

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 2003)

MAA 420004511

Date In: 10/01/2020 15:33	Job description	Date & Time Completed	Done by
Ref No: X/A 200006644	SAS e-Milling		
Veh No: F8 3513M	E-mail (L-John 2hrs, AIC 2hrs)		
D.O.A: 08/01/2020 07:20	I-Motor Claims Form	10/01/2020 16:01	
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: SMP 5297S	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%. F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() 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: ()
Date: ()
Time: ()
Location: ()
Weather: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

X/A 20000364	1) All: 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
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NR: Repair Co-ordination	\$10
	• NI: Post Repair Inspection	\$25
	• ND: DV / Collect Excess Coordination	\$3
	TP (Nil) / TP (Non INC) against INC	\$20
	9) NI 21 Idea 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	10/01/2020 15:33
Date Of Accident	08/01/2020 07:20
Exact Location Of Accident	ALONG PIE TOWARDS STEVENS ROAD AFTER ERP GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3573M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAZRI BIN KAMARUDIN
NRIC No	SXXXX130J
Email Address	BUBU_LEMON92@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-91519983
Alternative Phone No	OTHERS-91519983

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-N-998CC
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
Fleet Policy	NO
Policy Number	5096555819-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NAZRI BIN KAMARUDIN
NRIC No	SXXXX130J
Date Of Birth	14/07/1992
Occupation	INDOOR
Date Of Driving Pass	30/10/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91519983
Fax Number	
Contact Number	OTHERS-91519983
Email Address	BUBU_LEMON92@LIVE.COM.SG

Address	BLK 686D CHOA CHU KANG CRESCENT #10-264
Postcode	684686
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 - CHANGE/CROSS LANE
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/20200109/2082

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF5297S
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 NAZRI BIN KAMARUDIN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBF3573M
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:

 10/1/2020
12:15pm

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

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

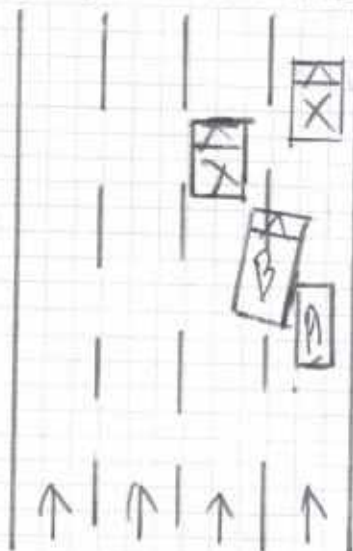
 10/01/2020
Keshvi Kothandaram

SKETCH PLAN

PIE TOWARDS STRAITS ROAD A/F ERP GANTRY

A) FBF 8573M

B) SMF 5297S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200109/2082

DECLARATION

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

Policyholder's Signature
Date & Time:

10/1/2020
12:15 PM

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 08/01/2022 (DD/MM/YYYY), TIME: 07:00 (HHMM)

LOCATION: PKZ TOWARDS STANFIS ROAD A/F ERP GAMUDU

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 3573M
 b) INSURANCE COMPANY: NRUC
 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: _____
 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 HAZR1 (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91579783
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: R ABUVA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91579783
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF 5978 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: _____

email = BUBU-LAMON192@LIVE.com SG
 VIDEO



SINGAPORE POLICE FORCE



T/20200109/2082

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

1 of 3

Report No. T/20200109/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2020 13:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD NAZRI BIN KAMARUDIN		Address: APT BLK 686D CHOA CHU KANG CRESCENT #10-264 SINGAPORE 684686	
ID Type / ID No.: NRIC NO / S9224130J		Contact No.: Home/Office: Mobile: 91519983	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 14/07/1992	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/01/2020 07:20	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY STEVENS ROAD AFTER ERP GANTRY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3573M	Motorcycle	YAMAHA	FZ1-N	Black	Seriously Damaged	0
SMF5297S	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3573M	NTUC Income Insurance Co-Operative Limited	5096555819-02	12/12/2019	11/12/2020



**SINGAPORE
POLICE FORCE**



T/20200109/2082

2 of 3

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

Report No. T/20200109/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHHAMD NAZRI BIN KAMARUDIN	ID No.	S9224130J
Related Vehicle	FBF3573M (Motorcycle)	Contact No.	91519983
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS RIDING ON THE RIGHT MOST LANE ALONG PIE TOWARDS CHANGI. AFTER I PASSED THE ERP GANTRY.
THIS CAR SUDDENLY ENCROACHED INTO MY LANE. I WAS NOT ABLE TO REACT IN TIME AND THAT RESULTED IN ME
HITTING HIS CAR AND FALLING ON MY LEFT HAND SIDE.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20200109/2082

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

3 of 3

Report No. T/20200109/2082

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 /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF
Contact No.: 65476358

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/01/2020 13:57

Classification Of Case:



Claim Handling

Accident HT/1079481

Edit

Policy No.	ED655818-02	Vehicle No.	FFP3273M	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NAZRI BIN KAMARUDIN				
Product Code	MCFCYCLE INSURANCE	Cover Type	Third Party	Policyholder NRIC	S92241300
Contact No. (Mobile)	91510983	Contact No. (Office)		License	0
Email Address		Special Remark		Contact No. (Home)	
eFile	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	ICA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	15	eCode Reason	No

Accident Details

Report Date	10/01/2020 15:55	Accident Report within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/01/2020	Time of Accident (hr:min)	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLIND PIT TOWARDS STEVENS ROAD AFTER BRG CANTRY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.				GST Status Verified	Yes
Modification History					

Policyholder Mailing Address

Address 1	BLK KNO #10-264	Address 2	CHIA CHU KANG CRESCENT	Address 3	SINGAPORE 684688
Address 4		Address Type	Singapore address	Post Code	684688
Unit No.	10-264	Related Policy Number	509555819-02		

OT Driver Info

Driver Name	MUHAMMAD NAZRI BIN KAMARUDIN	Driver Type	Main Driver	Driver DOB	14/01/1992
Unlicensed driver Name		Driver NRIC	S92241300	Driving Experience	3
Register Date of Driver License	20/10/2017	Driver Age	27	Contact No. (Office)	
Contact No. (Mobile)	91510983	Address 1	CHIA CHU KANG CRESCENT	Contact No. (Home)	
Address 1	BLK 888C #10-264	Address 2	Singapore address	Address 3	SINGAPORE 684688
Address 4		Address Type		Post Code	684688
Unit No.	10-264	Driver Vehicle No.	FFP3273M	Driver Insurer Category	NTJC
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Notification History

Claim 001 Item

Claim Type *	GO-HE	Insured Name	MUHAMMAD NAZRI BIN KAMARUDIN	Insured NRIC	S92241300
Contact No. (Mobile)	91510983	Contact No. (Home)	91510983	Contact No. (Office)	
Email Address	buvi@kamarudin.com.sg	Vehicle Number	FFP3273M	TP Vehicle Number	SMP52975
Claim Description	FFP3273M / SMP52975 ON 8 Jan 2020				
Preferred Workshop		Insured Liability	Not at Fault	GIA Report	Received
Preferred Workshop	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Preferred Workshop, name unknown			
Date Registered	10/01/2020 15:59	Claim Close Date		Date Received	10/01/2020 00:00
Report Taken By	BOULI WANAS				

Print All letter

Save Submit

Attachment

Accident No.	HT/1079481	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	10/01/2020 16:01
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (GO)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 16:01	Photos	Normal	Photos 2020-1-10		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 16:01	Photos	Normal	Photos 2020-1-10		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 16:01	Photos	Normal	Photos 2020-1-10		Edit

[illegible]

[Video List](#)

Uploaded By/Date	Folder Data	File Name	?	Source	Action
		Display in New Window Scan and uploading			

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/01/2020 12:22"/>							
Vehicle No. (For Motor)	<input type="text" value="PBF3573H"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Search:	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5096555417-02		MUHAMMAD NAZRI BIN KAMALUOTIN	502241110	CMC	Third Party	PBF3573H	PBF3573H	12/12/2019	11/12/2020
				<input type="button" value="Continue"/>						