

NATIONAL Assessment Centre Services.

(part 1 Jan 00)

19 MAY 19 2009

Date In: 01/10/2009 14:39	Job description	Date & Time Completed	Done by
Ref No: XIA1907378	SAS e-filing		
Veh No: 2BC9844K	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 01/09/2009 12:00	I-Motor Claim Form	mm1064905-001	01/10/2009 14:38
OD: TP: 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/VKlan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLU3067K	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: ()		
Requirements:		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:		
Date/Time:		
Action:		

XIA1907378	Invoice Details	
Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (over 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against IAG \$20	
	9) NI: Idas Mobile \$0	
	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	01/10/2019 14:39
Date Of Accident	30/09/2019 12:00
Exact Location Of Accident	SLIP RD FROM TELOK BLANGAH DR INTO HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9844K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD DZULQHAYRIL B YAZID
NRIC No	S9415041H
Email Address	DZULQHAYRIL_YAZID@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91409342
Alternative Phone No	OTHERS-91409342

Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC
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	REPORTING ONLY
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	5109321598
Cover Note Number	

Driver

Name of Driver	MOHAMMAD DZULQHAYRIL B YAZID
NRIC No	S9415041H
Date Of Birth	02/05/1994
Occupation	INDOOR
Date Of Driving Pass	23/04/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91409342
Fax Number	
Contact Number	OTHERS-91409342
Email Address	DZULQHAYRIL_YAZID@HOTMAIL.COM

Address	BLK 56 TELOK BLANGAH HEIGHTS #08-159
Postcode	100056
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	DRIZZLING
Road Surface	WET

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SLU3067K
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)	

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: 1 | 10 | 19

Driver's Signature

(If driver is not the policyholder)

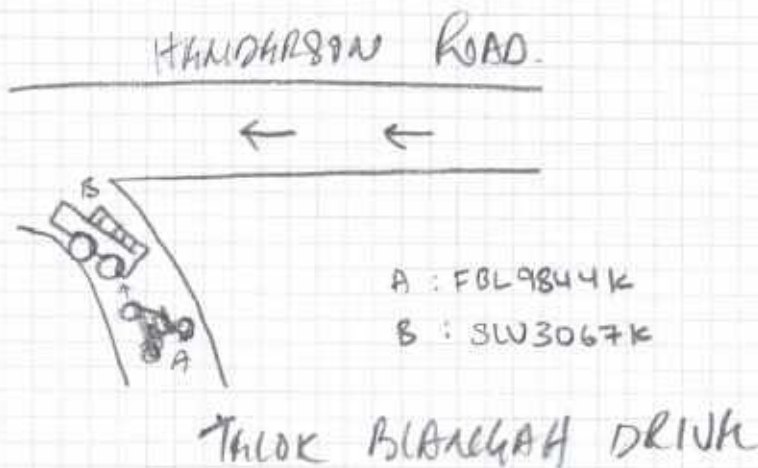
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS AT THE FILTER LANE AND THE ROAD AHEAD WAS BUSY SO I
WAITED BEHIND THE CAR. I THEN CHECK MY RIGHT BLINDSPOT
WHEN THE ROAD IS CLEAR BEFORE MOVING OFF. BUT I DID NOT
REALISE THAT THE CAR IN FRONT OF ME HAD NOT MOVE OFF
AS HE DELAYED BEFORE MOVING OFF. I THEN HIT THE BUMPER OF
THE CAR THERE WAS A SMALL DENT ON THE BUMPER AND I HE
BROUGHT HIM TO THE NEAREST WORKSHOP TO FIX THE DAMAGE AS
HE ALSO AGREED. I THEN PAID A DEPOSIT OF \$100 TO
FIX THE DAMAGE. BOTH PARTY THEN AGREED MUTUALLY THAT THE CASE
- IS SETTLED AS WE HAVE SETTLED PERSONALLY. BUT THE DRIVER
COULD NOT STAY TO FIX THE DAMAGE SO HE DECIDES TO COME THE
NEXT DAY. BUT THE CAR OWNER WHICH IS HIS DAUGHTER WANTS TO
CLAIM FROM MY INSURANCE.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 11/10/19

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


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

Claim Handling

Accident MT/1004905

Policy No.	5105321598	Vehicle No.	FBLS984K	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD DZULQHAIRIL B. YAZID	Driver Type	Third Party, Fire & Theft	Policyholder NRIC	S94150413
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	91409342	Special Remarks		Contact No. (Home)	
Email Address				eCode	By
KPI	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(N)	0	Private Hire	No

Accident Details

Report Date	01/10/2019 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/09/2019	Time of Accident (mm)	12:00	Country of Accident	Singapore
Reporting Centre		Orange Fleece		ICM No.	
Accident Location	SLIP RD FROM TELOK BLANGAH DR INTO HENDERSON RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
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 56 #08-158	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100056
Address 4		Address Type	Singapore address	Post Code	100056
Unit No.		Related Policy Number	5105321598		

GT Driver Info

Driver Name	MUHAMMAD DZULQHAIRIL B. YAZID	Driver Type	Main Driver	Driver DOB	02/05/1994
Uninsured driver Name		Driver NRIC	S94150413	Driving Experience	0
Register Date of Driver License	25/04/2019	Driver Age	25	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	SINGAPORE 100056
Address 1	BLK 56 #08-158	Address 2	TELOK BLANGAH HEIGHTS	Post Code	100056
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	WTC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FBLS984K		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
-------------------------------------	------	-------------	----------

Modification History

Claim 001 **Ren**

Claim Type *	OD-MK	Insured Name	MUHAMMAD DZULQHAIRIL B. YAZID	Insured NRIC	S94150413
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		GT Vehicle Number	FBLS984K	TP Vehicle Number	SLU3067K
Claim Description	FBLS984K / SLU3067K ON 30 Sept 2019				
Preferred Workshop		Insured Liability	Fully at Fault		
Refused No. (Insured)	Yes	Preferred Workshop Name unknown		GIA report	Received
Date Registered				Claim Close Date	01/10/2019 14:55
Report Taken By				Date Received	01/10/2019 00:00
Print AK letter					

Attachment

Save Submit

Accident No.	MT/1004905	Claim No.	001
Last Disc. Received	Yes No	Upload Date	01/10/2019 14:56

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
		Photos	Normal	Photos 2019-10-1	
		Photos	Normal	Photos 2019-10-1	

Send Message



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:58	Photo	Normal	Photos 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:58	Photos	Normal	Photos 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:58	Photos	Normal	Photos 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:55	Photos	Normal	Photos 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:55	Photos	Normal	Photos 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:55	Photos	Normal	Photos 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:55	Photos	Normal	Photos 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:55	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:55	SAS	Normal	SAS 2019-10-1

Video List

Uploaded File/Data	Folder Date	File Name	Source	Action
--------------------	-------------	-----------	--------	--------

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 9 / 2019 (DD/MM/YYYY), TIME: 12 : 00 (HH:MM)

LOCATION: TELOK BLANGAH HEIGHTS DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 9844K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5109321598
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB190R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: MO DZULGHAYRIL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S915041H CONTACT: 91009302
 c) ADDRESS: TELOK BLANGAH HEIGHTS, BLK 56, #08-159,
SINGAPORE 100056

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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 WET)

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3U3067E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

email = DZULGHAYRIL_YAZID@hotmail.com

VIDEO

Hello, NAC_BUKIT_MERAH_800676

[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="30/09/2019 12:18"/>
Vehicle No. (For Motor)	<input type="text" value="FBL9844K"/>	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"/>	5109321598		MOHAMMAD DZULQHAYRIL B YAZID	S9415041H	GMC	Third Party, Fire & Theft	FBL9844K	FBL9844K	06/05/2019	05/05/2020