NATIONAL Assessment Centre Services   MNA4490 75923

	Job description	Date & Time Completed	Done by
Date In: 11/06/2019 11:57			
Ref No: NBB/7AC/90/0281/4	SAS e-filing		
Veh No: FBK 8275P	E-mail		
D.O.A: 10/06/2019 09:35	i-Motor Claim Form	MT/1048441-002 11/06/2019 12:57	
	i-Motor W/O		
OD / TP / Reporting Only	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: SHB 9867B   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

NA1904364

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR Accident Report ($30);			
2) DA Damage Assessment ($100); INC ($80)			
3) TP Towing Fee	$40/$45		
4) FT Follow-Through Survey	$120		
5) FT Follow-Through Survey (Resurvey)	$30		
For vehicle repairs INC Only (wef 10 Jan 2005)			
6) TR Reinspection	$75		
7) NI DA + SM Survey	$160		
8) NT Additional Surveys:			
* N Courtesy Car Allowance	$5		
* N Repair Co-ordination	$10		
* N Repair	$25		
* 2 / Collect Coordination	$5		
TP (N against INC	$20		
INT Mobile	30		
	Fee Charged		
	Fee Charged		

P. 1/1

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	11/06/2019 11:57
Date Of Accident	10/06/2019 09:35
Exact Location Of Accident	ALONG BKE TOWARDS DAIRY FARM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8275P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HIDAYAT BIN SALIM
NRIC No	S9637219A
Email Address	HDYTSLM96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91315166
Alternative Phone No	OTHERS-91315166
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5108704566
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HIDAYAT BIN SALIM
NRIC No	S9637219A
Date Of Birth	23/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91315166
Fax Number	
Contact Number	OTHERS-91315166
EMail Address	HDYTSLM96@GMAIL.COM

Address	BLK 770 CHOA CHU KANG STREET 54 #14-07
Postcode	680770
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?	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

PLEASE REFER TO SKETCH PLAN

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	SHB9867B
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HONG CHANG
NRIC/Passport Number	
Contact Number	
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:

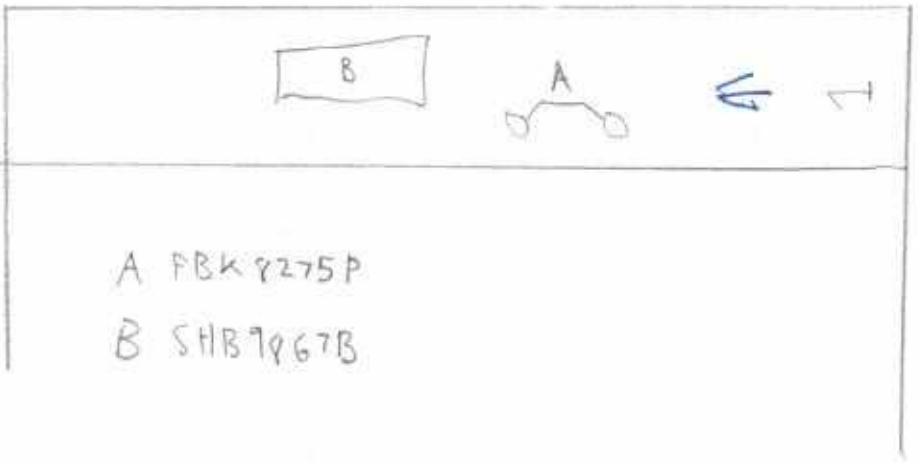
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 11/06/2019	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature: 11/06/2019 Name: NRIC/FIN No.:

BKE towards Diary Farm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 June 2019, at approximately 0935hrs, I was riding my motorcycle on BKE towards Diary Farm, on my ~~the~~ to work. I was riding on Lane 1 following the speed limit of 90km/h. Vehicle B braked and I couldn't brake in time, thus, hitting the rear bumper of Vehicle B. I shifted along with my bike. Ambulance [redacted] was called to scene. ~~A~~ r paramedics reviewed my injuries and clean up my wounds and stated that my injuries were not serious, only minor abrasions. Thus, I was not conveyed to the hospital.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:
11/06/19

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
11/06/2019

Claim Handling

Accident MT/1048441

Policy No.	3108704566	Vehicle No.	FBK8275P	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD HIDAYAT BIN SALIM			Policyholder NRIC	S9637219A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFN	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	11/06/2019 00:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/06/2019	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TOWARDS PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YDD OD Excess		YDD TP Excess		Driver is Covered?	Not Applicable
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 770 #14-07	Address 2	CHOA CHU KANG STREET 54	Address 3	SINGAPORE 680770
Address 4		Address Type	Singapore address	Post Code	680770
Unit No.	14-07	Related Policy Number	3108704566		

OI Driver Info

Driver Name		Driver Type			
Unnamed Driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMAD HIDAYAT BIN SALIM	Insured NRIC	S9637219A
Contact No.(Mobile)	91713144	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	FBK8275P	TP Vehicle Number	SHB9867B
Claim Description	FBK8275P / SHB9867B ON 10 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Contact No. Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown	GIA Report	Received
Date Registered	11/06/2019 12:47	Claim Close Date		Date Received	11/06/2019 00:00
Report Taken By	BOSS WANNA	Workshop Repairer		Total Loss but Repaired	

Print Ad letter

Save Submit

Attachment

Accident No.	MT/1048441	Claim No.	002
Last Doc. Received	Yes No	Upload Date	11/06/2019 12:57

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_80067S(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11	
	NAC_BUKIT_MERAH_80067S(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11	
	NAC_BUKIT_MERAH_80067S(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:57	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:56	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:56	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:56	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:56	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:56	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:56	SAS	Normal	SAS 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-11

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 06 / 2019) (DD/MM/YYYY), TIME: (09 : 35) (HH:MM)

LOCATION: BKE towards Dairy Farm

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBK 8275P
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Bajaj Pulsar NS 200
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: On the way to Work
   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: Muhammad Hidyat Bin Salim (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9637219A CONTACT: 71315166
   c) ADDRESS: Blk 770 CCK St 54 #14-07 S(680770)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (1)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (__/__/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 19 July 2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

\# No of passenger (including driver) (__)

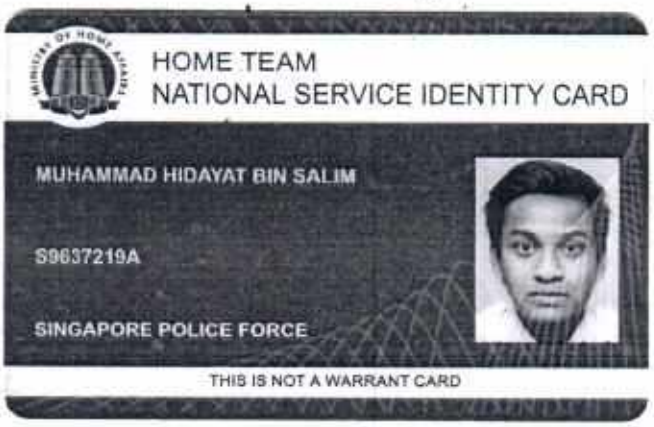
   a) VEHICLE NUMBER: SHB9867B MODEL: Renault Latitude
   b) DRIVER'S NAME: Lim Heng Ching
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

\# No of passenger (including driver) (__)

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = hdytslm96@gmail.com

VIDEO



HOME TEAM
NATIONAL SERVICE IDENTITY CARD

MUHAMMAD HIDAYAT BIN SALIM

S9637219A

SINGAPORE POLICE FORCE

THIS IS NOT A WARRANT CARD

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9637219A

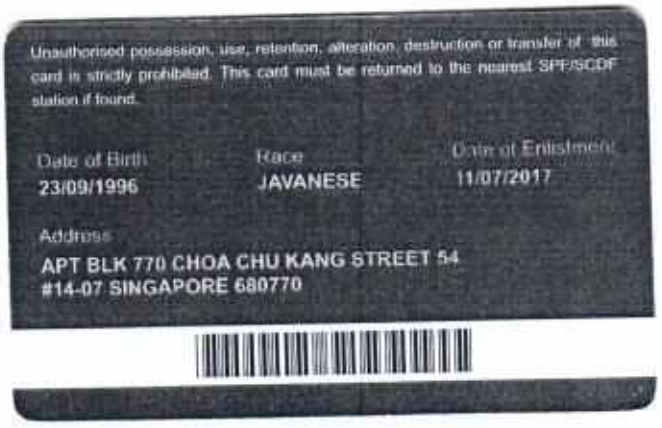
MUHAMMAD HIDAYAT BIN SALIM

Birth Date 23 Sep 1996

Issue Date 19 Jul 2018

002825724H

For LKK/NAC Use Only



Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPF/SCDF station if found.

Date of Birth
23/09/1996

Race
JAVANESE

Date of Enlistment
11/07/2017

Address
APT BLK 770 CHOA CHU KANG STREET 54
#14-07 SINGAPORE 680770

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	19 Jul 2018

Licence No:S9637219A

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 10/06/2019 11:50
Vehicle No.(For Motor): FBK8275P | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5108704566		MUHAMMAD HIDAYAT BIN SALIM	S9637219A	GMC	Third Party	FBK8275P	FBK8275P	05/04/2019	02/02/2020

Continue