

NATIONAL Assessment Centre Services (and 1 Jan 2019) **NA905738**

Date In: 01/08/2019	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAA/INC190/35264	E-mail (within 4hrs, AIC 2hrs):		
Veh No: FBE 4808G	I-Motor Claim Form: MY1105508-002	01/08/2019	17:42
D.O.A: 28/07/2019	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: SW 8805Y 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: (\$) Lending: \$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 handling: 6788/6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Action

NA905738

Client's Particulars:	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30):		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$65		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claim against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	(211)		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N9: TP (N11) TP (N-in INC) against INC \$20		
	* N12: Idm Mobile 30		
	Invoice dated: Pen Charged		
	1 / 1 'd 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	01/08/2019 17:11
Date Of Accident	23/07/2019 21:10
Exact Location Of Accident	ALONG EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF4868G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD QASFILLAH BIN ABDUL RASHID
NRIC No	S8620802D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90061691
Alternative Phone No	OTHERS-90061691

Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A-125CC
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	5110634373
Cover Note Number	

Driver

Name of Driver	MUHAMMAD QASFILLAH BIN ABDUL RASHID
NRIC No	S8620802D
Date Of Birth	16/07/1986
Occupation	INDOOR
Date Of Driving Pass	02/05/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90061691
Fax Number	
Contact Number	OTHERS-90061691
EMail Address	NOEMAIL

Address	BLK 53 MARINE TERRACE #02-229
Postcode	440053
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190729/7029

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 Witness 1

Name	MR LAW
Phone Number	93851068
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN8405Y
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD QASFILLAH BIN ABDUL RASHID
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBF4868G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN


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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:

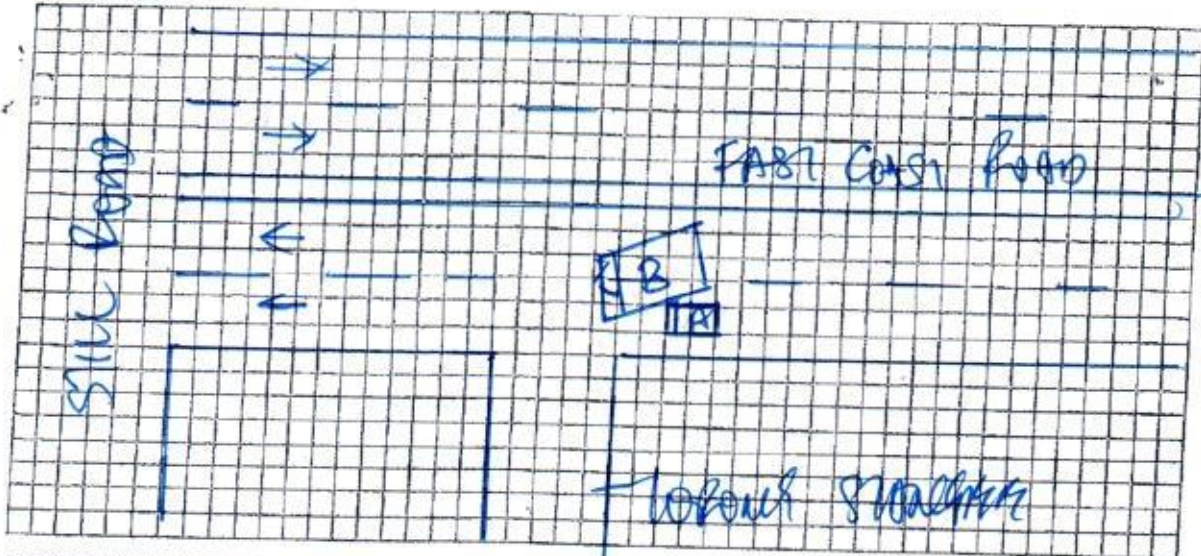
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: _____


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) FBF 4868G
 B) SUN 8405G (not recovered)

*Refer to Police Report
 1/20190729/702*

DECLARATION

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

[Signature]

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.:

[Signature]
 21/08/2019
[Signature]



SINGAPORE POLICE FORCE



T/20190729/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190729/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 16:37		Vide Report No.: G/20190723/0154		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD QASFILLAH BIN ABDUL RASHID			Address: APT BLK 53 MARINE TERRACE #02-229 SINGAPORE 440053		
ID Type / ID No.: NRIC NO / S8620802D			Contact No.: Home/Office:		Mobile: 90061691
Nationality: SINGAPORE CITIZEN			Email: muhammadqasfillah@gmail.com		
Sex: Male	Age: 33	Date of Birth: 16/07/1986	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: FREELANCER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/07/2019 21:10	Type of Location: Straight Road
Location: EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4868G	Motorcycle	HONDA	ANF125MSS A	Red		0
SLN8405Y (Not Accurate)	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF4868G	NTUC Income Insurance Co-Operative Limited	5110634373	22/06/2019	21/06/2020



**SINGAPORE
POLICE FORCE**



T/20190729/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190729/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD QASFILLAH BIN ABDUL RASHID	ID No.	S8620802D
Related Vehicle	FBF4868G (Motorcycle)	Contact No.	90061691
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	25/07/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Rider			
Name	MUHAMMAD QASFILLAH BIN ABDUL RASHID	ID No.	S8620802D
Related Vehicle	FBF4868G (Motorcycle)	Contact No.	90061691
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23 July 2019 at or about 2108 hrs, I was riding my motorcycle FBF4868G along the left lane of the 2-lanes road of East Coast Road in the direction of Still Road before Lorong Stangee, when a Honda Vezel SLN8405Y which was travelling along the right, suddenly lane changed and encroached onto my path. I tried to avoid by swerving more to left but the front left portion of the Honda Vezel hit onto my right side. I fell off my machine and felt sharp pain to my right small toe. I was conveyed to Changi General Hospital and eventually had the injured toe amputated. I was only discharged on 27 July 2019. I learned that there was an eyewitness who saw the accident - Mr Law 93851068 and he is willing to assist me. I am lodging this report for Traffic Police and insurance action. In charge case: IO Feroz.



**SINGAPORE
POLICE FORCE**



T/20190729/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190729/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/07/2019 16:37

Classification Of Case:

Claim Handling

Accident HT/1055068

Policy No.	5110634373	Vehicle No.	PBF4668G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD QASFILLAH BIN ABDUL RASHID	Cover Type	Third Party	Policyholder NRIC	S8620802D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	- No - Yes	eCode	No
KFR	- No - Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	26/07/2019 08:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	23/07/2019	Time of Accident hh:mm	21:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG EAST COAST ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
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 53 #02/229	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE HAVEN
Address 4	SINGAPORE 440053	Address Type	Singapore address	Post Code	440053
Unit No.	02/229	Related Policy Number	5110634373		

OI Driver Info

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

Modification History

Claim 002 New

Claim Type *	OD-PK	Insured Name	MUHAMMAD QASFILLAH BIN AB	Insured NRIC	S8620802D
Contact No.(Mobile)	90061691	Contact No.(Home)		Contact No.(Office)	
Email Address	muhammadqasfillah@gmail.com	TP		Vehicle Number	SLN8405Y
Claim Description	PBF4668G / SLN8405Y ON 23 Jul 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	01/08/2019 17:42
Date Registered				Date Received	01/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1055068	Claim No.	002
Last Doc. Received	* Yes - No	Upload Date	01/08/2019 17:42
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Message Read			

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Aug 2019 17:42	SAS	Normal	SAS 2019-8-1		
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Aug 2019 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-1		
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Aug 2019 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-1		

8/1/2019

Claim Handling(Claim Task)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Aug 2019 17:42

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-8-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Aug 2019 17:42

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-8-1

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8620802D



Name

For LKK/NAC Use Only

MUHAMMAD QASFILLAH BIN
ABDUL RASHID

Race

MALAY

Date of birth

16-07-1986

Sex

M

Country/Place of birth

SINGAPORE



5340005



NRIC No. S8620802D



For LKK/NAC Use Only

Date of issue

26-07-2014

Address

APT BLK 53 MARINE TERRACE
#02-229
SINGAPORE 440053

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8620802D

Name

MUHAMMAD QASFILLAH BIN
ABDUL RASHID

For LKK/NAC Use Only

Birth Date 16 Jul 1986

Issue Date 02 Aug 2014



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class

Class 2B

Class 3

Motorcycles \leq 200 CC

Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

EFFECTIVE DATE

02 May 2019

13 May 2008

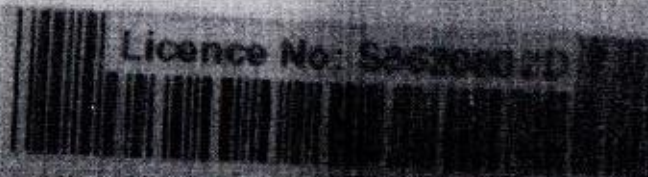
For LKK/NAC Use Only

S2620802D

S / No. 9000328582

NP 628A

Licence No: S2620802D



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0003030-8

Policy Number	: 5110534373	
The Policyholder	: MUHAMMAD QASFILLAH BIN ABDUL RASHID BLK 53 #02/229 MARINE TERRACE MARINE TERRACE HAVEN SINGAPORE 440053	
Period of Insurance	: 22 Jun 2019 To 21 Jun 2020	
Sum Insured	: N/A	
Premium (inclusive GST)	: S\$270.55	
Interest Insured		
Cover Type	: Third Party	
Named Driver (1)	: MUHAMMAD QASFILLAH BIN ABDUL RASHID	
Named Driver (2)	: N/A	
Make/Model	: HONDA/ANF	
Capacity	: 125cc	
Registration Number	: FBF4868G	Number of Seater : 2
Chassis Number	: NF125MM5001581	Registration Year : 2011
Excess (Section 1)	: N/A	Insure with COE : N/A
Excess (Section 2)	: N/A	NCD Entitlement : 0%
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative: M1

Agency	: DIRECT BUSINESS DEPT (00000600280)
Date of Issue	: 22 Jun 2019 10:54 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive