

NATIONAL Assessment Centre Services

Date In: 24/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC1901X915/13	SAS e-filing		
Veh No: FBC7765R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/08/19 1200	i-Motor Claim Form	MT/1057306-00	
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SFY22104	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
24/08/19	E-BAD CAN'T BE CREATED

NA1906425	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments :-	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
Cat 1:	8) NTUC Additional Services:-			
	OD*			
	*N5: 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			
	9) N12: Idac Mobile 30			
Cat 2 / 3:	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 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	24/08/2019 09:54
Date Of Accident	06/08/2019 12:00
Exact Location Of Accident	ALONG PIE(CHANGI AIRPORT)23 KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7765R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAROM BIN RAHMAT
NRIC No	S8811114A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82113012
Alternative Phone No	OTHERS-82113012

Vehicle Particulars

Manufacturer	YAMAHA
Model	X1R
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5097828759-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHAROM BIN RAHMAT
NRIC No	S8811114A
Date Of Birth	08/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82113012
Fax Number	
Contact Number	OTHERS-82113012
Email Address	NOEMAIL

Address	BLK 649 WOODLANDS RING RD #06-440
Postcode	730649
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?	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	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20190806/7067

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	SFY2210U
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 SHAROM BIN RAHMAT

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBC7765R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

E. I. A. R. M. 22/8/2015

Policyholder's Signature
Date & Time:

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

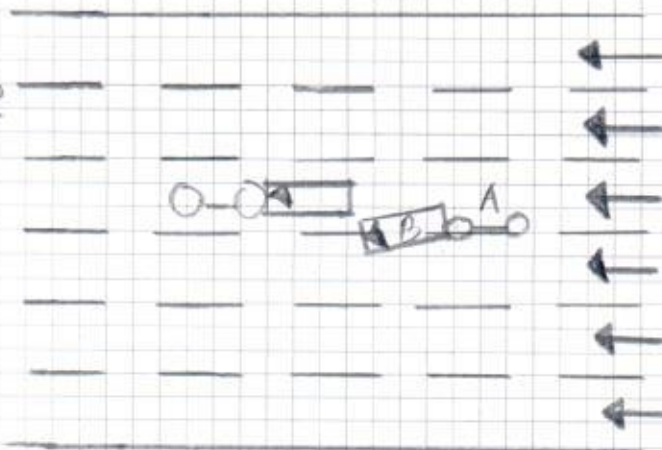
sfym 24/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A LONG PIT (AIR PORT) 22 KM

A - FBC776SR

B - SF42210U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: G/20190806/7067

DECLARATION

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

SHAM 22/8/2019

Policyholder's Signature
Date & Time:

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

Sham 20/08/19

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



**SINGAPORE
POLICE FORCE**



G/20190806/7067

1 of 2

POLICE REPORT (NP299)

Report No. G/20190806/7067

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 06/08/2019 21:34	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SHAROM BIN RAHMAT	Address APT BLK 649 WOODLANDS RING ROAD #06-440 SINGAPORE 730649	
ID Type / ID No. NRIC NO / S8811114A	Contact No. Home/Office: Mobile: 82113012	
Nationality SINGAPORE CITIZEN	Email Address sharomipin841988@gmail.com	
Occupation Despatch worker	Sex Male	Age 31
Institution/School Name	Date of Birth 08/04/1988	Race Malay
Date/Time Of Incident 06/08/2019 11:50 - 06/08/2019 13:15	Location Of Incident Expressway	

Brief details.

Between 11.50 - 12.00PM, i was riding my motorcycle vehicle: FBC7765R and i met an accident with a black colour car. The black colour car had made the sudden brake due to there was an accident infront the black car. I was travelling at the speed limit between 60-70km/hr. Then i was shocked due to the sudden stop by the black car and trying to react to the situation by applying emergency brake so that i wont collide with the black car. As the distance was too close, the amount of brake apply was unable to avoid the accident therefore i had bang at the back most left side of the car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2019 21:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20190806/7067

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190806/7067

Subjects Involved			
Victim			
Person Name	MUHAMMAD SHAROM BIN RAHMAT		
ID Type	NRIC NO	ID No	S8811114A
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 649 WOODLANDS RING ROAD #06-440 SINGAPORE 730649	Mobile No	82113012
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD SHAROM BIN RAHMAT (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2019 21:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/48907/2019
Date : 15 August, 2019

MUHAMMAD SHAROM BIN RAHMAT
BLK 649 WOODLANDS RING ROAD
#06-440
SINGAPORE 730649

Dear Sir/Madam

**ACCIDENT INVOLVING FBE3178B, SMF5700U, FBC7765R & SFY2210U
ALONG PIE (AIRPORT) 23KM ON 6 AUGUST 2019 AT 1202 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of SFY2210U had committed an offence of Inconsiderate Driving under Section 65(b) Road Traffic Act Chapter 276. Action has been initiated against the driver for the said offence.

3. If you have any queries, please contact the Investigation Officer, Ivan Ho Jie Kang at 65476170 or email HO_Jie_Kang@spf.gov.sg.

Yours faithfully

Jemcema Farween
for Head Investigation
Traffic Police
Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 08 / 19) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: ALONG PIE (AIRPORT) 23 KM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 7765 R
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA XJR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 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: MUHAMMAD SHAROM BIN RAHMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62113012
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (08 / 04 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/03/2007

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) → CONVEY

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SF422104 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

22/08/19

waiting for
veh at compound.

Email = sharomipin841988@gmail.com

fax =

VIDE.O =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8811111A**

Name: **MUHAMMAD SHAROM BIN RAHMAT**

For LKK/NAC Use Only

Birth Date: **08 Apr 1988**

Issue Date: **24 Mar 2007**

001488486G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **'S8811114A**

Name: **MUHAMMAD SHAROM BIN RAHMAT**

محمد شاروم بن رھمت

Race: **MALAY**

Date of birth: **08-04-1988**

Sex: **M**

Country/Place of birth: **SINGAPORE**

For LKK/NAC Use Only

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

Class 2B Motorcycles < 200 cc

PASS DATE: **24 Mar 2007**

For LKK/NAC Use Only

Licence No: **S8811114A**

NP 428A

6134133

For LKK/NAC Use Only

NRIC No: **S8811114A**

Date of issue: **27-02-2019**

Address: **APT BLK 649 WOODLANDS RING ROAD
#06-440
SINGAPORE 730649**

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="06/08/2019 12:00"/>
Vehicle No.(For Motor)	<input type="text" value="FBC7765R"/>	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 type="radio"/>	5097828759-01		MUHAMMAD SHAROM BIN RAHMAT	S8811114A	GMC	Third Party	FBC7765R	FBC7765R	31/01/2019	26/01/2020