

# NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

MINI 420020081

Date In: 13/01/2020 17:27

Ref No: NBA/INC 20025644

Veh No: 18B 3724R

D.O.A: 21/01/2020 21:30

OD: TP: Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (to John 2hrs, AIC 2hrs)

I-Motor Claims Form

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whse

Date & Time Completed

Done by:

Preferred Wkep / INC Assign Wkep / QW: (

TP Particulars: Veh No: SLV 2412Z

Owner / Driver: (

Policy No: (

Confirmed by: (

Insured/Driver Liability: (

Year of Registration: (

Excess: (\$

Warranty: YES (

Drive-In (

1) Apply for Transport Allowance (

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo [Repair Cost > \$3000]

Injury: (

Date: (

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

And/or Comments:

Ref: 1:

2/3

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Tel: Fax:

INC ( ) / Non-INC ( )

Tel: ( )

Cover Type: ( )

Period: ( )

Confirmed by: ( )

Insured/Driver Liability: ( )

Year of Registration: ( )

Excess: (\$ )

Warranty: YES ( )

Drive-In ( )

1) Apply for Transport Allowance ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date: ( )

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

And/or Comments:

Ref: 1:

2/3

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Fee Charged

Fee Charged

1) AR: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2000)	
6) TR: Re-inspection	\$75
7) NI: Ideal DA + SMRT Survey	\$160
8) NTUC Additional Services	
ON:	
*NI: Courtesy Car / Tpl Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$5
*NI: DV / Collect Excess Coordination	\$20
TE (NI) / TP (NI) / INC / against INC	\$0
9) NI: Ideal Mobile	
Invoice dated	
Invoice dated	
Fee Charged	
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	13/02/2020 17:27
Date Of Accident	21/01/2020 21:30
Exact Location Of Accident	ALONG TECK WHY E AVENUE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB3724R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SA'ADAH ABDULLAH
NRIC No	SXXXX886I
Email Address	SAADAH96@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91094962
Alternative Phone No	OTHERS-91094962

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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	5086437733-02
Cover Note Number	

#### Driver

Name of Driver	SA'ADAH ABDULLAH
NRIC No	SXXXX886I
Date Of Birth	27/06/1996
Occupation	INDOOR
Date Of Driving Pass	22/11/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91094962
Fax Number	
Contact Number	OTHERS-91094962
EMail Address	SAADAH96@HOTMAIL.COM

Address	BLK 208 CHOA CHU KANG CENTRAL #04-76
Postcode	680208
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 - MAJOR/MINOR RD
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 POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20200122/7035

#### 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 Witness 1

Name	MUHAMMAD FAIROZE BIN MOHD ESA
Phone Number	83896235
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2412Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHIA LIN YVONNE
NRIC/Passport Number	SXXXX239G



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

13/02/19 @ 1654 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

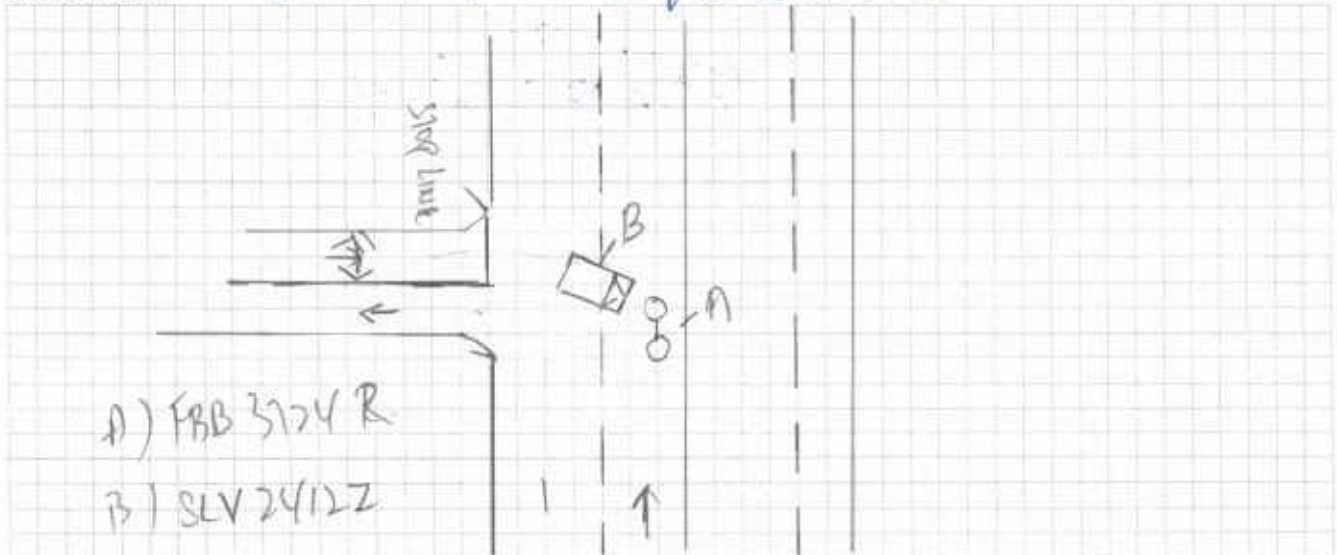
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

Along The Way Avenue



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referred to Police Report J/20200122/2035

## DECLARATION

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

Policyholder's Signature

Date & Time:

13/02/19 @ 1654hrs

SRMMS SketchPlanForm V.1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/02/2019  
Rosh Umang



# ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 01 / 2020 (DD/MM/YYYY), TIME: 21 : 30 (HH:MM)

LOCATION: Pek Whye Avenue

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB37242  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5086437733-02  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: FBB37242  
 f) TYPE: SALOON / COUPE / MPV / VAN / Lorry / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: SA ADAM ABDULLAH (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: SA621886 CONTACT: 9109 4962  
 C) ADDRESS: Blk 206 Choa Chu Kang Central #04-76  
Singapore 680906

\* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: as above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 27 / 06 / 1996 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 22/11/16

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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) YES

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

IF YES, PLEASE STATE WHICH POLICE STATION: TP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV24122 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: TAN HIA LIN YVONNE  
 c) NRIC/FIN/PASSPORT: S86022391G CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No. of passenger  
(including driver)  
1

No. of passenger  
(including driver)  
( )

No. of passenger  
(including driver)  
( )

email: saadah 96@hotmail.com  
 VIDEO

Done

J202001227035.pdf

SINGAPORE  
POLICE FORCE

J202001227035

1 of 2

## POLICE REPORT (NP295)

Report No. J/20200122/7035

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 22/01/2020 14:42	Vide Report No.	Station Diary No.
Name Of Informant SA'ADAH ABDULLAH	Address APT BLK 208 CHOA CHU KANG CENTRAL #04-76 SINGAPORE 680208	
ID Type / ID No. NRIC NO / S96218661	Contact No. Home/Office: Mobile: 91094962	
Nationality SINGAPORE CITIZEN	Email Address saadah96@hotmail.com	
Occupation Registered nurse	Sex Female	Age 23
Institution/School Name	Date of Birth 27/06/1996	Race Indian
Date/Time Of Incident 21/01/2020 21:20 - 21/01/2020 21:30	Location Of Incident APT BLK 208 CHOA CHU KANG CENTRAL #04-76 SINGAPORE 680208	

Brief details.

On 21/01/2020 at about 9.20pm, I was riding motorcycle, FBB3724R. I was from home and I was on my way to meet up with my friends in the vicinity of Bukit Panjang. I was travelling along Teck Whye Avenue, on lane 1 of the 2-lane road. I was approaching the non-signalised T-junction of Teck Whye Avenue and Jalan Teck Whye. I wanted to proceed straight across the junction. As I proceeded straight, I noticed that motor car, SLV2412Z, was driving along Jalan Teck Whye and wanted to make a right turn into Teck Whye Avenue, from my left to right. The said motor car made the right turn without stopping at the stop

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

22/01/2020 14:42

Classification Of Case:

Authentication Stamp:

SINGAPORE  
POLICE FORCE

J202001227035

2 of 2

## POLICE REPORT (NP295)

## CONTINUATION OF REPORT

Report No. J/20200122/7035

line drawn across Jalan Teck Whye and collided the left side of my motorcycle.



**SINGAPORE  
POLICE FORCE**



J/20200122/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200122/7035

line drawn across Jalan Teck Whye and collided the left side of my motorcycle.

<b>Subjects Involved</b>				
<b>Suspect</b>				
Person Name	Muhammad Fairoze Bin Mohd Esa			
ID Type	NRIC NO	ID No	S7440571A	
Gender	Male	Age	46	
Race	Malay	Language	English	
Mobile No	83896235			
<b>Victim</b>				
Person Name	SA'ADAH ABDULLAH			
ID Type	NRIC NO	ID No	S9621886I	
Gender	Female	Age	23	
Race	Indian	Language	English	
Occupation	Registered nurse	Address Type		
Address	APT BLK 208 CHOA CHU KANG CENTRAL #04-76 SINGAPORE 680208		Mobile No	91094962
Is Informant A Victim?	Yes			
Person Name	SA'ADAH ABDULLAH (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

22/01/2020 14:42

Classification Of Case:

Authentication Stamp



## Claim Handling

Accident MT/1084284

Policy No.	5086437733-02	Vehicle No.	FBB3724R	GST Registration No.
Certificate No.				
Policyholder Name	SA'ADAH ABDULLAH			Policyholder NAIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No. (Mobile)	91094962	Contact No. (Office)		Contact No. (Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## Accident Details

Report Date	13/02/2020 17:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/01/2020	Time of Accident hh:mm	21:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG TECK WHITE AVENUE			

## 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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 208 #04-76	Address 2	CHOA CHU KANG CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5086437733-02	

## OI Driver Info

Driver Name	SA'ADAH ABDULLAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NAIC	59621886	Driver DOB
Register Date of Driver License	22/11/2016	Driver Age	23	Driving Experience
Contact No. (Mobile)	91094962	Contact No. (Office)		Contact No. (Home)
Address 1	BLK 208 #04-76	Address 2	CHOA CHU KANG CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBB3724R	Driver Insurer Company

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SA'ADAH ABDULLAH
Contact No. (Mobile)	91094962	Contact No. (Home)	
Email Address	SAADAH96@HOTMAIL.COM	Vehicle Number	FBB3724R
Claim Description	FBB3724R / SLV24122 ON 21 Jan 2020		
Preferred Workshop Result No. Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	13/02/2020 18:02	Preferred Workshop, Name unknown	GIA report
Report Taken By	ROSLI WAHAB	Received	
<input checked="" type="checkbox"/> Print AK letter			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

## Attachment

Accident No.	MT/1084284	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2020 18:04
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

Normal



Hello, NAC\_BUKIT\_MERAH\_B00676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/01/2020 16:38"/>	
Vehicle No. (For Motor)	<input type="text" value="FBB3724R"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086437733-02		SA'ADAH ABDULLAH	S96218961	GMC	Third Party	FBB3724R	FBB3724R	19/03/2019	18/03/2020