

NATIONAL Assessment Centre Services.

[part 1 Jan03]

MMA 119156272.

Date In: 26/11/19 16:25	Job description	Date & Time Completed	Done by
Ref No: NA1 IMC 19020921/64	SAS e-filing		
Veh No: FBN 9227 G	E-mail (within 8hrs, AIC 2hrs)		
DDA: 20/11/19 17:05	I-Motor Claim Form	MT/1072723 ⁰²	26/11/19 17:19
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wesp / INC Assgn Wesp / GW: (

Tel:

Fax:

TP Particulars:	Veh No: SGP 1383 X	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: YBS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() 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: ()

Comments: (INC holding 30/11/2019)

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

Injury: _____

Date/Time	Actions

<p>NA1908889</p> <p>Comments Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>2/3:</p>	<p>1) AIR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming status INC Only (w/c 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idas DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Inc INC) against INC \$20</p> <p>9) N12: Idas Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>
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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	26/11/2019 16:25
Date Of Accident	20/11/2019 17:05
Exact Location Of Accident	SEBBAWANG RD TWDS CANBERRA RD L/P 124
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9227G
Insured/Policyholder	
Name Of Registered Owner	MUHD FADHLAN B E J
NRIC No	S9403299G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92284001
Alternative Phone No	OFFICE-92284001

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R155
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	5106836850
Cover Note Number	

Driver

Name of Driver	MUHD FADHLAN B E J
NRIC No	S9403299G
Date Of Birth	03/02/1994
Occupation	INDOOR
Date Of Driving Pass	11/12/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92284001
Fax Number	
Contact Number	OFFICE-92284001
EMail Address	NOEMAIL

Address	BLK 614 CHOA CHU KANG ST 62 #08-227
Postcode	680614
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	RAINING
Road Surface	WET

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
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

REFER TO POLICE REPORT T/20191125/2053

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	SGP1383X
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	MUHD FADHLAN B E J
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBN9227G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

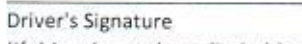
IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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.

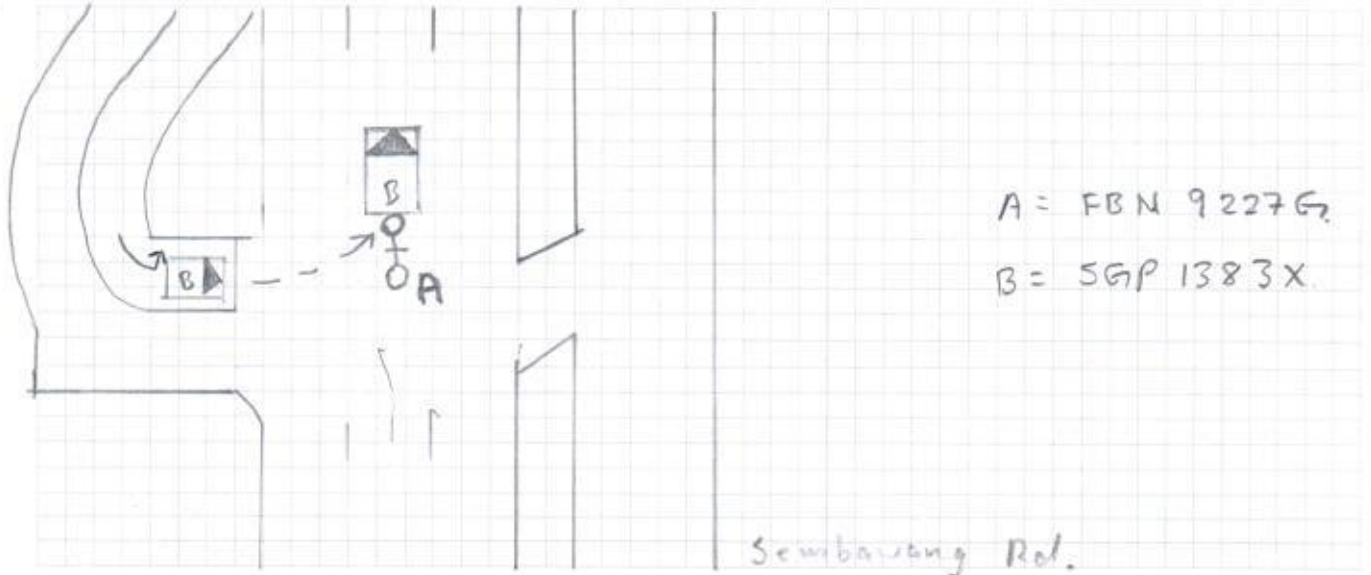

Policyholder's Signature
Date & Time:


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


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

Dieppe Barracks

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20191125 / 2053

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 11 / 19 (DD/MM/YYYY), TIME: 17 : 05 (HH:MM)

LOCATION: Sembawang Rd twds canberra Rd LIP 124

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FDN 9227G
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Muhammad Fadhlan Bin Enam Jurene ^{me}
b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: 92284001

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

6. WAS ANYBODY INJURED (YES / NO) Yes

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGP 1383 X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* bike photo.

Email =

fax =

video = No.



SINGAPORE POLICE FORCE



T/20191125/2053

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

1 of 3

Report No. T/20191125/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2019 11:59		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: MUHAMMAD FADHLAN BIN EMAM JUREME		Address: APT BLK 614 CHOA CHU KANG STREET 62 #08-227 SINGAPORE 680614	
ID Type / ID No.: NRIC NO / S9403299G		Contact No.: Home/Office: Mobile: 92284001	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 03/02/1994	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: SAF REGULAR		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: 20/11/2019 17:05	Type of Location:
Location: Junction of Road 1 and Road 2 SEBBAWANG ROAD CANBERRA ROAD SEBBAWANG ROAD > CANBERRA ROAD L/P 124				
Weather: Clear Raining		Road Surface: Dry		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
FBN9227G	Motorcycle	YAMAHA	YZF-R155	Black		0
SGP1383X	Car	TOYOTA	WISH 1.8 A	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN9227G	NTUC Income Insurance Co-Operative Limited	5106836850	05/01/2019	04/01/2020



**SINGAPORE
POLICE FORCE**



T/20191125/2053

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Report No. T/20191125/2053

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FADHLAN BIN EMAM JUREME	ID No.	S9403299G
Related Vehicle	FBN9227G (Motorcycle)	Contact No.	92284001
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2019	Date Discharge	24/11/2019
No. of Days granted Medical Leave	14	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, I WAS TRAVELLING ON THE CENTER OF 3 LANES, SEMBAWANG ROAD TOWARDS WOORLANDS DIRECTION WHEN SUDDENLY A CAR FROM A SIDE ROAD JUST DRIVE OUT INTO THE CENTER LANE AHEAD OF ME ABOUT 1 TO 2 CAR LENGTH.

I COULD NOT AVOID OR STOP IN TIME AND COLLIDED ONTO THE SAID CAR. I WAS CONVEYED TO KTPH BY AMBULANCE, DISCHARGED ON 24/11/2019 WITH 14 DAYS OF HOSPITALISATION LEAVE.

VIDE INCIDENT NUMBER: L/20191120/0101



SINGAPORE
POLICE FORCE



T/20191125/2053

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

3 of 3

Report No. T/20191125/2053

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 /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

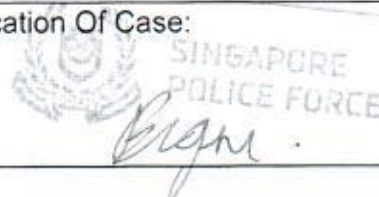
Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/11/2019 11:59

Classification Of Case:



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="20/11/2019 14:20"/>
Vehicle No.(For Motor)	<input type="text" value="FBN9227G"/>	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"/>	5106836850		MUHD FADHLAN B E J	S9403299G	GMC	Third Party, Fire & Theft	FBN9227G	FBN9227G	05/01/2019	04/01/2020

Claim Handling

Accident MT/1072723

Policy No.	5106836850	Vehicle No.	FBN9227G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHD FADHLAN B E J	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9403299G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KPK	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	25/11/2019 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	20/11/2019	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SEBBAWANG ROAD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
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 614 #08-227	Address 2	CHOA CHU KANG STREET 62	Address 3	SINGAPORE 680614
Address 4		Address Type	Singapore address	Post Code	880614
Unit No.		Related Policy Number	5106836850		

OJ Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
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.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	MUHD FADHLAN B E J	Insured NRIC	S9403299G	
Contact No.(Mobile)		Contact No. (Home)	67600419	Contact No. (Office)	626501	
Email Address		OJ Vehicle Number	FBN9227G	TP Vehicle Number	SGP131	
Claim Description	FBN9227G / SGP1383X ON 20 Nov 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	26/11/2019 17:18	
Date Registered				Date Received	26/11/2019	
Report Taken By	LEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1072723	Claim No.	002
Last Doc. Received	Yes No	Upload Date	26/11/2019 17:19
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
Message Read		Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 Nov 2019 17:19	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-26
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 Nov 2019 17:18	SAS	Normal	SAS 2019-11-26



Video List

[illegible]

Uploaded By/Date	Folder Date	File Name		Source
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☐ Display in New Window

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