Claim Type *	OD-MX	Insured Name	ABDUL AZIZ ZUL HAKEEM IBNI	Insured NRIC	S8737754G
Contact No.(Mobile)	91277421	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PW365E	TP Vehicle Number	SHC4275L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PW365E / SHC4275L ON 8 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	10/06/2019 20:42	Claim Close Date		Date Received	10/06/2019 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

## Attachment

Accident No.	MT/1048411	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/06/2019 20:43

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	



☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	SAS	Normal	SAS 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:43	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 20:42	Photos	Normal	Photos 2019-6-10		<a href="#">Edit</a>

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

10/6/2019