

NATIONAL Assessment Centre Services

(App. 12/03)

2

Date In: 17/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20000674/13	SAS e-filing		
Veh No: FBF16722	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 17/01/20 1720	i-Motor Claim Form	MT/1084711 - 001	
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SJF8642U	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 ()	

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: (INC hotline: 6788 6616)	Date & Time 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

NA2001398	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 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 17/02/2020 12:31
Date Of Accident 19/01/2020 17:20
Exact Location Of Accident TAMPINES ST 32
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF1672Z
Insured/Policyholder
Name Of Registered Owner NURHAFIEZ NAZIR AHMAD
NRIC No SXXXX480G
Email Address MYNAMEISHAFIEZ@GMAIL.COM
Mobile Phone No (LOCAL) +65-96603510
Alternative Phone No OTHERS-96603510

Vehicle Particulars

Manufacturer SUZUKI
Model DR125SM
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 REPORTING ONLY
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 5108889206
Cover Note Number

Driver

Name of Driver NURHAFIEZ NAZIR AHMAD
NRIC No SXXXX480G
Date Of Birth 19/08/1993
Occupation INDOOR
Date Of Driving Pass 02/03/2019
Driving Experience 0 YEAR AND 10 MONTH
Gender MALE
Mobile Number (LOCAL) +65-96603510
Fax Number
Contact Number OTHERS-96603510
EMail Address MYNAMEISHAFIEZ@GMAIL.COM

Address	BLK 17 MARINE TERRACE #13-86
Postcode	440017
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	SIDE SWIPE
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

PLS REFER TO THE POLICE REPORT: T/20200121/7037

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	SJF8642U
Vehicle Make/Model/Colour	LANCER GLX
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALEXUS
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NURHAFIEZ NAZIR AHMAD
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBF1672Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE


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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.

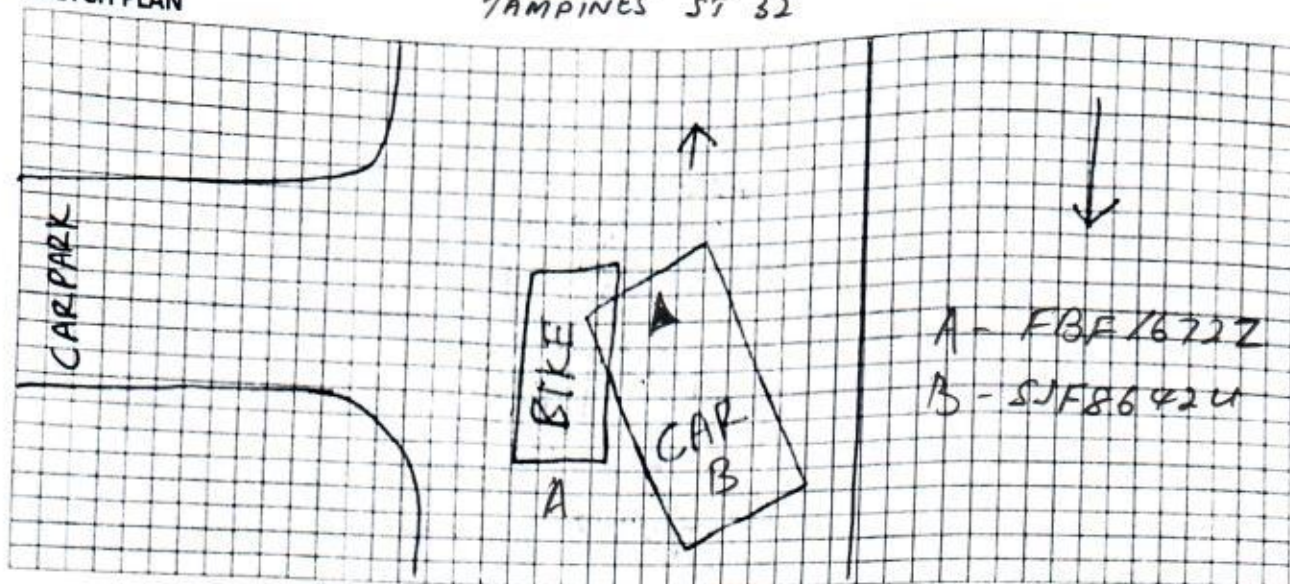

Policyholder's Signature
Date & Time: 16 FEB 2015 40

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

 17/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

TAMPINES ST 32

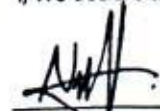


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20200121/7037


DECLARATION

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



Policyholder's Signature
Date & Time: 16 FEB 20/1540

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

 17/02/20

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



SINGAPORE POLICE FORCE



T/20200121/7037

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

1 of 3

Report No. T/20200121/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2020 22:18		Vide Report No.: G/20200119/0188		Station Diary No.:	
Informant's Particulars					
Name of Informant: NURHAFIEZ NAZIR AHMAD			Address: APT BLK 17 MARINE TERRACE #13-86 SINGAPORE 440017		
ID Type / ID No.: NRIC NO / S9329480G			Contact No.: Home/Office: Mobile: 96603510		
Nationality: SINGAPORE CITIZEN			Email: mynameishafiez@gmail.com		
Sex: Male	Age: 26	Date of Birth: 19/08/1993	Type of Informant: Rider		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 2B		Date of Expiry: 01/03/2057	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2020 17:20	Type of Location: Straight Road
Location: TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1672Z	Motorcycle	SUZUKI	DR 125SM M	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF1672Z	NTUC Income Insurance Co-Operative Limited	5108889206	16/04/2019	15/04/2020



**SINGAPORE
POLICE FORCE**



T/20200121/7037

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

2 of 3

Report No. T/20200121/7037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NURHAFIEZ NAZIR AHMAD	ID No.	S9329480G
Related Vehicle	FBF1672Z (Motorcycle)	Contact No.	96603510
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 01/03/2057
Date Treatment	19/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	20	Degree of Injury	Serious

Brief Details.

Was attempting to overtake a car ahead of me which appear to be going straight with no turn signal. As I proceeded past the vehicle, the car suddenly turned left into carpark gantry. Not being able to avoid, I collided into the front half of the car. Suffered fractured toes as a result. Driver called ambulance and tended to my evacuation.



**SINGAPORE
POLICE FORCE**



T/20200121/7037

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

3 of 3

Report No. T/20200121/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

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

Date/Time:
21/01/2020 22:18

Classification Of Case:

LINDA CALL OWNER

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 01 / 2020 (DD/MM/YYYY), TIME: 17 : 20 (HH:MM)

LOCATION: TAMPINES STREET 32

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF1672Z
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5108889206
d) POLICY TYPE: (~~COMPREHENSIVE~~ / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: SUZUKI DR125 SM
f) TYPE: (~~SALOON~~ / ~~COUPE~~ / ~~MPV~~ / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
g) VEHICLE CATEGORY: (~~PRIVATE~~ / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: NURHAFIEZ NAZIR AHMAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 593294806 CONTACT: 96603510
c) ADDRESS: 17 MARINE TERRACE #13-86 SG440017

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 19 / 08 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / ~~OUTDOOR~~)

f) YEARS OF DRIVING EXPERIENCE: 0

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

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: 10 UBI AVENUE 3 (TRAFFIC POLICE HQ)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF8642U MODEL: LANCER GLX
b) DRIVER'S NAME: ALEXUS
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

SUBJECT: VEH NO
FBF1672Z

Email = mynameishafiez@gmail.com

fax = -

EMAIL: RSPU@LKKAUTO.COM

VIDEO = -

TEL: 68410055

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

19/01/2020 17:20

Vehicle No.(For Motor)

FBF1672Z

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108889206		NURHAFIEZ NAZIR AHMAD	S9329480G	GMC	Third Party	FBF1672Z	FBF1672Z	16/04/2019	15/04/2020

Continue

Claim Handling

Accident MT/1084711

Policy No.	5108889206	Vehicle No.	FBF1672Z	GST Registr
Certificate No.				
Policyholder Name	NURHAFIEZ NAZIR AHMAD			
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Policyholder I
Contact No.(Mobile)	96603510	Contact No.(Office)	0	Loading
Email Address		Special Remark		Contact No.(I
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason
				Private Hire

▼ Accident Details

Report Date	17/02/2020 18:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/01/2020	Time of Accident hh:mm	17:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES ST 32			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cow
Additional Excess				
Total OD Excess Applicable	0.00	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 17 #13-86	Address 2	MARINE TERRACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108889206-01	

▼ OI Driver Info

Driver Name	NURHAFIEZ NAZIR AHMAD	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9329480G	Driver DOB
Register Date of Driver License	02/03/2019	Driver Age	26	Driving Exper
Contact No.(Mobile)	96603510	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 17	Address 2	MARINE TERRACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#13-86			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Partially at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered				Received

Report Taken By

☒ Print AK letter

OD-MX	Insured Name
96603510	Contact No. (Home)
MYNAMEISHAFIEZ@GMAIL.COM	OI Vehicle Number
FBF1672Z / SJF8642U ON 19 Jan 2020	
17/02/2020 18:26	Claim Close Date
ROSLINDA	Workshop Repairer

Save

Submit

Attachment

Accident No. MT/1084711

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 17/02/2020 00:00

Path *

Category *

Confid

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

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Please Select

Please Select

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NO

NO














NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:26	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:25	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:25	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:25	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:25	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:25	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:25	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:24	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 18:24	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading