

NATIONAL Assessment Centre Services

Form 1 (Jan 09)

MANAYC9086027

Date In: 08/07/2019 14:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/901681/4	E-mail (within 8hrs, AIG 2hrs)		
Veh No: FBB 8350C	i-Motor Claim Form	MP/1051535-00	08/07/2019
D.O.A: 01/07/2019 15:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:15
OD: <input checked="" type="radio"/> 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: YL2824S	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

NA1904966	Invoice Preparation Checklist	Am't (\$) In 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) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant against INC Only (wef 10 Jan 2009)		
Cat. 1:	6) TR: Re-inspection \$25		
Cat. 2/3:	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	12) *N3: 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: Idm 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	02/07/2019 14:27
Date Of Accident	01/07/2019 15:15
Exact Location Of Accident	955 UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB8350C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ARIFF BIN AHMAD
NRIC No	S9121494F
Email Address	IAMAREEF91@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91985774
Alternative Phone No	OTHERS-91985774
Vehicle Particulars	
Manufacturer	SUZUKI
Model	DRZ-398CC 400SM (M)
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	5101814916
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ARIFF BIN AHMAD
NRIC No	S9121494F
Date Of Birth	27/06/1991
Occupation	INDOOR
Date Of Driving Pass	22/06/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91985774
Fax Number	
Contact Number	OTHERS-91985774
EEmail Address	IAMAREEF91@HOTMAIL.COM

Address	BLK 428 PASIR RIS DRIVE 6 #02-19
Postcode	510428
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	YL2824S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOFWAT
NRIC/Passport Number	
Contact Number	94601706
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.
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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: 1/7/19
163745

Driver's Signature

(If driver is not the policyholder)

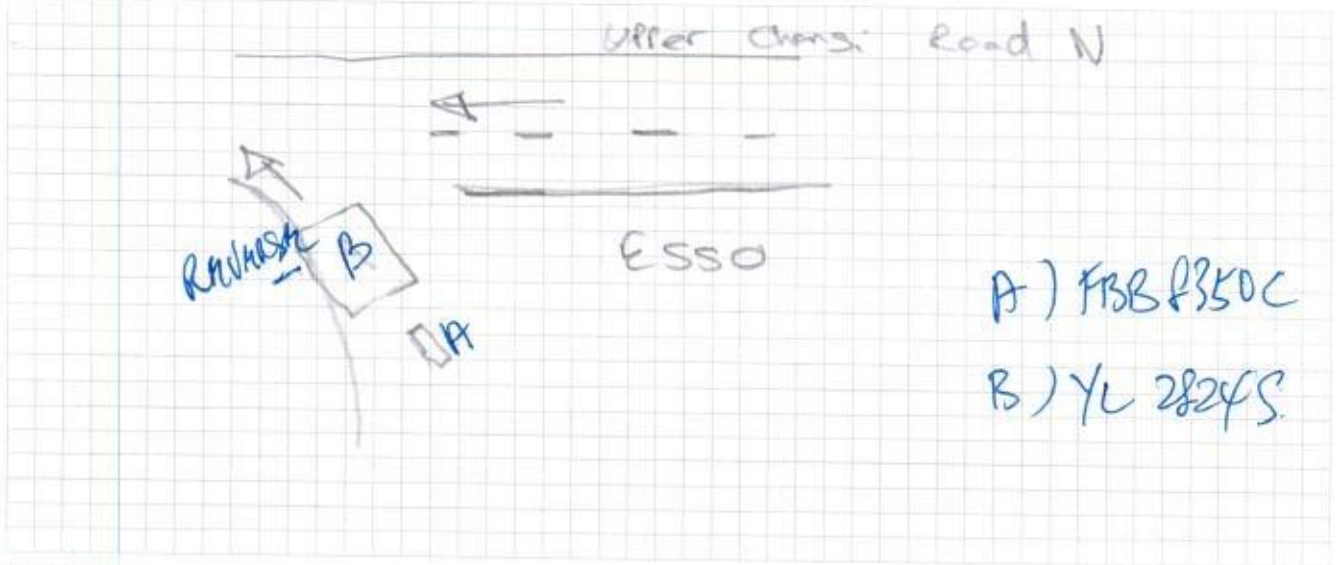
Date & Time: 7/7/19
163945

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/7/19, at around 3.10pm, I was at an Esso Petrol station located at 955 Upper Changi Road North. While exiting the Petrol station towards Upper Changi Road North, a lorry bearing plate number YL2824S was seen also exiting the said Petrol station. I stopped my motorcycle behind the lorry while maintaining a safety distance as I ~~thought~~ the lorry was also going to move off. The lorry then suddenly reversed. I sounded my horn while back paddling as fast as I could however the lorry continued reversing towards my vehicle and it eventually hit my vehicle damaging the front part of my motorcycle.

DECLARATION

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

Policyholder's Signature
Date & Time: 1/7/19 16:48hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/7/19 16:48hrs

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: 02/07/2019

Claim Handling

Accident MT/1051535

Policy No.	5101814916	Vehicle No.	FBB8350C	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ARIFF BIN AHMAD			Policyholder NRIC	S9121494F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91985774	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Report Date	02/07/2019 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/07/2019	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	955 UPPER CHANGI ROAD NORTH				

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			

GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 428 #02-19	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE S10428
Address 4		Address Type	Singapore address	Post Code	S10428
Unit No.		Related Policy Number	5101814916		

OI Driver Info					
Driver Name	MUHAMMAD ARIFF BIN AHMAD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9121494F	Driver DOB	27/06/1991
Register Date of Driver License	29/03/2017	Driver Age	28	Driving Experience	2
Contact No.(Mobile)	91985774	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 428 #02-19	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE S10428
Address 4		Address Type	Singapore address	Post Code	S10428
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBB8350C	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History	
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Claim 001	New
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Claim Type *	OD-MX	Insured Name	MUHAMMAD ARIFF BIN AHMAD	Insured NRIC	S9121494F
Contact No.(Mobile)	81985774	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	amareef91@hotmail.com	OS		TP	
Claim Description	FBB8350C / YL2824S ON 1 Jul 2019	Vehicle Number	FBB8350C	Vehicle Number	YL2824S
Preferred Workshop		Name of Preferred Workshop			
Balance No Finalisation	Yes	Insured Liability	Not at Fault		
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Report Taken By		Claim Close Date	02/07/2019 15:18	Date Received	02/07/2019 00:00

Print AK letter	
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Save	Submit
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Attachment	
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Accident No.	MT/1051535	Claim No.	001
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Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/07/2019 15:19
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Choose File	No file chosen	Clear	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		Clear	Please Select	NO	Normal	

Attachment List		Send Message
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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:19	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:18	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:18	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:18	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:18	Photos	Normal	Photos 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:18	SAS	Normal	SAS 2019-7-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Jul 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-2
Video List				
Uploaded By/Date Folder Date File Name Source Action				
<div>Display in New Window Scan and uploading</div>				

ACCIDENT STATEMENT

ACCIDENT DATE: 01/07/2019 (DD/MM/YYYY), TIME: 15:17 (HH:MM)

LOCATION: 955 Upper Changi Road North, Singapore 507662

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB88350C
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5101814916
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: DRZ 400 SM, Suzuki, 2007
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Transport
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 Ariff Bin Ahmad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9121494F CONTACT: 81985774
c) ADDRESS: Blk 428 Pasir Ris Drive 6 #02-19
SC510428

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Ariff Bin Ahmad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9121494F CONTACT: 81985774
c) ADDRESS: Blk 428 Pasir Ris Drive 6 #02-19
SC510428

* d) DATE OF BIRTH: 29/06/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29/03/2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Survivor

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

- a) VEHICLE NUMBER: YL 2824S MODEL: _____
b) DRIVER'S NAME: SOFWAT
c) NRIC/FIN/PASSPORT: _____ CONTACT: 94601706

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = iamareef91@hotmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9121494F



Name

MUHAMMAD ARIFF BIN AHMAD

محمد عارف بن احمد

Race

MALAY

Date of birth

27-06-1991

Sex

M

Country of birth
SINGAPORE

S9121494F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9121494F
Name:

MUHAMMAD ARIFF BIN AHMAD

For LKK/NAC Use Only

Birth Date: 27 Jun 1991

Issue Date: 16 Jan 2014



002266190D



3900745

NRIC No. S9121494F



For LKK/NAC Use Only

Date of issue
03-07-2006

Address

APT BLK 428 PASIR RIS DRIVE 6
#02-19
SINGAPORE 510428

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Vehicle	Expiry Date
Class 2B	Motorcycles <= 200 CC	29 Mar 2017
Class 2A	Motorcycles between 201 CC and 400 CC	12 Jun 2018
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	16 Jan 2014

For LKK/NAC Use Only

S9121494F

S / No. 9000307743

NP 428A



Licence No. S9121494F