

# NATIONAL Assessment Centre Services. [Part 1 Jan'03] MMA 119130707.

Date In: 2/10/19 17:39	Job description	Date & Time Completed	Done by
Ref No: MA 11mc 190 17388164	SAS e-filing		
Veh No: PV 2481 U	E-mail (within 3hrs, AIC 2hrs)		
TPC: 2/10/19 08:00	I-Motor Claim Form	MT 110625141-001	3/10/19 09:05
Q1: <input checked="" type="radio"/> 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/Wkan		

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

TP Particulars:	Veh No: FBC 2427A	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:	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

MMA 1907395

Claimant's Particulars:	Invoice Itemization Checklist	Am (\$)	PAH (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	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:-		
	OR:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Rental Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idao 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	02/10/2019 17:39
Date Of Accident	02/10/2019 08:00
Exact Location Of Accident	BLK 468 FERNVALE LINK MSCP DECK 1B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV2481U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD PASUNI BIN ELIAS
NRIC No	S8133977E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90045709
Alternative Phone No	OFFICE-90045709

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRRZX150
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5040524799-09
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD KHAIRIL ASRAF BIN NASRON
NRIC No	S9839732I
Date Of Birth	04/12/1998
Occupation	INDOOR
Date Of Driving Pass	22/05/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96279610
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 469A SENGKANG WST WAY #08-606
Postcode	791469
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20191002/2048

#### 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	FBC2427A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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:

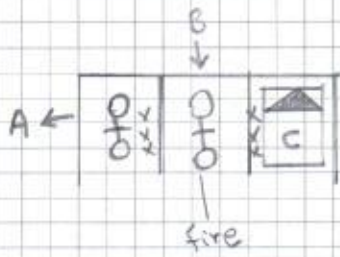
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

# SKETCH PLAN



A = FV2481U

B = FBC2427A

C = Unknown

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report F/20191002/2048.

## DECLARATION

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

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.:





**SINGAPORE  
POLICE FORCE**



F/20191002/2048

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20191002/2048

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Date/Time Report Made 02/10/2019 14:10	Vide Report No. F/20191002/0048	Station Diary No. 104
Name Of Informant MUHAMMAD KHAIRIL ASRAF BIN NASRON	Address APT BLK 65 COMMONWEALTH DRIVE #01-313 SINGAPORE 140065	
ID Type / ID No. NRIC NO / S9839732I	Contact No. Home/Office Mobile 96279610	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Unemployed	Sex Male	Age 20
Institution/School Name	Date of Birth 04/12/1998	Race Malay
Date/Time Of Incident 02/10/2019 08:00	Location Of Incident Blk 468 Fernvale Link MSCP Deck 1B SINGAPORE	

**Brief details.**

On 30/09/2019 at about 2300hrs, I last rode and parked my motorbike FV2481U at the above mentioned location. Everything intact and in order, nothing amiss.

On 02/10/2019 at about 0800hrs when I came to my motorbike at the said location, I discovered that several vehicles was affected due to fire and my motorbike was also damaged.

Signature Of Officer Recording The Report:

F / Sgt 3 TEO JIA HAO, KENNETH

Signature Of Interpreter:  
Not applicable

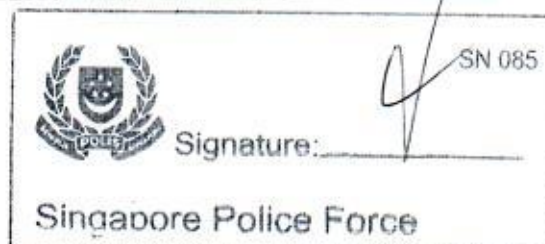
Officer In-Charge Of Case:  
F / Ang Mo Kio Police Divisional Investigation Branch /  
SI TAN SOON KWANG  
Contact No.: 62181343

Signature Of Informant:

Date/Time:  
02/10/2019 14:10

Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20191002/2048

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191002/2048

I have no dispute with anyone and no suspect in mind.

My motorbike handle, seat and side fairing was also burnt. Police and SCDF came to scene and attended to the scene reference to F/20191002/0048. Hence, I am here to lodge this police report for insurance claiming purpose.

Signature Of Officer Recording The Report:

F / Sgt 3 TEO JIA HAO, KENNETH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Ang Mo Kio Police Divisional Investigation Branch /  
SI TAN SOON KWANG  
Contact No.: 62181343

Signature Of Informant:

Date/Time:  
02/10/2019 14:10

Classification Of Case:

Authentication Stamp





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="30/09/2019 17:28"/>
Vehicle No.(For Motor)	<input type="text" value="FV2481U"/>	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"/>	5040524799-09		AHMAD PASUNI BIN ELIAS	S8133977E	GMC	Third Party	FV2481U	FV2481U	26/11/2018	25/11/2019

## Claim Handling

## Accident MT/1065141

Policy No.	5040524799-09	Vehicle No.	FV2481U	GST Registration No.	
Certificate No.					
Policyholder Name	AHMAD PASUNI BIN ELIAS	Cover Type	Third Party	Policyholder NRIC	S8133977E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90045709	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	03/10/2019 09:01	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	02/10/2019	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 468 FERNVALE LINK MSCP DECK 1B				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 333A #11-203	Address 2	YISHUN STREET 31	Address 3	YISHUN RIVERWALK
Address 4	SINGAPORE 761333	Address Type	Singapore address	Post Code	761333
Unit No.		Related Policy Number	5040524799-09		
<b>OI Driver Info</b>					
Driver Name	MUHAMMAD KHAIRIL ASRAF BIN NASRON	Driver Type	Named Driver	Driver DOB	04/12/1998
Unnamed driver Name		Driver NRIC	S9839732I	Driving Experience	2
Register Date of Driver License	22/05/2017	Driver Age	20	Contact No.(Home)	
Contact No.(Mobile)	96279610	Contact No.(Office)		Address 3	FERNVALE LEA
Address 1	BLK 469A #08-606	Address 2	SENGKANG WEST WAY	Post Code	791469
Address 4	SINGAPORE 791469	Address Type	Singapore address		
Unit No.	08-606			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AHMAD PASUNI BIN ELIAS	Insured NRIC	S8133977E
Contact No.(Mobile)	90045709	Contact No.(Home)	64711685	Contact No.(Office)	
Email Address	ahmadpasuni@hotmail.com	OI Vehicle Number	FV2481U	TP Vehicle Number	FBC247A
Claim Description	FV2481U / FBC247A GN 2 Oct 2019				
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault	GIA report	Received
Report Taken By	LIEW SHAN HUI				
Date Registered	03/10/2019 09:04	Claim Close Date		Date Received	03/10/2019
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/1065141	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/10/2019 09:05		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read		Clear	Please Select		
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	Mt
NAC_PAYA_UB1_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o	03 Oct 2019 09:05	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-3	





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03 Oct 2019 09:05

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03 Oct 2019 09:04

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Video List

Uploaded By/Date

Folder Date

File Name



Source

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