

NATIONAL Assessment Centre Services. [ver 1 Jan 00]. *MAY 19 2009*

Date In: <i>10/09/2009 18:02</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBATA061060104</i>	SAS e-filing		
Veh No: <i>2517C</i>	E-mail (by date time, AIC time)		
DOI: <i>05/09/2009 07:00</i>	I-Motor Claims Form	<i>M11061866-01</i>	<i>10/09/2009 18:28</i>
OD <input checked="" type="checkbox"/> 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/Whisr		

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

TP Particulars: Vch No: *SKP 9172B* 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Assessor	Completed	Done by

<i>N/A</i>	1) AI: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
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) \$20	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$20	
	9) N12: Idea Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

**QUALITY**

### 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	10/09/2019 18:02
Date Of Accident	03/09/2019 07:00
Exact Location Of Accident	JUNCTION OF BT BATOK WEST AVE 2/BT BATOK WEST AVE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2517C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAHLIA BTE DASUKI
NRIC No	S7870853J
Email Address	SHOAFYDA1608@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87760577
Alternative Phone No	OTHERS-96752417

#### Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5107857237
Cover Note Number	

#### Driver

Name of Driver	MOHAMAD SARUDDIN BIN DASUKI
NRIC No	S8105493B
Date Of Birth	16/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87760577
Fax Number	
Contact Number	OTHERS-96752417
Email Address	SHOAFYDA1608@GMAIL.COM

Address	BLK 216 PETIR ROAD #02-417
Postcode	670216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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 BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190904/2009

#### 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	SKT9792B
Vehicle Make/Model/Colour	VOLVO/BLACK
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	MOHAMAD SARUDDIN BIN DASUKI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG2517C
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:

 03/09/19  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 10/09/2019  
Reporting Centre Personnel's Signature  
Name: Resh  
NRIC/FIN No.:







**SINGAPORE  
POLICE FORCE**



T/20190904/2009

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Report No. T/20190904/2009

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMAD SARUDDIN BIN DASUKI	ID No.	S8105493B
Related Vehicle	FBG2517C (Motorcycle)	Contact No.	96752417
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/09/2019	Date Discharge	03/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Tham Qi Yuan	ID No.	NIL
Related Vehicle	SKT9792B (Car)	Contact No.	94875199
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 03/09/2019 at about 7am, I was riding my vehicle bearing registration number V1) FBG2517C along Bt Batok West Ave 4. I approached the junction of Bt Batok West Ave 2 and stopped at the stop line. Before I signalled my intention to turn right, suddenly a car hit me from behind. My motorcycle surged forward due to the impact.

We moved to the side and tried to settle the issue. The driver namely, Tham Qi Yuan HP: 94875199 said that he wanted to do a private settlement. As V1 belongs to my sister, I told him that it was best that he settles it with the owner himself. As I was still in a state of shock at that time, I did not manage to take down his vehicle number and also his particulars. I only have his name and contact number. But what I remember was he was driving a black coloured Volvo (MPV kind).

I did not have any injury at the time of accident. However, as the day progressed, I felt pain on my back and neck area hence went to the clinic to get some treatment. I was given 5 days of MC from 03/09/2019 to 07/09/2019.

The visible damages to V1 are starter relay loose, rear mudguard crack, rear taillights housing broken, plate number light broken, fork leaking. I noticed a scratch on the front right bumper of the Volvo.

After messaging him, he provided his vehicle number as SKT9792B. The last conversation that I had with him was at 12noon via a phone call. Subsequently, he WhatsApp my sister regarding the private settlement. However, my sister told him that it was best to claim from insurance instead as there were quite a number of damages due to the impact. He read my sister's messages but did not reply them.



**SINGAPORE  
POLICE FORCE**



T/20190904/2009

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20190904/2009

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190904/2009

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Report No. T/20190904/2009

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J/ Staff Sgt SITI FATIMAH BINTE ISMAIL
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 04/09/2019 01:49
Classification Of Case:

Authentication Stamp  
NP168

Claim Handling

Accident HT/1061866

Policy No.	E17657237	Vehicle No.	FBG2517C	GST Registration No.	
Certificate No.					
Policyholder Name	DAHILA BTE DASUKI	Product Code	MOTORCYCLE INSURANCE	Policyholder NRIC	S76706533
Contact No.(Mobile)	87760577	Cover Type	Third Party, Fire & Theft	Loading	0
Email Address		Contact No.(Office)		Contact No.(Home)	
KFR	- No Yes	Special Remark		KCode	No
WCD Protection	No	TCA	- No Yes	KCode Reason	
		WCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	10/09/2019 18:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/09/2018	Time of Accident (hh:mm)	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BT BATOK WEST AVE 2/BT BATOK WEST AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
VED OD Excess	0.00	VED 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 216 #02-417	Address 2	PETIR ROAD	Address 3	SINGAPORE 870216
Address 4		Address Type	Singapore address	Post Code	870216
Unit No.		Related Policy Number	E17657237		

01 Driver Info

Driver Name	MOHAMAD SARUDDIN BIN DASUKI	Driver Type	Named Driver	Driver DOB	16/02/1981
Uninsured Driver Name		Driver NRIC	S8105493E	Driving Experience	14
Register Date of Driver License	05/08/2005	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	98753417	Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBG2517C	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	DAHILA BTE DASUKI	Insured NRIC	S76706533
Contact No.(Mobile)	87760577	Contact No. (Home)	87830576	Contact No. (Office)	
Email Address	TERIBLETWIST78@GMAIL.COM	OT Vehicle Number	FBG2517C	TP Vehicle Number	S47V7926
Claim Description	FBG2517C / S47V7926 DN 3 Sept 2019				
Preferred Workshop	Insured Liability: Not at Fault				
Submit No. Protection	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/09/2019 18:27		Claim Close Date		Date Received
Report Taken By	RIZQI WANAB				
Print AK letter					
Save Submit					

Attachment

Accident No.	HT/1061866	Claim No.	001	Last Doc. Received	Yes - No	Path *	Category *	Confidential	Urgency *	Description *	
							Clear	Please Select	NO	Normal	
							Clear	Please Select	NO	Normal	
							Clear	Please Select	NO	Normal	
							Clear	Please Select	NO	Normal	
							Clear	Please Select	NO	Normal	
							Clear	Please Select	NO	Normal	
							Clear	Please Select	NO	Normal	

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Seen / (CC)
	NAC_BUKIT_MERAH_8004766 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Sep 2019 18:28	Photos	Normal	Photos 2019-9-10	
	NAC_BUKIT_MERAH_8004766 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Sep 2019 18:38	Photos	Normal	Photos 2019-9-10	

Poin. How

# ACCIDENT STATEMENT

ACCIDENT DATE: (03/09/2019) (DD/MM/YYYY), TIME: (0700 HRS) (HH:MM)

LOCATION: JUNCTION Bukit Batok West Ave 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 2517C
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: GILERA RUNNER
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
- 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: DAHLIA BINTE DASUKI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7870853T CONTACT: 87760577
- c) ADDRESS: Blk 216 Petir Rd #02-417  
S670216

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- d) NAME: MOHAMAD SARUDIN BIN DASUKI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8105493B CONTACT: 96752417
- c) ADDRESS: Blk 216 Petir Rd #02-417  
S670216

\*d) DATE OF BIRTH: (14/02/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 AUG

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROTHER

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: Blk Bukit Batok NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Skt 97Q2B MODEL: VOVO / BLACK
- b) DRIVER'S NAME: VEH NUMBER NOT ACCURATE
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(including driver)  
(1)

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

email = shoafyda1608@gmail.com

VIDEO

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/09/2019 17:51"/>
Vehicle No.(For Motor)	<input type="text" value="FBG2517C"/>	Certificate Number	<input type="text"/>

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"/>	5107857237		DAHLIA BTE DASUKI	578708531	GMC	Third Party, Fire & Theft	FBG2517C	FBG2517C	27/02/2019	26/02/2020

Continue