

NATIONAL Assessment Centre Services				Job description	Date & Time Completed	Done by
Date In: 16/07/2019 15:44	Ref No: N/A/190125444		SAS e-filing			
Veh No: FSA 67214	D.O.A: 15/07/2019 09:45		E-mail (within 4hrs, AIC 2hrs)			
OD TP: <u>Reporting Only</u>			I-Motor Claim Form		M/1053611-001	16/07/2019
			I-Motor W/O (Within: OD 2hrs, TP 4hrs)			16/12
			I-Photo Uploaded			
			Assessment/Survey Report			
TP Insurer:			Ass't Report by Fax / Hand to Owner/Wksp			

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()		Fax: ()	
TP Particulars:		Veh No: FA 9004		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

N/A/1905274		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)			
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			
Auditors' Comments:		For (claiming against) INC Only (wef 10 Jan 2019)			
Cat. J:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idem DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		9) N12: Idem Mobile			
		10) N13: Courtesy Car / Tpl Allowance \$5			
		11) N14: Repair Co-ordination \$10			
		12) N15: Post Repair Inspection \$25			
		13) N16: DV / Collect Excess Coordination \$5			
		14) N17: TP (N-in INC) against INC \$20			
		15) N18: Idem Mobile \$30			
		Invoice dated		Fax Charged	
		E-mail dated		Fax 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	16/07/2019 15:44
Date Of Accident	15/07/2019 09:45
Exact Location Of Accident	AYE TOWARDS CITY BEFORE CLEMENTI AVENUE 6 EXIT 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6721Y
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	BUKORIMUSLIM1996@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87290241
Alternative Phone No	OFFICE-87290241

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200I-171CC EVO CVT
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	5109280207
Cover Note Number	

Driver

Name of Driver	BUKORI MUSLIM BIN MOHAMAD ISA
NRIC No	S9670957I
Date Of Birth	05/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87290241
Fax Number	
Contact Number	OTHERS-87290241
Email Address	BUKORIMUSLIM1996@GMAIL.COM

Address	BLK 807A CHOA CHU KANG AVENUE 1 #04-506
Postcode	681807
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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?	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	EN900U
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	WONG CHIN YEW
NRIC/Passport Number	S6863307I
Contact Number	94596000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBB9395S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WANG ZHIGANG
NRIC/Passport Number	G2169524L
Contact Number	96979387
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	BUKORI MUSLIM BIN MOHAMAD ISA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH6721Y
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:

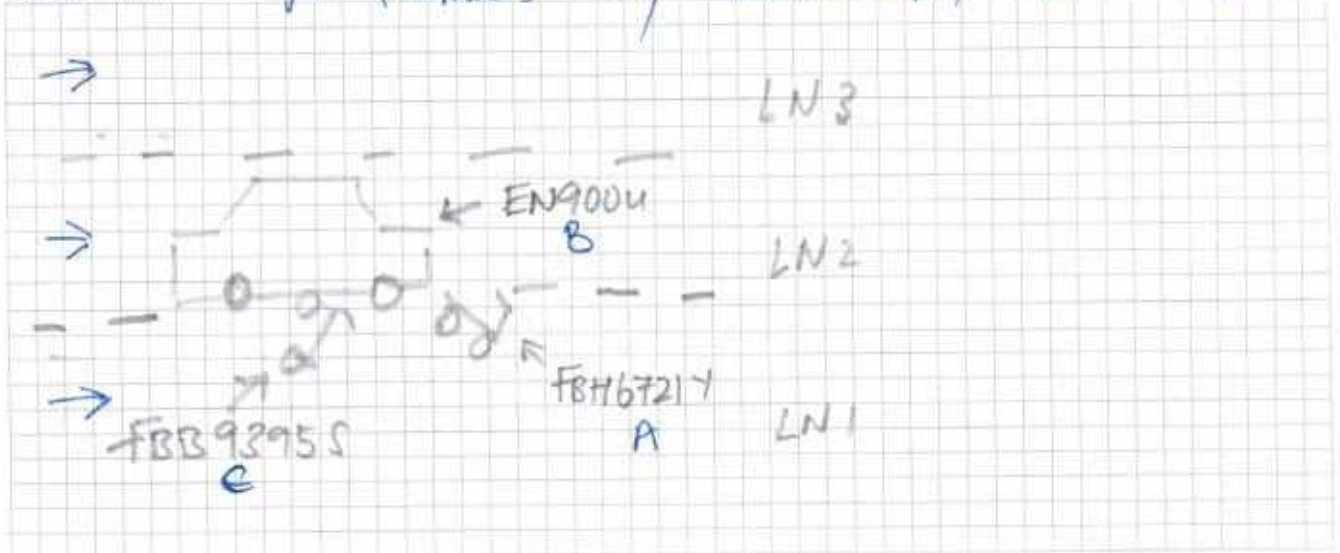
Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/7/19

11:11

16/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Drive TOWARDS City BEFORE EXIT CLAMMANN AVENUE 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FBH67217 SKID. NOT SURE HOW FAST FB93955 WAS GOING BUT BRUSH MY LEG AND FALL AND HIT CAR EN9004.

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.:

16/02/2018
Res. [Signature]

Claim Handling

Accident HT/1053677

Policy No.	5109280207	Vehicle No.	FBH6721Y	GST Registration No.	23414700L
Certificate No.	5109280207-000039				
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC	23414700L
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	87290241	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	No	TCA	No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	15/07/2019 16:07	Accident Report Within 24 hrs	Yes	Accident Type	No Collision
Date of Accident	15/07/2019	Time of Accident (hh:mm)	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AVE TOWARDS CITY BEFORE CLEMENTI AVENUE & EXIT 11				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
DD Standard Excess		TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED DD Excess	6.00	YIED TP Excess	1,500.00		
Additional Excess					
Total DD Excess Applicable	6.00	Total TP Excess Applicable	3,000.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	18/06/2001
GST Registration No.	23414700L	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 100B #01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159762
Address 4		Address Type	Singapore address	Post Code	159762
Unit No.		Related Policy Number	5109280207		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BUNQRI MUSLIM BIN MOHAMAD	Driver NRIC	S96709171	Driver DOB	05/05/1996
Register Date of Driver License	04/06/2019	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	87290241	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 807A #04-506	Address 2	CHOA CHU KANG AVENUE 2	Address 3	KEAT HOON APTS
Address 4	SINGAPORE 681807	Address Type	Foreign Address	Post Code	581807
Unit No.	04-506				
Does he own a Singapore Registered car?	No	Driver Vehicle No.	FBH6721Y	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	87290241
Email Address	sumotor@singnet.com.sg	OT Vehicle Number	FBH6721Y	Vehicle Number	EN900J
Claim Description	FBH6721Y / EN900J ON 15 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Name	Insured Liability	Not at Fault			
Assessment	Repaired	Preferred Workshop, Name unknown	GIA report	Retained	
Date Registered					
Report Taken By					

Print A/L letter

Save Submit

Attachment

Accident No.	HT/1053677	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/07/2019 16:12
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? (OO)
	NAC_BUKIT_MERAH_850679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 18:12	Photos	Normal	Photos 2019-7-16	
	NAC_BUKIT_MERAH_850679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	Photos	Normal	Photos 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	SAS	Normal	SAS 2019-7-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 07 / 19 (DD/MM/YYYY), TIME: 09:45 (HH:MM)

LOCATION: Expediently before exit & Clement Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRH6721 Y
 b) INSURANCE COMPANY: NFUC Income
 c) POLICY NUMBER: 5109280207-000030
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: JYM JOYRIDE 2001 EVO QNT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: SOUTHERN MOTOR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: BUKORI MUSLIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 996709571 CONTACT: 89290241
 c) ADDRESS: CHOA CHU KANG AVE 1 #04-506 BLK 807A JG 681807

* d) DATE OF BIRTH: 05 / 05 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 4 JUN 2019

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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

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: EN900U MODEL: _____
 b) DRIVER'S NAME: WONG CHIN YEN
 c) NRIC/FIN/PASSPORT: 68633071 CONTACT: 94596000

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FB93955 MODEL: _____
 b) DRIVER'S NAME: WANG ZHIHONG
 c) NRIC/FIN/PASSPORT: 92169524L CONTACT: 96979387

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
(1)

email = bukori.muslim1996@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S96709571



For LKK/NAC Use Only

BUKORI MUSLIM BIN
MOHAMAD ISA

بكري مسلم بن محمد عيسى

Race

MALAY

Date of birth

05-05-1996

Sex

M

Country of birth

INDONESIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S96709571



BUKORI MUSLIM BIN MOHAMAD
ISA

For LKK/NAC Use Only

Birth Date 05 May 1996

Issue Date 04 Jun 2019



4764240

NRIC No. S96709571



For LKK/NAC Use Only

Date of issue

15-08-2011

APT BLK 807A CHOA CHU KANG AVENUE 1 #04-506
SINGAPORE 881807

NRIC No. S96709571

Date: 13/11/2018

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

Class 2B Motorcycles < 200 cc

EFFECTIVE DATE

04 Jun 2019

For LKK/NAC Use Only

NP 428A



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"/>	S109280207	S109280207-000030	SOUTHERN MOTOR	23414700L	GFM	Third Party	FBH6721Y	FBH6721Y	07/05/2019	06/05/2020