

# NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 119164293.

Date In: 13/12/19 16:10	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19022023/h4.	SAS e-filing		
Veh No: FDK 3643T	E-mail (within 3hrs, AIC 2hrs)		
DOA: 10/12/19 09:30.	I-Motor Claim Form	MT/1075650-01	13/12/19 17:17
OD: TP: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: GBE 7529X	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: (INC hotline: 6788 6616)	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

MA1909257

Claimant's Particulars:	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	13/12/2019 16:10
Date Of Accident	10/12/2019 09:30
Exact Location Of Accident	JUNC OF BARTLEY RD & SERANGOON AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3643T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHAHRIL AZREE B SADIKIN
NRIC No	S9229632F
Email Address	STING.RAY.AZREE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88917223
Alternative Phone No	OFFICE-88917223

### Vehicle Particulars

Manufacturer	HONDA
Model	400X 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110069849
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAHRIL AZREE B SADIKIN
NRIC No	S9229632F
Date Of Birth	13/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88917223
Fax Number	
Contact Number	OFFICE-88917223
Email Address	STING.RAY.AZREE@GMAIL.COM

Address	BLK 162 WOODLANDS ST 13 #08-599
Postcode	730162
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 - CROSS JUNCTION
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
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/20191212/2119

#### 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	GBE7529X
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 INJURED PERSON 1

Name	MUHAMMAD SHAHRIL AZREE B SADIKIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK3643T
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.:

SKETCH PLAN

Serangoon Ave 1

A = FBK 3643T

B = GBE 7529X

Unable  
to recall How  
the accident  
happened

Bartley Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191212/2119

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: (10 / 12 / 19) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: 13 Bartley Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 3643T  
b) INSURANCE COMPANY: Iuc  
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 Shahril Azree B Sadikin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 88917223  
c) ADDRESS:

\* 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) conveyed

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: traffic police.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 7529 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:

\* bike photo.

Email = Sting . ray . azree @ gmail . com

fax = S1 - motoring @ Yahoo . com . sg .

VIDEO = No,



# SINGAPORE POLICE FORCE



T/20191212/2119

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

1 of 3

Report No. T/20191212/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2019 15:29	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: MUHAMMAD SHAHRIL AZREE BIN SADIKIN			Address: APT BLK 162 WOODLANDS STREET 13 #08-599 SINGAPORE 730162		
ID Type / ID No.: NRIC NO / S9229632F			Contact No.: Home/Office: Mobile: 88917223		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 13/08/1992	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2019 09:30	Type of Location:
Location: Along Road 1 BARTLEY ROAD  13 BARTLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3643T	Motorcycle	HONDA	400X M	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3643T	NTUC Income Insurance Co-Operative Limited	5110069849	11/06/2019	10/06/2020





**SINGAPORE  
POLICE FORCE**



T/20191212/2119

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

2 of  
Report No. T/20191212/2119

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD SHAHRIL AZREE BIN SADIKIN	ID No.	S9229632F
Related Vehicle	FBK3643T (Motorcycle)	Contact No.	88917223
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	10/12/2019	Date Discharge	11/12/2019
No. of Days granted Medical Leave	10	Degree of Injury	Serious

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS RIDING MY MOTORCYCLE AROUND AT 13 BARTLEY RD. I WAS GOING TO NEX MALL AFTER DELIVERING MY LAST GRABFOOD ORDER. THERE WAS A LEFT TURN ON THE WAY THERE. AFTERWARDS I DIDNT REMEMBER ANYTHING. I THEN WOKE UP WHEN AMBULANCE ARRIVED. THERE WAS A WITNESS WHO SAID THAT HE SAW A CHINA VAN DRIVER MAKING A ILLEGAL UTURN AND COLLIDED ONTO ME. I WAS THEN CONVEYED TO HOSPITAL. I SUFFERED INJURIES. A BROKEN COLLARBONE, BROKEN TEETH AND ABRASIONS ON THE LEFT HAND AND LEFT LEG AND WAS CONVEYED TO TAN TOCK SENG HOSPITAL  
THATS ALL.  
IO IN CHARGE MUHD NOOR 65476201



**SINGAPORE  
POLICE FORCE**



T/20191212/2119

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

3 of 3

Report No. T/20191212/2119

**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 /  
LEE CHEN EN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/12/2019 15:29

Classification Of Case:



SINGAPORE  
POLICE FORCE



Hello, NAC\_PAYA\_UBI\_800601

[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"/>	5110069849		MUHAMMAD SHAHRIL AZREE B SADIKIN	S9229632F	GMC	Third Party, Fire & Theft	FBK3643T	FBK3643T	11/06/2019	10/06/2020

## Claim Handling

Accident MT/1075650

Policy No.	5110069849	Vehicle No.	FBK3643T	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD SHAHRIL AZREE B SADIKIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9229632F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	88917223	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	13/12/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	10/12/2019	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BARTLEY RD & SERANGOON AVE 1				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 162 #08-599	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730162
Address 4		Address Type	Singapore address	Post Code	730162
Unit No.	08-599	Related Policy Number	5110069849		
<b>DI Driver Info</b>					
Driver Name	MUHAMMAD SHAHRIL AZREE BIN SADIKIN	Driver Type	Main Driver	Driver DOB	13/08/1992
Unnamed driver Name		Driver NRIC	S9229632F	Driving Experience	2
Register Date of Driver License	27/11/2017	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	88917223	Contact No.(Office)		Address 3	SINGAPORE 730162
Address 1	BLK 162 #08-599	Address 2	WOODLANDS STREET 13	Post Code	730162
Address 4		Address Type	Singapore address		
Unit No.	08-599				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No		

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	MUHAMMAD SHAHRIL AZREE B	Insured NRIC	S9229632F
Contact No.(Mobile)	87809023	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	FBK3643T	TP Vehicle Number	GBE75
Claim Description	FBK3643T / GBE7529X ON 10 Dec 2019			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	13/12/2019 17:12
Report Taken By				Date Received	13/12/2019
Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1075650	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	13/12/2019 17:17
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
<b>Attachment List</b>			



2/2