

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

22/04/2009 14:59:28

Date In: 04/11/2009 16:24	Job description	Date & Time Completed	Done by
Ref No: N/A/ACC90194711	SAS e-filing		
Veh No: 4BH 2209 G	E-mail (Addn 2hrs, AIC 2hrs)		
DOA: 04/11/2009 08:55	I-Motor Claims Form	04/11/2009 16:41	
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMF 9214E	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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Time	By

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) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (N+INC) against INC \$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	04/11/2019 16:24
Date Of Accident	04/11/2019 08:55
Exact Location Of Accident	LOWER DELTA ROAD TURN LEFT TO JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2309G
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD TARMIDZI BIN SYED AHAMAD SHAH
NRIC No	S8928843F
Email Address	MIDZISKI1989@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91273653
Alternative Phone No	OTHERS-91273653

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
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
Fleet Policy	NO
Policy Number	5095765599-01
Cover Note Number	

Driver

Name of Driver	MUHAMAD TARMIDZI BIN SYED AHAMAD SHAH
NRIC No	S8928843F
Date Of Birth	25/08/1989
Occupation	INDOOR
Date Of Driving Pass	19/07/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91273653
Fax Number	
Contact Number	OTHERS-91273653
Email Address	MIDZISKI1989@GMAIL.COM

Address	BLK 344 UBI AVENUE 1 #11-1101
Postcode	400344
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	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	SMF9214E
Vehicle Make/Model/Colour	SUBARU FORESTER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUO MING
NRIC/Passport Number	S7560708C
Contact Number	91257459
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 4/11/2019

12:52pm

Driver's Signature

(If driver is not the policyholder)

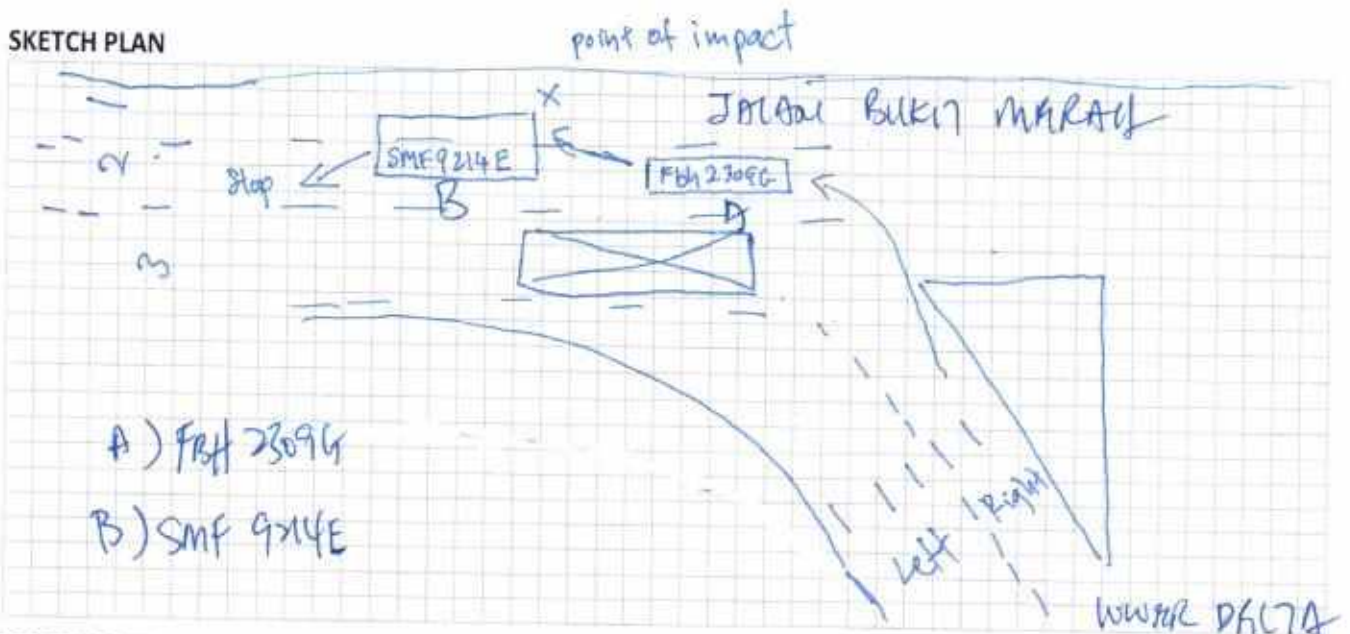
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning left from Lower delta road towards Jalan Bukit Merah behind vehicle SMF 9214 E (Subaru Forester) on the right lane of the zebra crossing. Once the traffic was clear, SMF 9214 E entered Jalan Bukit Merah followed by me at approximately one and a half car lengths towards Jalan Bukit Merah at 2nd lane. SMF 9214 E was drifting towards the 1st lane and was between the 1st and 2nd lane when suddenly SMF 9214 E decided to enter back the 2nd Lane and stop without making any indication or signal. I managed to avoid the sudden change of lane of SMF 9214 E but unfortunately my motorcycle side mirror hit the rear light of the vehicle SMF 9214 E.
I manage to avoid from crashing to SMF 9214 E towards lane 1 but the side mirror hit the right rear light of SMF 9214 E.

DECLARATION

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

Policyholder's Signature
 Date & Time: 4/1/2019 1252pm

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 11 / 2019) (DD/MM/YYYY), TIME: (08 : 55) (HH:MM)

LOCATION: Jalan Bukit Merah / Lower Delta Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 2309G
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5095765599-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Yamaha fz16st
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal Travel
 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: Muhamad Taimidzi bin Syed Ahmad Shakh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8928843F CONTACT: 91273653
 c) ADDRESS: Blk 344 Ubi Avenue 1 #11-1101 Singapore 400344

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. DR. OVH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (25 / 08 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19/07/2017

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) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SMF 9214E MODEL: SUBARU FORESTER
 b) DRIVER'S NAME: LUO MING
 c) NRIC/FIN/PASSPORT: S7560708C CONTACT: 91257459

9. THIRD PARTY VEHICLE

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

Email = midziski1989@gmail.com

VIDEO

Claim Handling

Accident MT/1069866

Policy No.	5095765599-01	Vehicle No.	FBH2309G	GST Registrati
Certificate No.				
Policyholder Name	MUHAMAD TARMIDZI BIN SYED AHAMAD SHAH			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91273653	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
RFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	04/11/2019 16:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/11/2019	Time of Accident hh:mm	08:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	LOWER DELTA ROAD TURN LEFT TO JALAN BUKIT MERAH			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ 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 344 #11-1101	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-1101	Related Policy Number	5095765599-02	

▼ OI Driver Info

Driver Name	Muhamad Tarmidzi Bin Syed Ahemad Shah	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8928843F	Driver DOB
Register Date of Driver License	01/01/2017	Driver Age	30	Driving Exper
Contact No.(Mobile)	91273653	Contact No.(Office)		Contact No.(H
Address 1	BLK 344 #11-1101	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-1101			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBH2309G	Driver Insurer

Declaration:			
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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received	Insured Name	MU
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			Contact No. (Home)	
Date Registered						OI Vehicle Number	FBH
Report Taken By						FBH2309G / SMF9214E ON 4 Nov 2019	
						04/11/2019 16:40	Claim Close Date
						ROSLI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1069866	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/11/2019 16:41
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:41	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:41	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:41	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:41	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:40	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:40	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:40	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:40	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:40	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 16:40	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095765599-01		MUHAMAD TARMIDZI BIN SYED AHAMAD SHAH	S8928843F	GMC	Third Party	FBH2309G	FBH2309G	12/11/2018	11/11/2019