

NATIONAL Assessment Centre Services. (part 1 Jan 2005)

MAY 19/2013

Date In: 22/11/2009 11:21	Job description	Date & Time Completed	Done by
Ref No: XBA/INC/9020786/Y	SAS e-illing		
Veh No: 1BB 4088L	E-mail (within 2hrs, AIC 2hrs)		
DOA: 13/11/2009 22:54	I-Motor Claim Form	11/1072590001	22/11/2009
OD (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		11:21
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: SKA 1398K 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: ()

- Requirements / Instructions:
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

XBA 908806 Claimant: _____ Driver/Owner: _____ Contact No: _____ Damaged Portion: _____ QC Checked by (Engr-In-Charge): _____ Auditor Comments: _____ Date: _____	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee 340/345	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	* N5: Courtesy Car / Tpl Allowance \$5	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
* TP (Nil) / TP (Non INC) against INC \$20		
* N12: Idea Mobile \$0		
Invoice dated _____	Fees Charged _____	
Invoice dated _____	Fees 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	22/11/2019 11:21
Date Of Accident	13/11/2019 22:55
Exact Location Of Accident	ALONG JURONG WEST STREET 93
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB4088L
Insured/Policyholder	
Name Of Registered Owner	ROSENEN BIN RAIAS
NRIC No	S1515473Z
Email Address	SCAVAGERS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97872579
Alternative Phone No	OTHERS-91517846

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (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	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	5049020765-08
Cover Note Number	

Driver

Name of Driver	RAIMI BIN ROSENEN
NRIC No	S9007070C
Date Of Birth	01/03/1990
Occupation	INDOOR
Date Of Driving Pass	21/04/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91517846
Fax Number	
Contact Number	OTHERS-97872579
E-Mail Address	SCAVAGERS@GMAIL.COM

Address	BLK 822 JURONG WEST STREET 81 #03-392
Postcode	640822
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191121/2039

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	SKA1398K
Vehicle Make/Model/Colour	MELROE S350L
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	RAIMI BIN ROSENEN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBB4088L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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: 21/11/2019
1140

Driver's Signature

(If driver is not the policyholder)
Date & Time: 21/11/2019
1140

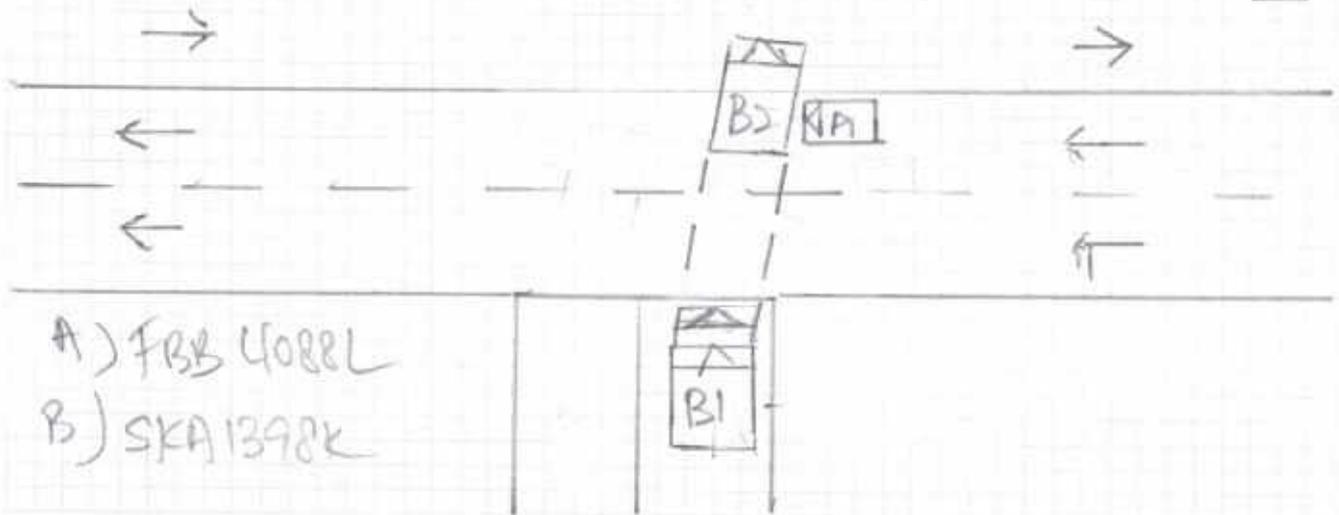
22/11/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN →

JURONG WEST STREET 93 →



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ALL REFER TO POLICE REPORT
 7/20/19/21/2039

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 21/11/2019
 1140

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21/11/2019
 1140

[Signature] 22/11/2019
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191121/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2019 10:40	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: RAIMI BIN ROSENEN		Address: 822 JURONG WEST STREET 81 #03-392 SINGAPORE 640822	
ID Type / ID No.: NRIC NO / S9007070C		Contact No.: Home/Office:	Mobile: 91517846
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 01/03/1990	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class:	Date of Expiry:

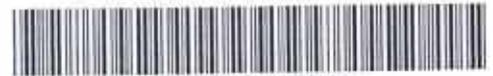
General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/11/2019 22:55	Type of Location:
Location: Along Road 1 JURONG WEST STREET 93 JURONG WEST ST 93				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB4088L	Motorcycle	HONDA	PHANTOM 200 MANUAL			0
SKA1398K	Car	MELROE	S350L			0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191121/2039

3 of 3

Report No. T/20191121/2039

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
MUHAMMAD SYUKRI BIN ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/11/2019 10:40

Classification Of Case:
 SINGAPORE
POLICE FORCE

Signature: 



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Rider			
Name	RAIMI BIN ROSENEN	ID No.	S9007070C
Related Vehicle	NIL	Contact No.	91547846
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/11/2019	Date Discharge	17/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ON LANE 1. SUDDENLY CAME A CAR FOM THE LEFT EXITING FROM GANTY MAKING A RIGHT TURN. HE DID NOT WAITED TO CHECK FOR TRAFFIC. I TRIED TO APPLY BRAKES BUT DID NOT MANAGE TO STOP IN TIME. I HIT ONTO THE CAR RIGHT SIDE NEAR THE TYRE. I WAS THEN CONVEYED TO HOSPITAL.

80474110

ACCIDENT STATEMENT

ACCIDENT DATE: (13/11/2019) (DD/MM/YYYY), TIME: (22:55) (HH:MM)

LOCATION: Along Jalan Waru 81 93

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FAB 4088 L
- b) INSURANCE COMPANY: ATUL
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) (6)
- e) MAKE & MODEL: Honda Platinum 200
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ROSENARI BIN RAJAS (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S15154732 CONTACT: 91872579
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ROIMI BIN ROSENARI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 9157846
- c) ADDRESS: _____

No of passenger
(including driver)
(1)

* d) DATE OF BIRTH: (01/03/1990) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 21/04/2014

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

- 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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA 1398K MODEL: MELROE S350L
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

email = SCAVAGERS@GMAIL.COM
VIDEO

Claim Handling

Accident MT/1072590

Policy No.	5049020765-08	Vehicle No.	FBB4088L	GST Registrati
Certificate No.				
Policyholder Name	ROSENEH BIN RAJAS			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97872579	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	22/11/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/11/2019	Time of Accident hh:mm	22:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JURONG WEST STREET 93			

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 B22 #03-392	Address 2	JURONG WEST STREET B1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5049020765-08	

OI Driver Info

Driver Name	RAIMI BIN ROSENEH	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S9007070C	Driver DOB
Register Date of Driver License	15/04/2014	Driver Age	29	Driving Experi
Contact No.(Mobile)	91517846	Contact No.(Office)		Contact No.(H
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBB4088L	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	RO
Contact No.(Mobile)	97872579	Contact No. (Home)	621
Email Address		DI Vehicle Number	FBI
Claim Description	FBB4088L / SKA1398K ON 13 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	22/11/2019 17:19	GIA report	Received
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:19

SAS

Normal

50

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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="13/11/2019 11:32"/>
Vehicle No.(For Motor)	<input type="text" value="FBB4088L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5049020765-08		ROSENEB BIN RAIAS	S1515473Z	GMC	Third Party, Fire & Theft	FBB4088L	FBB4088L	20/03/2019	19/03/2020