

NATIONAL Assessment Centre Services

[ver 1 Jan'03] MNA 11911357

Date In: 22/8/19 17:53	Job description	Date & Time Completed	Done by
Ref No: NAI # INC 19014910/48	SAS e-filing		
Veh No: FR 37426	E-mail (within 3hrs, AIC 2hrs)		
DOA: 22/8/19 23:45	I-Motor Claim Form	MT/1059218 ⁰⁰¹	24/8/19 10:51
(1) <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WRSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMJ 5797U. 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%; P: 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:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Actions

NAI 1906244	Invoice #	Amount (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	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 willful 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	23/08/2019 17:53
Date Of Accident	22/08/2019 23:45
Exact Location Of Accident	INFRT BLK 554 HOUGANG STREET 51 TWDS HOUGANG AVE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FR3742G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ARIEF BIN ARIS
NRIC No	S9224565I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98774206
Alternative Phone No	OFFICE-98774206
Vehicle Particulars	
Manufacturer	HONDA
Model	SUPER 4
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	5102973950-01
Cover Note Number	-
Driver	
Name of Driver	MUHAMMAD ARIEF BIN ARIS
NRIC No	S9224565I
Date Of Birth	20/07/1992
Occupation	INDOOR
Date Of Driving Pass	21/11/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98774206
Fax Number	
Contact Number	OFFICE-98774206
E-Mail Address	NOEMAIL

Address	BLK 532 SERANGOON NORTH AVE 4 #04-241
Postcode	550532
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 - U-TURN
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?	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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG HOUGANG ST 51, VEH B WAS INFRONT OF ME, WHEN REACH A INTERSECTION, SUDDENLY VEH B WITHOUT ANY INDICATOR AND SLOW DOWN HIS VEH INTEND TO MAKE A ILLEGAL U-TURN, I FROM BEHIND MANAGE TO STOP TO AVOID COLLISION, BUT CANNOT STOP IN TIME, AS THE RESULT, MY BIKE HIT ONTO THE VEH B REAR LEFT PORTION.

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	SMJ5797U
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 ARIEF BIN ARIS
Approximate Age	
Injuries Sustain	SLIGHTLY ABRUSION
Injured person in which vehicle?	FR3742G
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:


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

A = FR 3742 G

B = SMJ 5797 U

Hongang St 51

Please Refer to Statement

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

Date & Time:

NRIC/FIN No.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Muhammad Arief Bin Aris, Tel 98774206,
NRIC/FIN S92245651, has reported to the Police a non-injury traffic accident
which occurred at in front of Blk 554 Hougang Street 51 towards Hougang Avenue 8
on 22/08/2019 at 1143HRS involving the following vehicles:

FR3742G - Complainant
SMJ5797U - Mr Lim, 98322565

- 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(2) T180076 Alvin Oh Wei Jie

Date: 23/08/2019 Time: 1500hrs

S/D Ref: 8

Police Post/Unit: Serangoon North NPP

Serangoon North NPP
110, 108 Serangoon North Ave 1
#01, 709 Singapore 550108
Tel: 1800 284 9999

CONFIDENTIAL

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Muhammad Arief Bin Aris

License Number: **S92245651**

Name: **MUHAMMAD ARIEF BIN ARIS**

Birth Date: **20 Jul 1992**

Issue Date: **25 Apr 2012**

Barcode: 002063127E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S92245651**

Portrait of Muhammad Arief Bin Aris

Name: **MUHAMMAD ARIEF BIN ARIS**

محمد عاريف بن اريس

Race: **MALAY**

Date of birth: **20-07-1992**

Sex: **M**

Country of birth: **SINGAPORE**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Vehicle Class	Effective Date
Class 1B	MOTORCYCLES NOT EXCEEDING 250 CC	25 Apr 2012
Class 1A	MOTORCYCLES BETWEEN 251 CC AND 400 CC	21 Nov 2014
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	11 Nov 2015

S / No. 9000242024

License No: **S92245651**

NP 428A

For LKK/NAC Use Only

4073576

Barcode

NRIC No. **S92245651**

Fingerprint

Date of issue: **17-07-2007**

Address: **APT BLK 532 SERANGOON NORTH AVENUE 4 #04-241 SINGAPORE 550532**

For LKK/NAC Use Only

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/08/2019 17:51"/>							
Vehicle No.(For Motor)	<input type="text" value="FR3742G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="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"/>	5102973950-01		MUHAMMAD ARIEF BIN ARIS	S92245651	GMC	Third Party	FR3742G	FR3742G	08/08/2019	07/08/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1059218

Policy No.	5102973950-01	Vehicle No.	FR3742G	GST Registration No.	
Certificate No.				Policyholder NRIC	992245651
Policyholder Name	MUHAMMAD ARIEF BIN ARIS	Cover Type	Third Party	Leading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	98774206	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	24/08/2019 10:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	22/08/2019	Time of Accident hh:mm	23:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JNFRT BLK 554 HOUGANG STREET 51 TWOS HOUGANG AVE 8				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 532 #04-241	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550532
Address 4		Address Type	Singapore address	Post Code	550532
Unit No.	04-241	Related Policy Number	5102973950-01		
OI Driver Info					
Driver Name	Muhammad Arief Bin Aris	Driver Type	Main Driver	Driver DDB	20/07/1992
Unnamed driver Name		Driver NRIC	992245651	Driving Experience	7
Register Date of Driver License	25/04/2012	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	98774206	Contact No.(Office)		Address 3	SINGAPORE 550532
Address 1	BLK 532 #04-241	Address 2	SERANGOON NORTH AVENUE 4	Post Code	550532
Address 4		Address Type	Singapore address		
Unit No.	04-241				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	MUHAMMAD ARIEF BIN ARIS	Insured NRIC	992245651
Contact No.(Mobile)	98774206	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	Ari_201@hotmail.com	OI	FR3742G	TP	SMJ5797U
Claim Description	FR3742G / SMJ5797U ON 22 Aug 2019			Vehicle Number	
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Damage No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	24/08/2019 10:50
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1059218	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/08/2019 10:51			
Path *		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

Choose File No file chosen

Choose File No file chosen

Message Read


ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:51	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-8-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:51	SAS		Normal	SAS 2019-8-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Aug 2019 10:50	Photos		Normal	Photos 2019-8-24	

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				