

NATIONAL Assessment Centre Services

(wef 1 Jan 03)

MMA 119134396

Date In: 10/10/19 13:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA11MC19017873/44	E-mail (within 3hrs, AIC 2hrs)		
Veh No: F035573 D	I-Motor Claim Form	M7/10 66290 001	10/10/19 15:42
DDA: 10/10/19 08:35	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OT - TP ? Reporting Only	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: SHA 8343M	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 repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	(INC to line 67086616)	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:	Action:

MA1907651	Invoice/Repairation/Chedd	Am (S)	Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/145		
Damaged Portion:	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:		
	ON*		
	*N5: Courtesy Car / Tpl Allowance 35		
	*N6: Repair Co-ordination 510		
	*N7: Post Repair Inspection 525		
	*N8: DV / Collect Excess Coordination 35		
	TP (N11): TP (Non INC) against INC 520		
	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 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	10/10/2019 13:38
Date Of Accident	10/10/2019 08:35
Exact Location Of Accident	BLK 796 YISHUN RING RD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5573D
Insured/Policyholder	
Name Of Registered Owner	ZAINUDDIN BIN AHMAD
NRIC No	S0263136I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96352883
Alternative Phone No	OFFICE-96352883

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER 135 MANUAL
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	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	5066545467-05
Cover Note Number	

Driver

Name of Driver	ZAINUDDIN BIN AHMAD
NRIC No	S0263136I
Date Of Birth	15/10/1946
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1966
Driving Experience	52 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96352883
Fax Number	
Contact Number	OFFICE-96352883
EMail Address	NOEMAIL

Address	BLK 796 YISHUN RING RD #02-3372
Postcode	760796
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?	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)	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

MY BIKE WAS PARKED AT MY BLK 796 YISHUN RING RD OPEN CARPARK. HEAD IN PARKED INSIDE THE LOT. WHEN I PREPARE TO PUSH MY BIKE BACKWARD FROM THE LOT AND MY ENGINE HAVEN'T ON, SUDDENLY THE TAXI COME FROM DRIVE WAY AND HIT ONTO MY BIKE REAR 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	SHA8343H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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:

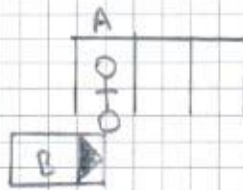
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 = FBJ 5573 D

B = SHH 8343 H

Blk 796 Yishun Ring Rd open carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

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="10/10/2019 13:35"/>
Vehicle No.(For Motor)	<input type="text" value="FBJ5573D"/>	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"/>	5066545467-05		ZAINUDDIN BIN AHMAD	S02631361	GMC	Third Party, Fire & Theft	FBJ5573D	FBJ5573D	08/07/2019	06/07/2020

Claim Handling

Accident MT/1066290

Policy No.	506545467-05	Vehicle No.	FBJ5573D	GST Registration No.	
Certificate No.					
Policyholder Name	ZAINUDDIN BIN AHMAD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S02631361
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96352883	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	10/10/2019 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/10/2019	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 796 YISHUN RING RD OPEN CARPARK				

▼ 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 796 #02-3372	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760796
Address 4		Address Type	Singapore address	Post Code	760796
Unit No.	02-3372	Related Policy Number	506545467-05		

▼ OI Driver Info

Driver Name	ZAINUDDIN BIN AHMAD	Driver Type	Main Driver	Driver DOB	15/10/1946
Unnamed driver Name		Driver NRIC	S02631361	Driving Experience	53
Register Date of Driver License	11/10/1965	Driver Age	72	Contact No.(Home)	
Contact No.(Mobile)	96352883	Contact No.(Office)		Address 3	SINGAPORE 760796
Address 1	BLK 796 #02-3372	Address 2	YISHUN RING ROAD	Post Code	760796
Address 4		Address Type	Singapore address		
Unit No.	02-3372				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ZAINUDDIN BIN AHMAD	Insured NRIC	S02631361
Contact No.(Mobile)	84325105	Contact No. (Home)	67581987	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	FBJ5573D	TP Vehicle Number	SHA83
Claim Description	FBJ5573D / SHA8343H On 10 Oct 2019				
Preferred Workshop	<input type="text" value="0"/>	Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	10/10/2019 15:41
Report Taken By				Date Received	10/10/2019

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1066290	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/10/2019 15:42
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:42	SAS		Normal	SAS 2019-10-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:41	Photos		Normal	Photos 2019-10-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:41	Photos		Normal	Photos 2019-10-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:41	Photos		Normal	Photos 2019-10-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:41	Photos		Normal	Photos 2019-10-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:41	Photos		Normal	Photos 2019-10-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2019 15:41	Photos		Normal	Photos 2019-10-10	

Video List

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