

**NATIONAL Assessment Centre Services**

Date In: 30/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19019136/13	SAS e-filing		
Veh No: FB5573D	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 30/10/19 0900	i-Motor Claim Form	NT/1069191-001	
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/Wksp		

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

TP Particulars: Veh No: GBE5800A 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%; F: 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:-** (INC hotline: 6788 6616)

Remarks	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	Actions

NA1908233	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$90)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
<b>Auditors' Comments :-</b>	6) TR : Re-inspection \$75		
<b>Cat. 1:</b>	7) N1 : Idac DA + SMRT Survey \$160		
<b>Cat. 2 / 3:</b>	8) NTUC Additional Services - OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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	30/10/2019 10:07
Date Of Accident	30/10/2019 09:00
Exact Location Of Accident	LOR CHUAN TWDS SERANGOON AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5573D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAINUDDIN BIN AHMAD
NRIC No	S0263136I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96352883
Alternative Phone No	OTHERS-96352883
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	JUPITER 135
Exact Purpose for which vehicle was being used at time of accident	OTW 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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	ZAINUDDIN BIN AHMAD
NRIC No	S0263136I
Date Of Birth	15/10/1946
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1965
Driving Experience	54 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96352883
Fax Number	
Contact Number	OTHERS-96352883
EMail Address	NOEMAIL

Address	BLK 796 YISHUN RING ROAD #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	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

I WAS TRAVELLING FROM LOR CHUAN TWDS SERANGOON AVE 2 ON THE EXTREME RIGHT TURNING LANE. SUDDENLY I FELT THE IMPACT FROM MY RIGHT AND I FELL TOGETHER WITH MY MOTORCYCLE AND MY MOTORCYCLE HIT ONTO THE VEH ON THE 2ND LANE. THE VEH C DRIVER VERY AGGRESSIVE TO ME BECAUSE OF THE IMPACT THAT MY VEH HIT ONTO HIS VEH.

**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	GBE5800A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SMP2592G  
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)

**DETAILS OF INJURED PERSON 1**

Name ZAINUDDIN BIN AHMAD  
Approximate Age  
Injuries Sustain LEG & HAND  
Injured person in which vehicle? FBJ5573D  
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.

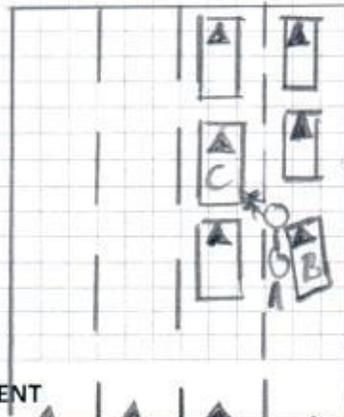
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A - FBJ5573D  
B - GBE5800A  
C - SMP2592G



LOR CHUAN TWISS  
SERANGOON AVE 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the 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.:

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

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	S0263136I	GMC	Third Party, Fire & Theft	FBJ5573D	FBJ5573D	08/07/2019	06/07/2020

Continue

**Claim Handling**

**Accident MT/1069191**

Policy No.	5066545467-05	Vehicle No.	FBJ5573D	GST Registra
Certificate No.				
Policyholder Name	ZAINUDDIN BIN AHMAD			Policyholder f
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96352883	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	30/10/2019 17:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/10/2019	Time of Accident hh:mm	09:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	LDR CHUAN TWDS SERANGOON AVE 2			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Cov
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
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-3372	Related Policy Number	5066545467-05	

▼ **OI Driver Info**

Driver Name	ZAINUDDIN BIN AHMAD	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	502631361	Driving Exper
Register Date of Driver License	11/10/1965	Driver Age	73	Contact No.(f
Contact No.(Mobile)	96352883	Contact No.(Office)	0	Address 3
Address 1	BLK 796	Address 2	YISHUN RING ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#02-3372			
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	Z
Contact No.(Mobile)	96352883	Contact No. (Home)	6
Email Address		OT Vehicle Number	F
Claim Description	FBJ5573D / GBE5800A ON 30 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	30/10/2019 17:25	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1069191 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 30/10/2019 00:00

Choose File	No file chosen	Path *	Clear	Category *	Confid
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:25	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:25	SAS		Normal	:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:25	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:25	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:25	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:25	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:23	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2019 17:23	Photos		Normal	PI

Video List

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