

NATIONAL Assessment Centre Services

[Date] [Time]

Date In: 11/03/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20003889/13	SAS e-filing		
Veh No: FBF699D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/02/20 2200	I-Motor Claim Form	105/1087858-001	
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: SLP1963M	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

NA2001976	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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	11/03/2020 15:58
Date Of Accident	19/02/2020 22:00
Exact Location Of Accident	BEDOK NORTH ST 4 TWDS BLK 188C CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF699D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ALI BIN MOHAMED HUSSAIN
NRIC No	SXXXX348C
Email Address	FADZLIHAMSANI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97116841
Alternative Phone No	OTHERS-97116841
Vehicle Particulars	
Manufacturer	SYM
Model	FIGHTER 150A
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5052706345-08
Cover Note Number	
Driver	
Name of Driver	MOHAMED ALI BIN MOHAMED HUSSAIN
NRIC No	SXXXX348C
Date Of Birth	26/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97116841
Fax Number	
Contact Number	OTHERS-97116841
EMail Address	FADZLIHAMSANI@GMAIL.COM

Address	BLK 188C BEDOK NORTH ST 4 #03-94
Postcode	463188
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	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	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200222/2074

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	UNKNOWN
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP1963M
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 MOHAMED ALI BIN MOHAMED HUSSAIN
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FBF699D
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.
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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.

Policyholder's Signature

Date & Time: 7/3/20
1420

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

BEDOK NORTH
ST 4

→

To carpark

←

A — FBF 6Q9D

B — SLP 1963M

Refer to police report T/20200222/2074

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

 11/03/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200222/2074

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20200222/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2020 13:53		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: MOHAMED ALI BIN MOHAMED HUSSAIN			Address: APT BLK 188C BEDOK NORTH STREET 4 #03-94 SINGAPORE 463188		
ID Type / ID No.: NRIC NO / S1388348C			Contact No.: Home/Office: Mobile: 97116841		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 26/08/1959	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/02/2020 22:00	Type of Location: Bend
Location: Along Road 1 BEDOK NORTH STREET 4				
Going towards Blk 188C Carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBF699D	Motorcycle	SYM	FIGHTER 150 A	Black	Seriously Damaged	0
SLP1963M	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF699D	NTUC Income Insurance Co-Operative Limited	5052706345-08	07/01/2020	06/01/2021



**SINGAPORE
POLICE FORCE**



T/20200222/2074

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20200222/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED ALI BIN MOHAMED HUSSAIN	ID No.	S1388348C
Related Vehicle	FBF699D (Motorcycle)	Contact No.	97116841
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	22/02/2020
No. of Days granted Medical Leave	23	Degree of Injury	Serious

Brief Details.

On 19/2/2020 at about 2200hrs, I was riding on my motorbike along Bedok North Street 4 before turning into my residential address's carpark at blk 188C Bedok North Street 4 and everything was fine. As I was approaching the bend towards the carpark, I slowly made the turn when suddenly I felt an impact from the rear. Due to the impact, I was thrown off my motorbike and I was unconscious. The moment I regained my consciousness, I was already in the ambulance on the way to Changi General Hospital. I was then admitted on the 20/2/2020 and discharged on 22/2/2020 and was given a total of 23 days MC, with MC number NES202036202.

On 22/02/2020 at about 1200hrs, My nephew namely Fadzli had came to the hospital to fetch me as I was discharged from the hospital. I got to know from him that one of the witness had sent a photo of the accident involving my motorbike as well as one vehicle(SLP1963M) to him.

I would like to state that as of now I am unable to recall how the accident had occurred and I do not have any in-vehicle camera mounted on my motorbike.



**SINGAPORE
POLICE FORCE**



T/20200222/2074

3 of 3

Report No. T/20200222/2074

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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:
F /
Sgt 1 LUM ZHI WEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/02/2020 13:53

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN 085

Hello, NAC_PAYA_UBI_800601

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="19/02/2020 21:00"/>
Vehicle No.(For Motor)	<input type="text" value="FBF699D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5052706345-08		MOHAMED ALI BIN MOHAMED HUSSAIN	S1388348C	GMC	Third Party	FBF699D	FBF699D	07/01/2020	06/01/2021

Continue

Claim Handling

Accident MT/1087858

Policy No.	5052706345-08	Vehicle No.	FBF699D	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMED ALI BIN MOHAMED HUSSAIN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97116841	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
▼ Accident Details				
Report Date	11/03/2020 17:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/02/2020	Time of Accident hh:mm	22:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK NORTH ST 4 TWDS BLK 188C CARPARK			
▼ 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 Covered?
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 521 #03-302	Address 2	BEDOK NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5052706345-08	
▼ OI Driver Info				
Driver Name	MOHAMED ALI BIN MOHAMED HUSSAIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1388348C	Driver DOB
Register Date of Driver License	12/07/1988	Driver Age	60	Driving Experience
Contact No.(Mobile)	97116841	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 521	Address 2	BEDOK NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-302			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MOHAMED ALI BIN MOHAMED H	Insured NRIC
Contact No.(Mobile)	97116841	Contact No.(Home)	68815064	Contact No.(Office)
Email Address		OI Vehicle Number	FBF699D	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	FBF699D / SLP 1963M ON 19 Feb 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	11/03/2020 17:29	Claim Close Date		Date Received
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				

Save

Submit

Attachment

Accident No.

MT/1087658

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

11/03/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

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NO

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Please Select

NO

Normal

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:29

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:29

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:29

SAS

Normal

SAS 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:29

Photos

Normal

Photos 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:29

Photos

Normal

Photos 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:29

Photos

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Photos

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Photos 2020-3-11

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Photos

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Photos 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:29

Photos

Normal

Photos 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:28

Photos

Normal

Photos 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:28

Photos

Normal

Photos 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:28

Photos

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Photos 2020-3-11

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Photos

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Photos 2020-3-11

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 11 Mar 2020 17:28

Photos

Normal

Photos 2020-3-11

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

11/3/2020