

NATIONAL Assessment Centre Services [Ref: JSP/02]

Date In: 16/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20004065/13	SAS e-filing		
Veh No: FBG 5121A	E-mail (within 8hrs, AIC 2hrs)		
DOA: 14/03/20 1610	i-Motor Claim Form	M7/1088577-001	
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: 5J2923G 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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	16/03/2020 16:04
Date Of Accident	14/03/2020 16:10
Exact Location Of Accident	BLK 201A TAMPINES ST 21 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5121R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NOOR FARIS BIN NOORRASHID
NRIC No	SXXXX077G
Email Address	AMIRAH1709@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84999996
Alternative Phone No	OTHERS-93893758

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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	5072969651-04
Cover Note Number	

Driver

Name of Driver	NOOR AMIRAH SYAIRAH BINTE NOORRASHID
NRIC No	SXXXX525H
Date Of Birth	17/09/1993
Occupation	INDOOR
Date Of Driving Pass	24/06/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93893758
Fax Number	
Contact Number	
EEmail Address	AMIRAH1709@GMAIL.COM

Address	BLK 74 BEDOK NORTH ROAD #06-110
Postcode	460074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , 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/20200314/2135

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	IRFAN
Phone Number	97127753
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ923G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHEE CHENG
NRIC/Passport Number	SXXXX920D

Contact Number 82234011
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NOOR AMIRAH SYAIRAH BINTE NOORRASHID
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBG5121R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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. 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:

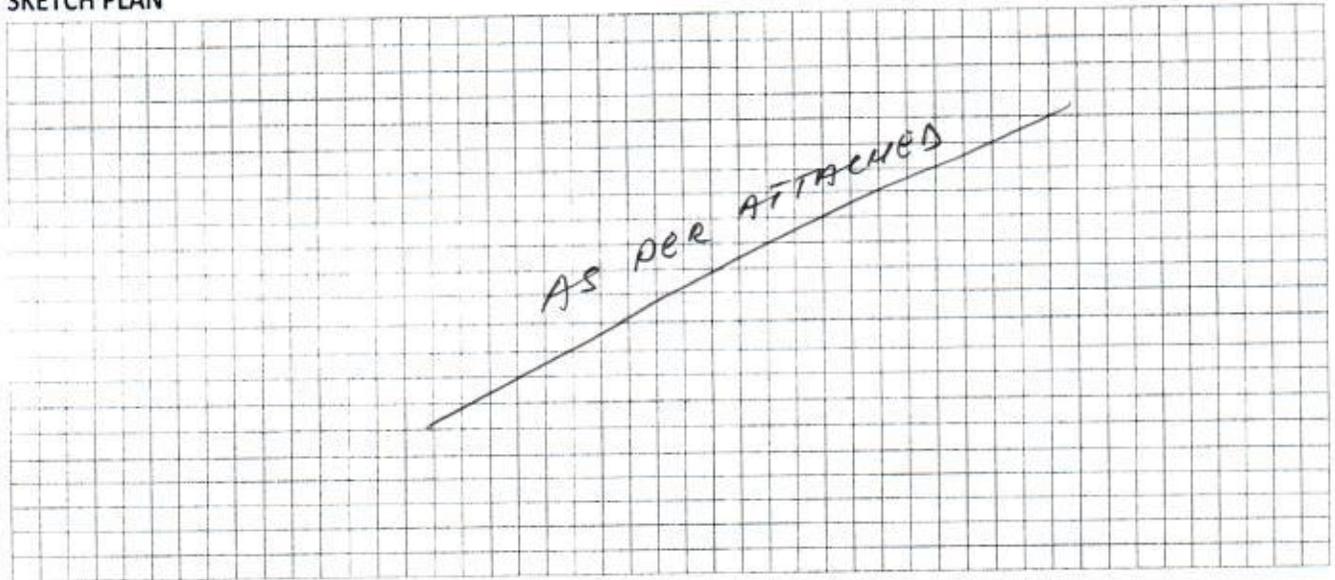


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/3/2020

 16/03/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

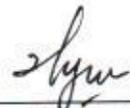
Pls refer to the police report: 7/20200314/2135

DECLARATION

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

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/3/2020

 16/03/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Google Maps Singapore

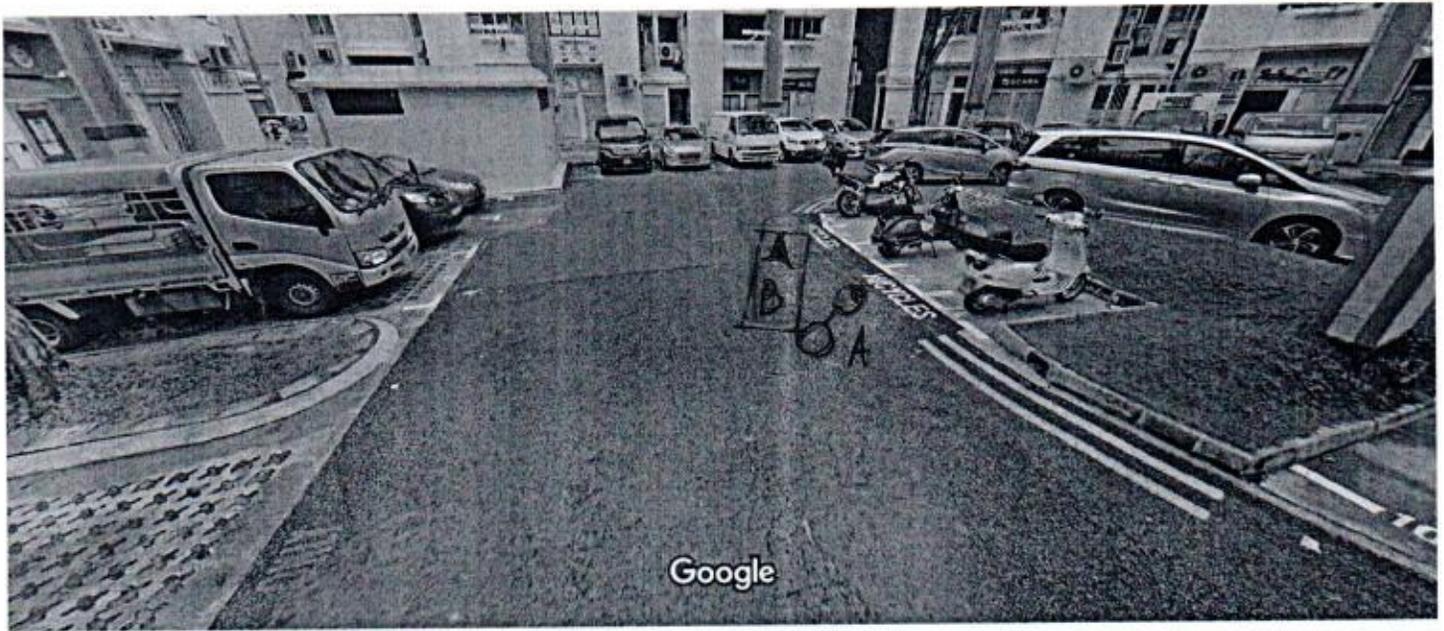


Image capture: Jun 2019 © 2020 Google

BLK 201A
 TAMPINES ST 21
 OPEN CARPARK

 Google
 Street View



A - FB65121R
 B - SJZ923G



**SINGAPORE
POLICE FORCE**



T/20200314/2135

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20200314/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2020 20:15		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: NOOR AMIRAH SYAIRAH BINTE NOORRASHID			Address: APT BLK 74 BEDOK NORTH ROAD #06-110 SINGAPORE 460074		
ID Type / ID No.: NRIC NO / S9334525H			Contact No.: Home/Office:		Mobile: 93893758
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 17/09/1993	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CUSTOMER SERVICE SPECIALIST			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2020 16:10	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 21 At the open carpark of Blk 201A Tampines St 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Rear to Moving motorcycle side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5121R	Motorcycle				Seriously Damaged	0
SJZ923G	Car				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200314/2135

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20200314/2135

CONTINUATION OF REPORT

Rider			
Name	NOOR AMIRAH SYAIRAH BINTE NOORRASHID	ID No.	S9334525H
Related Vehicle	FBG5121R (Motorcycle)	Contact No.	93893758
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 14/03/2020
Date Treatment	14/03/2020	Date Discharge	14/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG CHEE CHENG	ID No.	S1166920D
Related Vehicle	SJZ923G (Car)	Contact No.	82234011
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date,time and said location, I was riding my YAMAHA motorbike, FBG5121R, black in colour at the open carpark of Blk 201 A Tampines St 21 of lot 7D going to reverse and exit motorbike lot. I wish to state before I reverse my motorbike, I had made a check on my blindspot and there is one vehicle car TOYOTA SJZ923G, silver in colour stationary without any signal or hazard light switch on. I then proceed to reverse and while reversing I felt an impact from my left rear at the rear box area. Due to the impact, I lost my balance and fell onto the ground. My husband then call for police and ambulance subsequently. Shortly after police and ambulance arrived, the paramedic made a check on me and suggest me not to be conveyed. The police ask me to proceed to lodge a traffic accident report. Due to the accident my motorbike damages is scratches at right portion cover & right brake lever broke. I sustain abrasion on my right knee and felt pain on my right leg and right arm. I then went to consult a doctor and was given 3 days MC. I wish to state opposite driver is not injured. I do not have any cctv install.



**SINGAPORE
POLICE FORCE**



T/20200314/2135

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20200314/2135

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: G / Staff Sgt TAN YI KUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2020 20:15
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE SIGNATURE	

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5072969651-04		MUHAMMAD NOOR FARIS BIN NOORRASHID	S9227077G	GMC	Third Party	FBG5121R	FBG5121R	08/08/2019	07/08/2020

Continue

Claim Handling

Accident MT/1088577

Policy No.	5072969651-04	Vehicle No.	FBG5121R	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NOOR FARIS BIN NOORRASHID			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	84999996	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(%)	10	Private Hire	
▼ Accident Details					
Report Date	17/03/2020 15:30	Accident Report Within 24 hrs.	Yes	Accident Type	
Date of Accident	14/03/2020	Time of Accident hh:mm	16:10	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 201A TAMPINES ST 21 OPEN 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	YJED 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 74 #06-110	Address 2	BEDOK NORTH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-110	Related Policy Number	5072969651-04		

▼ OI Driver Info					
Driver Name	NOOR AMIRAH SYAIRAH	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9334525H	Driver DOB	
Register Date of Driver License	21/02/2018	Driver Age	26	Driving Experience	
Contact No.(Mobile)	93893758	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 74	Address 2	BEDOK NORTH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#06-110				
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	MUHAMMAD NOOR FARIS BIN N	Insured NRIC	
Contact No.(Mobile)	84999996	Contact No.(Home)		Contact No.(Office)	
Email Address	mdnoorfaris7077@gmail.com	O1 Vehicle Number	FBG5121R	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBG5121R / SJZ293G ON 14 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	17/03/2020 15:49	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. MT/1088577 Claim No. 001
 Last Doc. Received Yes No Upload Date 17/03/2020 00:00

Path *	Category *	Confidential	Urgency
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal

Memory Road

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:49	SAS	Normal	SAS 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:48	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:47	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:47	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:47	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:47	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:47	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:47	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:47	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:38	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:38	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:38	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:38	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:38	Photos	Normal	Photos 2020-3-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Mar 2020 15:38	Photos	Normal	Photos 2020-3-17

Video List

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