

# NATIONAL Assessment Centre Services.

(Ref: J2000)

MNA 00032283

Date In: 13/02/2020 18:27	Job description	Date & Time Completed	Done by
Ref No: NPA/INC 000399914	SAS e-filing		
Veh No: 185 48165	E-mail (Ref: AIC 2hrs)		
DOA 22/02/2020 22:00	I-Motor Claims Form	M/1085597-002	13/03/2020 18:27
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/Wk32		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: S2525K	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% 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 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:	Accident:

LIA 2002053	
Driver/Owner:	1) All: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damage Portion:	3) TP: Towing Fee \$40/45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NIUC Additional Services:
	ON:
	*NI: Courtesy Car / Tpl Allowance \$5
	*NI: Repair Co-ordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$5
	TP (NI): TP (NI) INC against INC \$10
	9) NI: Idas Mobile \$0
	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	13/03/2020 18:27
Date Of Accident	22/02/2020 22:00
Exact Location Of Accident	ALONG YISHUN AVENUE 1 (YISHUN DAM)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF4816G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENT-A-BIKE PTE. LTD.
Co Reg No	2XXXXX523C
Email Address	ERZATERDAYAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98983441
Alternative Phone No	OFFICE-98983441

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING

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	5108631899
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AIDE ISKANDAR BIN ELHAM
NRIC No	TXXXX092F
Date Of Birth	07/03/2001
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98983441
Fax Number	
Contact Number	OTHERS-98983441
Email Address	ERZATERDAYAT@GMAIL.COM

Address	BLK 590A MONTREAL LINK #02-33
Postcode	751590
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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 SKETCH

#### 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	SLZ5215K
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)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

12/3/20  
1440hr

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

12/3/20  
1440hr

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

13/03/2020  
Kohd Mappos



SKETCH PLAN

Yishun Avenue 1 (Yishun Dam)

A) FB 4816G

B) SLZ 5215K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22/07/2020 AT ABOUT 2200HRS I WAS TRAVELLING  
ALONG YISHUN AVENUE 1 (YISHUN DAM) AS I WAS LOOKING  
AT MY BLIND SPOT THE CAR IN FRONT SLZ5215K TAP HIS  
BRAKE & I KNOCK INTO IT THAT ALL

DECLARATION

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

Policyholder's Signature

Date & Time:

12/8/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/8/2020

# ACCIDENT STATEMENT

ACCIDENT DATE: (22/02/2020) (DD/MM/YYYY), TIME: (22:00) (HH:MM)

LOCATION: Yishun Avenue 1 (Yishun Junction)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF4816 G  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5108631899  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha Spark 135  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 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: RENT - A - BIKE PTE. LTD. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201907523C CONTACT: 9898 3441  
 c) ADDRESS: 25 Kaki Bukit Road 4 #03-37 5417800

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: [Signature] (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 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: HIRER

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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLZ5215K 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:

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email = shah.zab@live.com  
 VIDEO

## Claim Handling

Accident HT1085597

Edit

Policy No.	5108511895	Vehicle No.	PF84816G	GST Registration No.	
Certificate No.	8108511895-000000				
Policyholder Name	RENT-A-BIKE PTE. LTD.				
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Policyholder NRIC	201907523C
Contact No (Mobile)	NA	Contact No (Office)		Loading	0
Email Address		Special Remarks		Contact No (Home)	
KPI	Yes - No	TCA	Yes - No	eCode	No
NCD Protection	No	NCD Enhancement(%)	0	eCode Reason	
				Private Info	No

Report Date		24/02/2020 16:26	Accident Report within 24 hrs		Yes	Accident Type		Collision - Head to Rear
Date of Accident		24/02/2020	Time of Accident (Hours)		21:30	Country of Accident		Singapore
Reporting Centre			Change Force			ICM No.		
Accident Location		YISHUN AVENUE 3						

Total Excess Applicable					
Excess Type	Per Accident	Winds/Heat Excess			
GD Standard Excess	0.00	TP Standard Excess	0.00	Driver Is Licensed?	Not Applicable
USD GD Excess		USD TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total GD Excess Applicable	0.00				

GST Registered Information			
GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Motor Vehicle Insured			

Policyholder Mailing Address			
Address 1	BOX 737 #07-38	Address 2	LAWSON STREET 72
Address 3		Address 4	SINGAPORE 50737
Unit No.	05-38	Address Type	Singapore address
		Related Policy Number	5108511895

Driver Info			
Driver Name		Driver Type	
Uninsured driver Name		Driver NRIC	
Register Back of Driver License		Driver Age	
Contact No (Mobile)		Contact No (Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.		Driver Vehicle No.	
Does he own a Singapore Registered car?	Yes - No		
		Driver Insurer Company	

## Modification History

Claim 002 New

Claim Type *	GD-002	Insured Name	RENT-A-BIKE PTE. LTD.	Insured NRIC	201907523C
Contact No (Mobile)		Contact No (Home)		Contact No (Office)	NA
Email Address		GT	PF84816G	TE	SL251338
Claim Description		Vehicle Number	PF84816G / SL251338	Name of Preferred Workshop	
Preferred Workshop		Injured Liability	Fully at Fault	GIA report	Received
Benefit No.		Preferred Workshop Name unknown		Claim Case Data	13/03/2020 18:27
Pre-accident	Yes			Data Received	12/03/2020 08:00
Date Registered					
Report Taken By					

Print As letter

Save Submit

Attachment					
Accident No.	HT1085597	Claim No.			
List Doc. Received	* Yes No	Upload Date			
		15/02/2020 18:27			
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					

Attachment List		
Attachment	Uploaded By/Time	Category
NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 13 Mar 2020 18:27	Photos	Normal
NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 13 Mar 2020 18:27	Photos	Normal
NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 13 Mar 2020 18:27	Photos	Normal
NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 13 Mar 2020 18:27	Photos	Normal
NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 13 Mar 2020 18:27	Photos	Normal
NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 13 Mar 2020 18:27	Photos	Normal

3/13/2020

# Claim Handling( Claim Task )



NAC, BUKIT MERAH, 800670; NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 13 Mar 2020 18:27

Photo1

Normal

Photo1 2020-3-13

680

Video List

Uploaded By/Date

Folder Date

File Name

Source

Actions

Display in New Window

Scan and uploading



Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text" value="5108631899"/>	Date of Accident	<input type="text" value="22/02/2020 18:25"/>
Vehicle No. (For Motor)	<input type="text" value="FBF4816G"/>	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"/>	5108631899	5108631899-000009	RENT-A-BIKE PTE. LTD.	201907523C	GFM	Third Party	FBF4816G	FBF4816G	03/04/2019	02/04/2020
<input type="button" value="Continue"/>										

**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 : S108631899-000009

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FB4816G

Chassis Number

: 5YP303181

2. Name of Policyholder

: RENT-A-BIKE PTE. LTD.

3. Effective Date of Insurance

: 03 Apr 2019

4. Expiry Date of Insurance

: 02 Apr 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A

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 : SININS AGENCY PTE. LTD. (00000615123)  
Date of issue : 03 Apr 2019 12:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive