

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2003)

19 MAY 19 18:44

Date In: 14/10/2019 18:44	Job description	Date & Time Completed	Done by
Ref No: NBS/ACC/19/8093/Y	SAS e-filing		
Veh No: FBK 427X	E-mail (Vehicle 3hrs, A/C 2hrs)		
D.O.A: 11/10/2019 11:40	I-Motor Claim Form	11/10/2019 11:40	18:09
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/Wkan		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SH 852SD	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) 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: ( )
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Date/Time: 14/10/2019 18:44
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1/19/2019 18:44	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Adaptors Comments:	For claiming against INC Only (wef 10 Jan 2003)	
Ref 1:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$35	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$35	
	TP (NI): TP (N-a INC) against IAG \$20	
	9) NI2: 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	14/10/2019 18:44
Date Of Accident	11/10/2019 11:40
Exact Location Of Accident	ALONG UPPER HOKIEN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK427X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KELVIN CHIA WEN JIE (XIE WENJIE)
NRIC No	S8328689Z
Email Address	NDRHM90@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87420483
Alternative Phone No	OTHERS-84980102

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC ABS
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	5093816146-02
Cover Note Number	

### Driver

Name of Driver	NADHRAH HANIM BINTE MAGHZA SUFFI
NRIC No	S9040488A
Date Of Birth	25/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87420483
Fax Number	
Contact Number	OTHERS-84980102
Email Address	NDRHM90@GMAIL.COM

Address	BLK 457 JURONG WEST STREET 41 #03-766
Postcode	640457
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191011/2118

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8535D
Vehicle Make/Model/Colour	HYUNDAI
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)

#### DETAILS OF INJURED PERSON 1

Name: NADHRAH HANIM BINTE MAGHZA SUFFI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK427X

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.

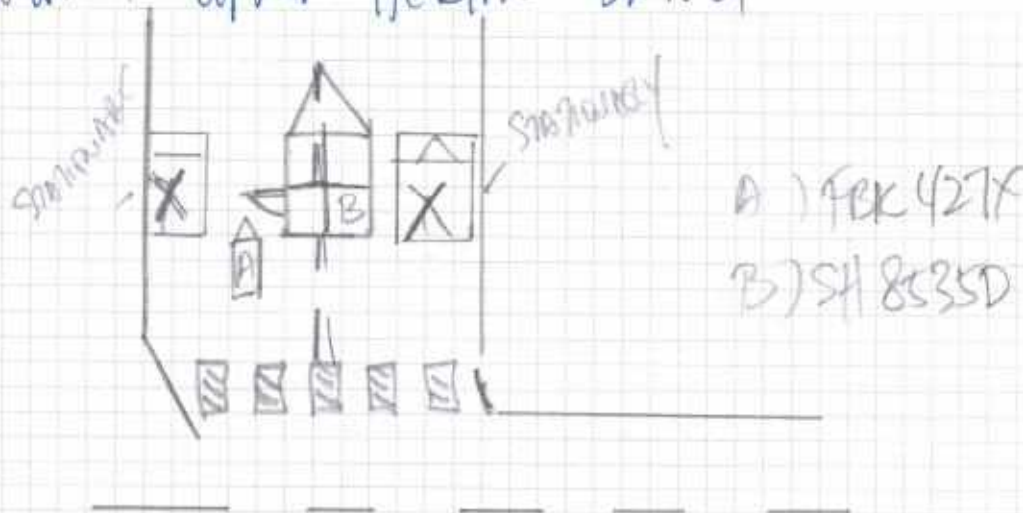
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/10/2019 1630

  
Reporting Centre Personnel's Signature  
Name: Keshav  
NRIC/FIN No.: 14/10/2019

SKETCH PLAN

Along UPPER Hokian Street



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT  
7/2019/1011/2018

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



T/20191011/2118

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20191011/2118

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/10/2019 16:56	Vide Report No.:	Station Diary No.: 172
--------------------------------------------	------------------	---------------------------

<b>Informant's Particulars</b>			
Name of Informant: NADHRAH HANIM BINTE MAGHZA SUFFI		Address: APT BLK 457 JURONG WEST STREET 41 #03-766 SINGAPORE 640457	
ID Type / ID No.: NRIC NO / S9040488A		Contact No.: Home/Office: Mobile: 84980102	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 28	Date of Birth: 25/10/1990	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: PART TIME DELIVERY		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2019 11:40	Type of Location: Straight Road
Location: Along Road 1 UPPER HOKIEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: MOVING VEHICLE AGAINST VEHICLE DOOR			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK427X	Motorcycle				Slightly Damaged	0
SH8535D	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20191011/2118

**CONTINUATION OF REPORT**

Rider			
Name	NADHRAH HANIM BINTE MAGHZA SUFFI	ID No.	S9040488A
Related Vehicle	FBK427X (Motorcycle)	Contact No.	84980102
Hospital/Clinic	PRISTINE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/10/2019	Date Discharge	11/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 11/10/2019 at about 1140hrs, I was travelling along Upper Hokien Street on my bike FBK427X.

At that point of time, there is a taxi, SH8535D that was in front of me was driving slowly and eventually just stopped in the middle of the road. The passenger from the said taxi then opened the taxi's left door and I could not stop in time thus collided onto the door.

Subsequently while I am resting at one side, the taxi driver asked if I'm okay and subsequently just left the scene without providing me any details.

I then left the scene too and went to see a doctor after that as I felt pain on my neck, knee and wrist area and was given 03 days of MC.

Other than myself, no one else was injured, no government property was damaged and no foreign vehicles was involved. I wish to state that I do have a camera on my bike and it was in recording mode.

Traffic Police and ambulance was not at scene.





**SINGAPORE  
POLICE FORCE**



T/20191011/2118

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No, T/20191011/2118

**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/

Sgt 3 TAN GUAN POH

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

11/10/2019 16:56

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 126

Authentication Stamp

NP168

Signature:

Singapore Police Force



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

Photos

Normal

Photos 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

Photos

Normal

Photos 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

Photos

Normal

Photos 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

Photos

Normal

Photos 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

Photos

Normal

Photos 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-10-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 15 Oct 2019 18:08

SAS

Normal

SAS 2019-10-15

Video List

Uploaded By/Date

Poster Date

File Name

?

Source

Action

Display in New Window

Scan and uploading



879346(87)

## ACCIDENT STATEMENT

ACCIDENT DATE: (11/10/19) (DD/MM/YYYY), TIME: (11:40) (HH:MM)

LOCATION: UPPER HOKEN STREET

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: TRK 427X  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: SDA3416146-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CB400X  
 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: KELVIN ARCHIA WEN JIE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S03266942 CONTACT: 87420483  
 c) ADDRESS: BLK 700D WOODLAND CRESCENT #11-61 (734700)

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

## DRIVER

- a) NAME: NADIRAH NADIM BINTU MACHZA SUFFI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9040488A CONTACT: 8448902  
 c) ADDRESS: BLK 457 JURONG WEST ST 41 #03-766 (640457)

\* d) DATE OF BIRTH: (25/10/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/02/18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: JURONG WEST NPE

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH053SD MODEL: HYUNDAI  
 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 passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email = nadrah90@gmail.com

VIDEO

NDRHM90

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="11/10/2019 16:35"/>
Vehicle No. (For Motor)	<input type="text" value="FBK427X"/>	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"/>	5093816146-02		KELVIN CHIA WEN JIE (XIE WENJIE)	S8328689Z	GMC	Third Party, Fire & Theft	FBK427X	FBK427X	31/08/2019	30/08/2020