

NATIONAL Assessment Centre Services (cont. January) **MAY 10 9 35 AM**

Date In: 17/07/2019 14:31	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC901263114	SAS e-filing		
Vel No: FBI 783C	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 17/07/2019 10:30	I-Motor Claim Form	M1/1053045 001	17/07/2019
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16.66
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wkst</u>		

Preferred Wksp /MNC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **8XL 835TH** 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

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) in Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comment(s):	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. J:	For claiming against INC Only (wef 10 Jan 2009)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idnu DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N4: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idnu Mobile \$30		
	Invoice dated	Pen Charged	
	Invoice Total	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	17/07/2019 14:31
Date Of Accident	17/07/2019 10:30
Exact Location Of Accident	ALONG TIONG POH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7283C
Insured/Policyholder	
Name Of Registered Owner	KHAIRUL ANWAR BIN MUSTAFA
NRIC No	S9212012J
Email Address	AYULMOOSA25@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85089580
Alternative Phone No	OTHERS-85089580

Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ-398CC 400SM (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5103581867
Cover Note Number	

Driver

Name of Driver	KHAIRUL ANWAR BIN MUSTAFA
NRIC No	S9212012J
Date Of Birth	25/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85089580
Fax Number	
Contact Number	OTHERS-85089580
EMail Address	AYULMOOSA25@GMAIL.COM

Address	BLK 536 CHOA CHU KANG STREET 51 #08-124
Postcode	680536
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 - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE NOTICE

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	SKL8337H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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.

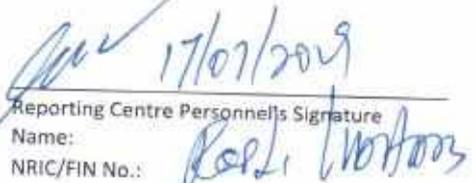


Policyholder's Signature
Date & Time:

17.7.2019

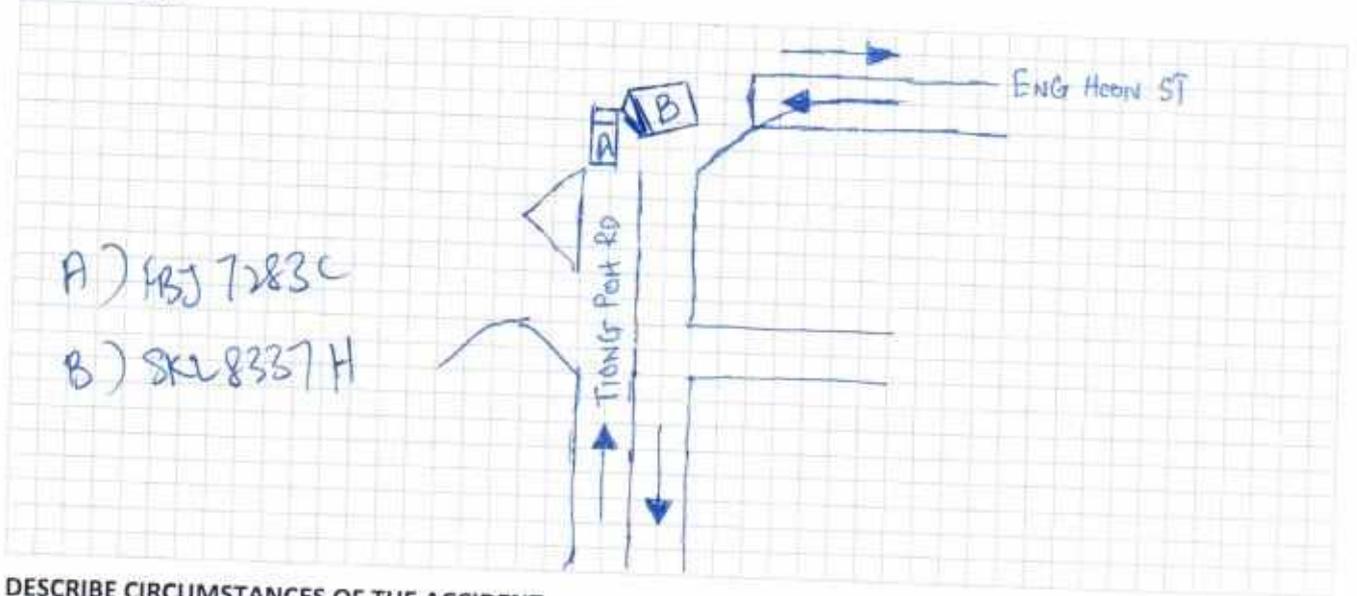
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



17/07/2019
Kee Li Thoo

SKETCH PLAN



A) FBJ 7283C

B) SKL 8337H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PUS REFER TO POLICE NOTICE~~

DECLARATION

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


Policyholder's Signature
Date & Time: 14.45
17.7.2019

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


Reporting Centre Personnel's Signature
Name: Kerd Lim
NRIC/FIN No.: 

NOTICE OF REPORTING

This is to confirm that Khairul Anwar Bin Mustafa (NRIC: S9212012J, Blk 536 Choa Vhu Kang Street 51 #08-124 HP: 85083580), has reported to the Police a non-injury traffic accident which occurred at the vicinity of Tiong Poh Road on 17/07/2019 at 1030hrs involving the following vehicle:

- V1) FBJ7283C(Suzuki DZR, Complainant Vehicle)
- V2) SKL8337H (Grey color)

I was riding my vehicle (V1) along Tiong Poh Road, suddenly another car (SKL 8337H) came out from Eng Hoon Street from my right. He Hit onto the side of my bike. I managed to control my bike and did not fall. There are a few scratches on the side of my bike. The driver from V2 got out of his car to make a check. He subsequently left without exchanging any particulars.

No person was injured, no pedestrian/cyclist involved and no government property damaged. I did not manage to exchange particulars with the other party.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(3) T150252 Razeenah

Date: 17/07/2019 Time: 1150hrs

S/D Ref: 29

Police Post/Unit: Bukit Merah West NP Neighbourhood Police Centre
No 500 Bukit Merah View #01-01

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Bukit Merah West
Singapore 150692
Tel : 1800 3779999

Claim Handling

Accident **MY/1053845**

Policy No.	5103581867	Vehicle No.	FB17283C	GST Registration No.	
Certificate No.					
Policyholder Name	KHAIRUL ANWAR BIN MUSTAFA	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	992120123
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	85089580	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	0	Waste Reason	
NCD Protection	NC			Private Hwy	No

Accident Details

Report Date	17/07/2019 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Motor Road
Date of Accident	17/07/2019	Time of Accident (hr:min)	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ALONG TIDONG POH ROAD				

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			

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 536 #06-124	Address 2	CHOA CHU KANG STREET 51	Address 3	LIMBANG MEADOWS
Address 4	SINGAPORE 680136	Address Type	Singapore address	Post Code	680136
Unit No.	06-124	Related Policy Number	5103581867		

01 Driver Info

Driver Name	KHAIRUL ANWAR BIN MUSTAFA	Driver Type	Main Driver	Driver DOB	23/03/1992
Unnamed driver Name		Driver NRIC	992120123	Driving Experience	8
Regular Date of Driver License	26/11/2010	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	85089580	Contact No.(Office)		Address 1	BLK 536 #06-124
Address 1	BLK 536 #06-124	Address 2	CHOA CHU KANG STREET 51	Address 2	CHOA CHU KANG STREET 51
Address 4	SINGAPORE 680136	Address Type	Singapore address	Post Code	680136
Unit No.	06-124				
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop: Insured Liability: Preferred Workshop, Name unknown

Date Registered: Claim Close Date:

Report Taken By:

Print AX letter

Attachment

Save Submit

Accident No.	MY/1053845	Claim No.	001
Lead Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/07/2019 16:16

Choose File	No file chosen	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

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CG)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 17 Jul 2019 16:16	Photos	Normal	Photos 2019-7-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 17 Jul 2019 16:16	Photos	Normal	Photos 2019-7-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 17 Jul 2019 16:16	Photos	Normal	Photos 2019-7-17	

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 7 / 2019) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)
LOCATION: Junqueira Times Park Road to Fals Hood St.

1. DETAILS OF VEHICLE
- a) VEHICLE NUMBER: Kan Faj 7283 C
 - b) INSURANCE COMPANY: NTUC
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: SUZUKI DRZ 400 SM
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY (WORKING)
 - 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: Khairul Annar B. Mustafa (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S9212012-T CONTACT: 85089580
 - c) ADDRESS: BLK 536 CHOA CHU KANG ST 51, #08-124
S'Pore 680556

- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
- a) NAME: As Above
 - b) NRIC/FIN/PASSPORT: AS ABOVE (MALE / FEMALE)
 - c) ADDRESS: AS ABOVE CONTACT: AS ABOVE

- * d) DATE OF BIRTH: (25 / 03 / 1992) (DD/MM/YYYY)
 - e) OCCUPATION: (INDOOR / OUTDOOR)
 - f) DATE OF DRIVING PASS: 26 NOV 2010
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: BUKIT MEHAR WEST

8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SKL 8337 H
 - b) DRIVER'S NAME: _____ MODEL: TOYOTA
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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

No of passengers
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email = Ayulmoosa25@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9212012J

For LKK/NAC Use Only

Name
 KHAIRUL ANWAR BIN MUSTAFA

Race
 MALAY

Date of birth
 25-03-1992

Sex
 M

Country of birth
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9212012J

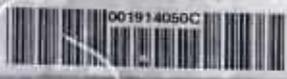
Name
 KHAIRUL ANWAR BIN MUSTAFA

For LKK/NAC Use Only

Birth Date 25 Mar 1992

Issue Date 26 Nov 2010

001914050C



4025614



NRIC No S9212012J

For LKK/NAC Use Only

Residence
 04-04-1

Address
 1 PT BLK 536 CHOA CHU KANG STREET 51 #08-124
 SINGAPORE 680536

Date 01/07/2015



DRIVER IS NOT TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	MOTORCYCLES NOT EXCEEDING 300 CC	26 Nov 2010
Class 2A	MOTORCYCLES BETWEEN 301 CC AND 400 CC	18 Sep 2011
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	24 Sep 2010

For LKK/NAC Use Only

S / No. 9000228182

NRIC No. S9212012J



Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5103581867		KHAIRUL ANWAR BIN MUSTAFA	S9212012J	GMC	Third Party, Fire & Theft	FBJ7283C	FBJ7283C	04/09/2018	03/09/2019

Continue