

# NATIONAL Assessment Centre Services

[part 1 Jan 2003]

MMA 120001077

Date In: 3/1/20 15:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI INC 20 00168/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBM 153A	I-Motor Claim Form	MT/1074457-003	3/1/20 15:53
DDA: 2/10/19 00:35	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
UD: <input checked="" type="checkbox"/> Reporting, Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SML 1476 L.	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:	Date 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

MA 2000234	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	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:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (NI-in INC) against INC \$20		
	9) NI2: Idao 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	03/01/2020 15:14
Date Of Accident	02/10/2019 00:35
Exact Location Of Accident	NEWTON RD TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM153A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD SYAHID B SULAIMAN
NRIC No	SXXXX476G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88269231
Alternative Phone No	OFFICE-88269231

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155 CVT
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	5107216352
Cover Note Number	

### Driver

Name of Driver	MUHD SYAHID B SULAIMAN
NRIC No	SXXXX476G
Date Of Birth	21/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88269231
Fax Number	
Contact Number	OFFICE-88269231
Email Address	NOEMAIL

Address	BLK 812 YISHUN RING RD #04-4157
Postcode	760812
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/20191106/2029

#### 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	SML1476L
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 SYAHID B SULAIMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM153A
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

Moulmein Rd

Thomson Rd

Newton Rd

A = FBM 153A  
B = SML 14762

Thomson Rd

Refer to Police Report T/ 2019 1106 / 2029.

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

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





# SINGAPORE POLICE FORCE



T/20191106/2029

1 of 3

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

Report No. T/20191106/2029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2019 10:49		Vide Report No.: E/20191002/0007		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SYAHID BIN SULAIMAN			Address: 812 YISHUN RING ROAD #04-4157 KHATIB GARDENS SINGAPORE 760812		
ID Type / ID No.: NRIC NO / S9314476G			Contact No.: Home/Office: Mobile: 88269231		
Nationality: SINGAPORE CITIZEN			Email:		
Sex:	Age: 26	Date of Birth: 21/04/1993	Type of Informant: Rider /		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/10/2019 00:35	Type of Location:
Location: Along Road 1 NEWTON ROAD MOULMEIN ROAD NEWTON RD TWDS MOULMEIN RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM153A	Motorcycle	YAMAHA	AEROX GDR155 CVT	Red	Seriously Damaged	0
SML1476L	Car				Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20191106/2029

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

2 of 3

Report No. T/20191106/2029

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM153A	NTUC Income Insurance Co-Operative Limited	5107216352	23/01/2019	22/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider /			
Name	MUHAMMAD SYAHID BIN SULAIMAN	ID No.	S9314476G
Related Vehicle	FBM153A (Motorcycle)	Contact No.	88269231
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	02/10/2019	Date Discharge	01/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS RIDING STRAIGHT ALONG NEWTON RD TWDS MOULEMIN ROAD. AT THE JUNCTION.I WAS HIT BY THE CAR THAT WAS TURNING RIGHT BUT I DID NOT SEE THE CAR COMING.

THAT IS ALL.





**SINGAPORE  
POLICE FORCE**



T/20191106/2029

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

3 of 3

Report No. T/20191106/2029

**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 MOINUR RAHMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Signature Of Informant:

*[Handwritten Signature]*

Date/Time:  
06/11/2019 10:49

Classification Of Case:

Authentication Stamp  
NP168

*[Handwritten Mark]*

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"/>	5107216352		MUHD SYAHID B SULAIMAN	S9314476G	GMC	Third Party, Fire & Theft	FBM153A	FBM153A	23/01/2019	22/01/2020



## Claim Handling

## Accident MT/1074457

Policy No.	5107216352	Vehicle No.	FBM153A	GST Registration No.	
Certificate No.					
Policyholder Name	MUHD SYAHID B SULAIMAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9314476G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	05/12/2019 13:52	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/10/2019	Time of Accident hh:mm	00:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG THOMSON ROAD JUNCTION AND MOULMEIN ROAD				
<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 Applicable
YIED OD Excess		YIED TP Excess			
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					

## Policyholder Mailing Address

Address 1	BLK 20 409-499	Address 2	JALAN TENTERAM	Address 3	WHAMPOA HEIGHTS
Address 4	SINGAPORE 320020	Address Type	Singapore address	Post Code	320020
Unit No.		Related Policy Number	5107216352		
<b>01 Driver Info</b>					
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 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					










Claim 003 New


Claim Type *	OD-MX	Insured Name	MUHD SYAHID B SULAIMAN	Insured NRIC	S9314476G		
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)			
Email Address		OT Vehicle Number	FBM153A	TP Number	SML14		
Claim Description	FBM153A / SML1476L ON 2 Oct 2019				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered				Claim Close Date	03/01/2020 15:52	Date Received	03/01/2020
Report Taken By					LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

## Attachment

Accident No.	MT/1074457	Claim No.	003		
Last Doc. Received	* Yes No	Upload Date	03/01/2020 15:53		
Path *					
Choose File	No file chosen	Clear	Category *		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	NO		
Choose File	No file chosen	Clear	Normal		
Choose File	No file chosen	Clear	NO		
Choose File	No file chosen	Clear	Normal		
Choose File	No file chosen	Clear	NO		
Choose File	No file chosen	Clear	Normal		
Choose File	No file chosen	Clear	NO		
Choose File	No file chosen	Clear	Normal		
Message Read					
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_US1_800603( NATIONAL ASSESSMENT CENTRE SERVICES) 0	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-3	
	03 Jan 2020 15:53				

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 15:53	SAS	Normal	SAS 2020-1-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 15:53	Photos	Normal	Photos 2020-1-3
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 15:52	Photos	Normal	Photos 2020-1-3

 Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>