

NATIONAL Assessment Centre Services.

Ref: 1 Jan 05. MIA 989/71020

Date In: 30/12/2009 12:15	Job description	Date & Time Completed	Done by
Ref No: 104/mc9022848/4	SAS e-filing		
Veh No: FBH 67NG	E-mail (4 jobs 3hrs, AIC 2hrs)		
DOA: 24/12/2009 07:35	I-Motor Claim Form	m10107663-00	30/12/2009
OD/TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:57
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMX 2537C	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Damage: _____

NA2000067	1) AIC: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	6) TR: Re-inspection	\$75
Cal 1:	7) NI: Idas DA + SMRT Survey	\$160
2/2	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$35
	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$35
	TP (NI) / TP (Non INC) against INC	\$30
	9) NI: Idas Mobile	
	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	30/12/2019 12:15
Date Of Accident	24/12/2019 07:35
Exact Location Of Accident	JUNCTION OF JURONG WEST ST 91/JURONG WEST ST 92
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH677G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RUSYDI BIN ROSLAN
NRIC No	SXXXX833D
Email Address	MUHAMMAD_ADZIZUL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92487629
Alternative Phone No	OTHERS-94596453

Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
Exact Purpose for which vehicle was being used at time of accident	COMMUTE 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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096001807-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ADZIZUL BIN HUSSIEN
NRIC No	SXXXX027B
Date Of Birth	20/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94596453
Fax Number	
Contact Number	OTHERS-92487629
E-Mail Address	MUHAMMAD_ADZIZUL@HOTMAIL.COM

Address	BLK 942 JURONG WEST STREET 91 #06-451
Postcode	640942
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191224/2047

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

Details of Witness 1

Name	FATHIR
Phone Number	91558222
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN2537C
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	MUHAMMAD ADZIZUL BIN HUSSIEN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBH677G
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:

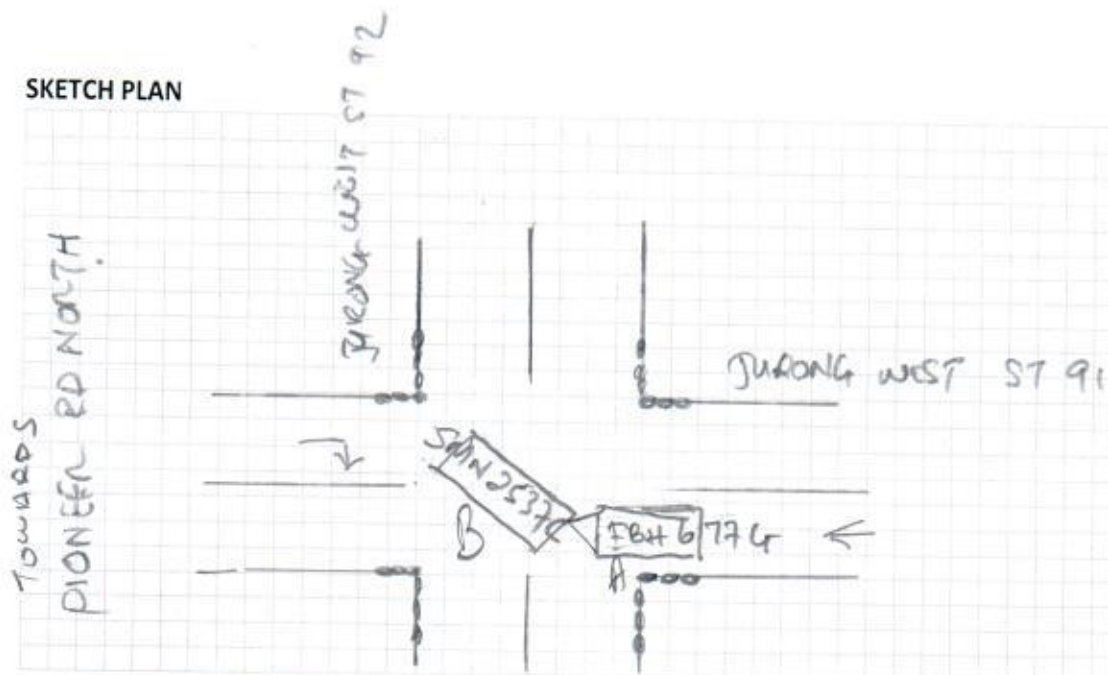
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 30/12/2019 @ 11:51 HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER W POLICE REPORT
1/2019/224/2047

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: 30/12/2019 @ 1121 HRS

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

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 12 / 2019 (DD/MM/YYYY), TIME: 07 : 35 (HHMM)

LOCATION: Junction of Jurong West Street 91 and Street 92

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH677G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5096001807-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CBR150R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: commute to work
 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 RUSDI BIN ROSLAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9830832D CONTACT: 92487629
 c) ADDRESS: BLK 17 TECK WHYE LANE
#06-159 SC60017

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD ADZIZUL BIN HUSSEIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9518627B CONTACT: 94596453
 c) ADDRESS: BLK 942 JURONG WEST STREET 91
#06-4515 (L40942)

* d) DATE OF BIRTH: 20 / 05 / 1995 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 23/04/2014

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

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: JURONG WEST NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN2537C 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 passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

email: muhammad_adzizul@hotmail.com

VIDEO



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20191224/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2019 11:53		Vide Report No.: J/20191224/0061		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: MUHAMMAD ADZIZUL BIN HUSSEIN			Address: APT BLK 942 JURONG WEST STREET 91 #06-451 SINGAPORE 640942		
ID Type / ID No.: NRIC NO / S9518027B			Contact No.: Home/Office: Mobile: 94596453		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 20/05/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2019 07:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST STREET 91 JURONG WEST STREET 92				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBH677G	Motorcycle					0
SMN2537C	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191224/2047

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20191224/2047

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ADZIZUL BIN HUSSEIN	ID No.	S9518027B
Related Vehicle	FBH677G (Motorcycle)	Contact No.	94596453
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2019	Date Discharge	24/12/2019
No. of Days granted Medical Leave	08	Degree of Injury	Serious
WITNESS			
Name	FATHIR	ID No.	NIL
Related Vehicle	NIL	Contact No.	91558222
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/12/2019 at about 7.30am, I was riding my motorcycle bearing plate number FBH677G along Jurong West St 91. I was approaching a junction of Jurong West St 92 and the light was green in my favor. I observed ahead that there was a car who managed to turn right into the carpark. As I got nearer to the junction, suddenly, another car bearing plate number SMN2537C started turning right and into the carpark. I managed to slow down my motorcycle however I still could not stop in time and collided onto the front of the car. I then fell off from my motorcycle and subsequently was conveyed to the hospital. I received 8 days of MC. I have a witness who came forward to me and mentioned that he has an in car vehicle camera.



SINGAPORE
POLICE FORCE



T/20191224/2047

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20191224/2047

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:
J /
Sgt 2 NURAQILAH BINTE ABDUL HAMID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2019 11:53

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF
Contact No.: 65476358

Classification Of Case:

Authentication Stamp
NP168



SN 126

Signature:

Singapore Police Force

Claim Handling

Accident MT/1077663

Policy No.	5096001807-01	Vehicle No.	FBH677G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD RU/SYDI BIN ROSLAN			Policyholder NRIC	S9830833D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	92487629	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	30/12/2019 12:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	24/12/2019	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF JURONG WEST ST 91/JURONG WEST ST 92				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 17 #06-159	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680017
Address 4		Address Type	Singapore address	Post Code	680017
Unit No.	06-159	Related Policy Number	5096001807-01		
01 Driver Info					
Driver Name	MUHAMMAD ADZIZUL BIN HUSSEIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9518027B	Driver DOB	20/05/1993
Register Date of Driver License	01/03/2016	Driver Age	24	Driving Experience	3
Contact No.(Mobile)	64596453	Contact No.(Office)		Contact No.(Home)	
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.	FBH677G	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History






Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD RU/SYDI BIN ROSLAN	Insured NRIC	S9830833D
Contact No.(Mobile)	92487629	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	didl_monster_23@hotmail.com	DI	FBH677G	TP	SMN2537C
Claim Description	FBH677G / SMN2537C ON 24 Dec 2019			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Estimate No.		Preferred Repair Option	Preferred Workshop, Name unknown		
Finalisation	Yes	GIA report	Received		
Date Registered	30/12/2019 12:50	Claim Close Date		Date Received	30/12/2019 00:00
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1077663	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/12/2019 12:51
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
Message Read		Send Message	Upload

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Hqg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 12:51	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 12:51	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 12:51	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 12:51	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 12:51	Photos	Normal	Photos 2019-12-30		Edit

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

Policy Query

Policy No.		Date of Accident	24/12/2019 11:17							
Vehicle No. (For Motor)	FBH677G	Certificate Number								
<div>Search</div>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096001807-01		MUHAMMAD RUSYDI BIN ROSLAN	S9630833D	GMC	Third Party	FBH677G	FBH677G	27/02/2019	26/02/2020
<div>Continue</div>										