

NATIONAL Assessment Centre Services. [ver 1 Jan 2003]

2001424

Date In: 11/08/2020 12:11	Job description	Date & Time Completed	Done by
Ref No: N/A/2000023534	SAS e-filing		
Veh No: FBL 5957U	E-mail (to/for 3hrs, AIC 2hrs)		
D.O.A: 10/02/2020 18:10	I-Motor Claims Form	11/08/2020 15:11	
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tolt () Fact ()

TP Particulars: Vch No: SK1684E INC () / Non-INC () Tct: ()

Owner / Driver: ()

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 rapair.

() 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 of Birth: _____

2001424			
Driver/Owner:	1) Alt: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Assessor's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	6) TR: Re-inspection \$73		
2/3:	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	* NS: Courtesy Car / Tpl Allowance \$3		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$23		
	* N8: DV / Collect Excess Coordination \$3		
	TP (NI) / TP (Non-INC) against INC \$30		
	9) N12: Idas Mobile		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

WARRANTY

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	11/02/2020 12:11
Date Of Accident	10/02/2020 18:10
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5957U
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ALIFF BIN ZAINUDIN
NRIC No	SXXXX326B
Email Address	ALIFF.GOOD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90679879
Alternative Phone No	OTHERS-90679879

Vehicle Particulars

Manufacturer	BMW
Model	R1200GS-1.2 (M)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087004872-03
Cover Note Number	

Driver

Name of Driver	MOHAMED ALIFF BIN ZAINUDIN
NRIC No	SXXXX326B
Date Of Birth	11/12/1987
Occupation	INDOOR
Date Of Driving Pass	22/05/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90679879
Fax Number	
Contact Number	OTHERS-90679879
Email Address	ALIFF.GOOD@GMAIL.COM

Address	BLK 136 TECK WHYE LANE #2-305
Postcode	680136
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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	SKS1644E
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEOH
NRIC/Passport Number	
Contact Number	97712259
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH6665H
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Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEITH
NRIC/Passport Number	
Contact Number	92202099
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.


ACIFP

Policyholder's Signature

Date & Time: 11/02/2020
1200hrs

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


11/02/2020
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

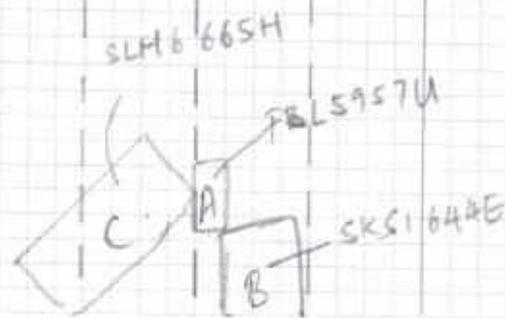
SKETCH PLAN

ALONG CHAMPAI ROAD

A) FBL5957U

B) SKS1644E

C) SLH6665



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - D/20200210/7040

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 11/02/2020 (2:50) hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 11/02/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 10/09/2020 (DD/MM/YYYY), TIME: 18:10 (HH:MM)

LOCATION: CLEMENT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FR1E95TU
b) INSURANCE COMPANY: ATUC
c) POLICY NUMBER: 5087004872-03
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW G34
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME FROM WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MR NICHOLAS ALIFF (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S87402268 CONTACT: 90649879
c) ADDRESS: Block 136 TECK WHITE LANE #02-305
STORE 02426

* 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: 11/12/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/11/2010

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) DRIZZLING

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

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENT

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKS1L44E MODEL: NISSAN SYLPHY

b) DRIVER'S NAME: YEAT

c) NRIC/FIN/PASSPORT: _____ CONTACT: 97712259

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLH6665H MODEL: NISSAN QASHQAI

b) DRIVER'S NAME: KEITH

c) NRIC/FIN/PASSPORT: _____ CONTACT: 9220 2099

* No of passengers
(including driver)

(1)

* No of passengers
(including driver)

()

* No of passengers
(including driver)

()

email: aliff.good@gmail.com

VIDEO



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200210/7040

Subjects Involved			
Victim			
Person Name	SLH6665H		
Gender	Male	Age	0
Race	Chinese	Language	English
Mobile No	92202099	Relation To Informant	stranger
Person Name	MOHAMED ALIFF BIN ZAINUDIN		
ID Type	NRIC NO	ID No	S8740326B
Gender	Male	Age	32
Race	Malay	Language	English
Occupation	Electrical engineer (general)	Address	136 TECK WHYE LANE #02-305 SINGAPORE 680136
Mobile No	90679879	Is Informant A Victim?	Yes
Person Name	MOHAMED ALIFF BIN ZAINUDIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2020 19:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/1083892

Policy No.	5087004872-03	Vehicle No.	FBL5957U	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMED ALIFF BIN ZAINUDIN	Cover Type	Comprehensive	Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading
Contact No.(Mobile)	90679879	Special Remark		Contact No.(Home)
Email Address		TCA	Yes	eCode
KFK	Yes	NCD Entitlement(%)	20	eCode Reason
NCD Protection	No			Private Hire

Accident Details

Report Date	11/02/2020 15:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/02/2020	Time of Accident hh:mm	18:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CLEMENT ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	1,000.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	0.00	

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 136 #02-305	Address 2	TECK WHYE LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-305	Related Policy Number	5087004872-03	

DI Driver Info

Driver Name	MOHAMED ALIFF BIN ZAINUDIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S87403268	Driver DOB
Register Date of Driver License	22/05/2017	Driver Age	32	Driving Experience
Contact No.(Mobile)	90679879	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 136 #02-305	Address 2	TECK WHYE LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-305			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBL5957U	Driver Insurer Company

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	MOHAMED ALIFF BIN ZA
Contact No.(Mobile)	90679879	Contact No.(Home)	NIL
Email Address	ALIFF.GOOD@GMAIL.COM	GT Vehicle Number	FBL5957U
Claim Description	FBL5957U / SKS1644E ON 10 Feb 2020		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Workshop Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
		11/02/2020 15:10	Claim Close Date
		ROSLI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083892	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/02/2020 15:11

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:11	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:11	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:11	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:11	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:10	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:10	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:10	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:10	Photos	Normal	Photos 2020-2-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2020 15:10	SAS	Normal	SAS 2020-2-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5087004872-03 **Cover** : Comprehensive

- | | |
|--------------------------------------------------|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBL5957U |
| Chassis Number | : WB10A020XH778157 |
| 2. Name of Policyholder | : MOHAMED ALIFF BIN ZAINUDIN |
| 3. Effective Date of Insurance | : 18 Dec 2019 |
| 4. Expiry Date of Insurance | : 16 Dec 2020 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,000
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMED ALIFF BIN ZAINUDIN
NAMED DRIVER (2)	: ZAINUDIN BIN MOHAMED
HIRE PURCHASE COMPANY	: SPEEDWAY MOTOR PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AXIS LINK PTE LTD (00000614797)
Date of Issue : 25 Oct 2019 18:14 hrs
Reprint : 25 Oct 2019 18:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Countersigned By:

Authorised Officer

Chief Executive