

NATIONAL Assessment Centre Services [Print / Jan 2019] NA190496027			
Date In: 07/07/2019 14:27	Job description	Date & Time Completed	Done by
Ref No: NBA/MC19011681/4	SAS e-filing		
Veh No: FBB 8350C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/07/2019 15:15	i-Motor Claim Form	MP/1051535-00	07/07/2019 15:19
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2019)			
	6) TR: Itc-Inspection \$75			
	7) NI: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	DI: ()			
	* 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 (Non INC) against INC \$20			
	N12: Idm Mobile \$0			
	Invoice dated	Fen Charged		
		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 15:18 ✓
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
EMail 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

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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

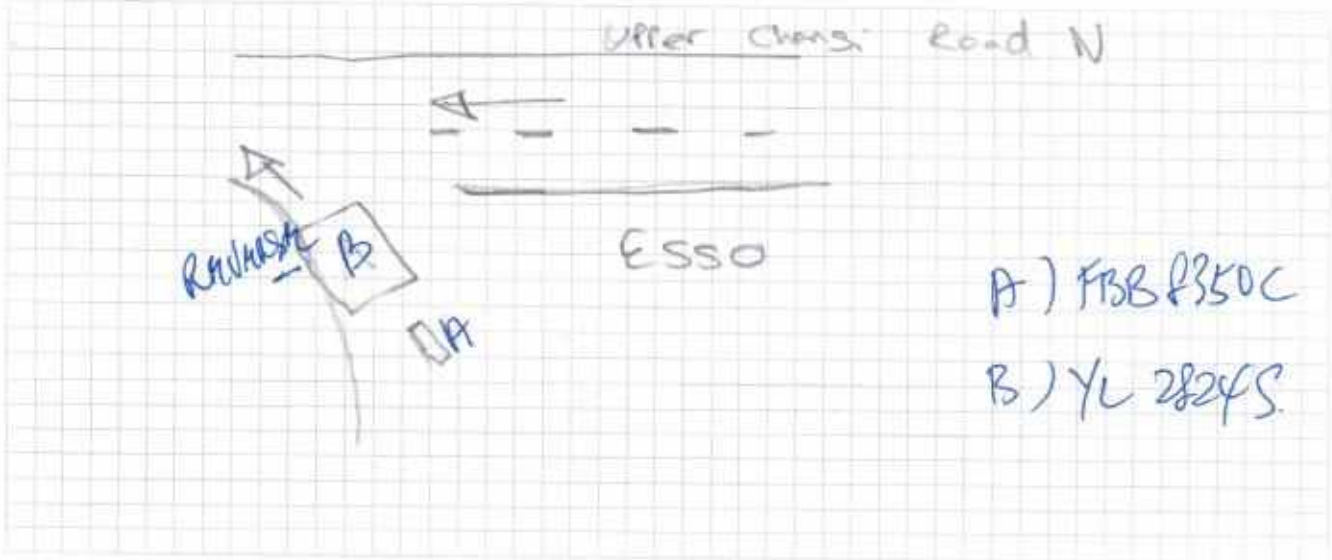
163945

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:

NRIC/FIN No.:

02/07/2019

Rafael [Signature]

Claim Handling

Accident MT/1051535

Policy No.	5101814916	Vehicle No.	FB88350C	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ARIFF BIN AHMAD			Policyholder NRIC	S9121494F
Product Code	MOTO CYCLE INSURANCE	Cover Type	Third Party	Leading	E
Contact No.(Mobile)	91985774	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTC	< No Yes	TCA	< No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	02/07/2019 15:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
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				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured 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
Notification History			

Policyholder Mailing Address

Address 1	BLK 428 #02-19	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510428
Address 4		Address Type	Singapore address	Post Code	510428
Unit No.		Related Policy Number	5101814916		

01 Driver Info

Driver Name	MUHAMMAD ARIFF BIN AHMAD	Driver Type	Main Driver	Driver DOB	27/06/1991
Unnamed Driver Name		Driver NRIC	S9121494F	Driving Experience	2
Register Date of Driver License	29/03/2017	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	91985774	Contact No.(Office)		Address 3	SINGAPORE 510428
Address 1	BLK 428 #02-19	Address 2	PASIR RIS DRIVE 6	Post Code	510428
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	FB88350C	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes < No		

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	MUHAMMAD ARIFF BIN AHMAD	Insured NRIC	S9121494F
Contact No.(Mobile)	91985774	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	kamarsep1@gmail.com	Vehicle Number	FB88350C	Vehicle Number	5128245
Claim Description	FB88350C / Y128245 ON 1 Jul 2019				
Preferred Workshop		Insured Limit(s)	Not at Fault	GIA report	Received
Consent No. Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered				Claim Close Date	02/07/2019 15:18
Report Taken By				Date Received	02/07/2019 00:00

Print AK letter













Save Submit

Attachment

Accident No.	MT/1051535	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	02/07/2019 15:19
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Attachment List

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
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	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 Data	File Name	Source	Action
<div>Display in New Window</div> <div>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: FBB8350C
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5101814916
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ORZ 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: 27/06/1991 (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: 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

- 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



For LKK/NAC Use Only

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



0022661900



3900745

NRIC No. S9121494F



For LKK/NAC Use Only

Date of issue

03-07-2006

Address

APT BLK 426 PASIR RIS DRIVE 6
#02-19
SINGAPORE 510428

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

Class 2B Motorcycles ≤ 200 CC
Class 1A Motorcycles between 201 CC and 400 CC
Class 3 Motor cars ≤ 2000 kg with ≤ 3 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg

25 Mar 2017
22 Jan 2018
16 Jan 2014

For LKK/NAC Use Only

S9121494F

S / No. 9000307743

NP 425A



Licence No. S9121494F

Hello, NAC_BUKIT_MERAH_800676

[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"/>	5101814916		MUHAMMAD ARIFF BIN AHMAD	S9121494F	GMC	Third Party	FB88350C	FB88350C	30/06/2018	13/08/2019