

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MA42003670

Date In: 20/03/2020 17:19	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/200043174	SAS e-illing		
Veh No: FW T350 B	E-mail (4 jobs 4hrs, AIC 2hrs)		
D.O.A: 19/03/2020 20:55	I-Motor Claims Form	20/08/2020 17:33	
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 / WH32		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLC 9002C	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 repolar.		
() 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/Time: ()
Location: ()

MA2002205	1) AIC: Accident Reporting (\$30)	
Client Particulars:	2) DA: Damage Assessment (\$100)	INC (\$10)
Driver/Owner:	3) TP: Towing Fee	\$40/\$45
Contact No:	4) PT: Follow-Through Survey	\$120
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2000)	\$75
Auditor's Comments:	6) TR: Re-inspection	\$160
2nd Lt:	7) NI: Idas DA + SMRT Survey	
	8) NIUC Additional Services:	
	ON:	\$5
	*NS: Courtesy Car / Tpl Allowance	\$10
	*N6: Repairs Co-ordination	\$25
	*N7: Post Repair Inspection	\$5
	*N8: DV / Collect Excess Co-ordination	\$20
	TE (NI): TP (N-in INC) *glass b/c	\$0
	9) NI2: Idas Mobile	
	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	20/03/2020 17:19
Date Of Accident	19/03/2020 20:55
Exact Location Of Accident	ALONG WOODLANDS AVENUE 1 NEAR BLOCK 301
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW7350B
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD SHARIZAL BIN MOHAMAD MUNASAR
NRIC No	SXXXX127E
Email Address	MOHAMMADSHARIZAL92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87892565
Alternative Phone No	OTHERS-87892565

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5107551196
Cover Note Number	

Driver

Name of Driver	MOHAMAD SHARIZAL BIN MOHAMAD MUNASAR
NRIC No	SXXXX127E
Date Of Birth	11/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87892565
Fax Number	
Contact Number	OTHERS-87892565
Email Address	MOHAMMADSHARIZAL92@GMAIL.COM

Address	BLK 547 WOODLANDS DRIVE 16 #03-177
Postcode	730547
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 PLAN

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	SLC9002C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHYE SOON
NRIC/Passport Number	SXXXX602B
Contact Number	90235785
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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**.
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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.

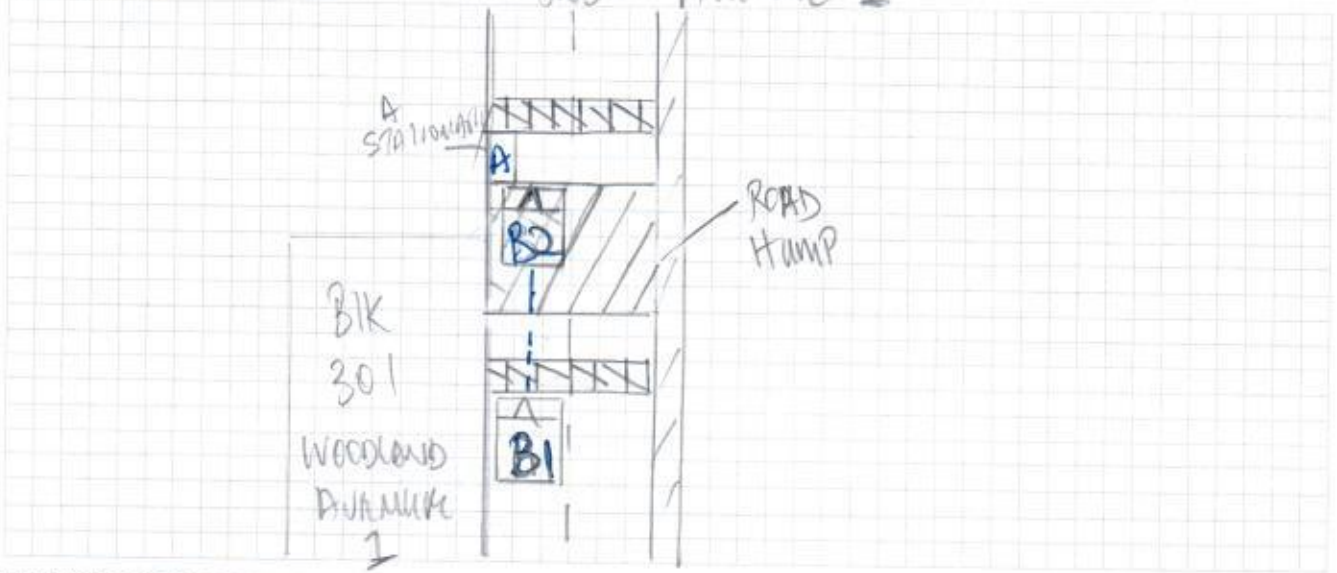

Policyholder's Signature
Date & Time: 14 45 HR

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


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

SKETCH PLAN

Along Woodlands Avenue 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 2055 HRS, I PARK MY BIKE ALONG WOODLANDS AVE 1 TO MAKE AN URGENT CALL. SUDDENLY I HEARD A BANG. I TURN AND SAW A CAR SLC9002C BANG ONTO MY BIKE. FW 7350 B

DECLARATION

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

20-3-20

Policyholder's Signature
Date & Time:

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

20/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (19/3/2020) (DD/MM/YYYY), TIME: (20:55) (HH:MM)

LOCATION: ALONG WOODLAND AVENUE 1 NEAR BLK 30

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW 7350 B
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA WAVE 125
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: MOHAMAD SHARIZAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9201127E CONTACT: 87892565
c) ADDRESS: BLK 547 WOODLANDS DR 16 #03-177
S730547

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMAD SHARIZAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9201127E CONTACT: 87892565
c) ADDRESS:

* d) DATE OF BIRTH: (11/01/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14-4/2010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Brother

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: SLC 9002 C MODEL:
b) DRIVER'S NAME: TAN CHYE SOON
c) NRIC/FIN/PASSPORT: S0038602 B CONTACT: 90235785

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(0)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = MOHAMADSHARIZAL92@GMAIL.COM
VIDEO

Claim Handling

Accident MT/1089060

Policy No.

9197551196

Vehicle No.

PW7350B

GST Registration No.

Certificate No.

Policyholder Name

MOHAMAD SHARIZAL BIN MOHAMAD MUNASAR

Policyholder NRIC

99201127E

Product Code

MOTORCYCLE INSURANCE

Cover Type

Third Party

Loading

0

Contact No.(Mobile)

87892365

Contact No.(Office)

Contact No.(Home)

Email Address

Special Remark

eCode

No

KPK

No

Yes

TCA

No

Yes

eCode Reason

NCD Protection

No

NCD Exemption(%)

22

Private Hire

No

Accident Details

Report Date

20/03/2020 17:27

Accident Report Within 24 hrs

Yes

Accident Type

Damaged whilst parked

Date of Accident

19/03/2020

Time of Accident Minimum

20:55

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ALONG WOODLANDS AVENUE 1 NEAR BLOCK 301

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

OD Standard Excess

0.00

TP Standard Excess

0.00

Driver is Covered?

Not Covered

YIED OD Excess

0.00

YIED TP Excess

0.00

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 547 #03-177

Address 2

WOODLANDS DRIVE 16

Address 3

SINGAPORE 730547

Address 4

Address Type

Singapore address

Post Code

730547

Unit No.

Related Policy Number

510L146039-01

OT Driver Info

Driver Name

MOHAMAD SHARIZAL BIN MOHAMAD MUNASAR

Driver Type

Main Driver

Driver NRIC

99201127E

Driver DOB

11/01/1992

Unnamed driver Name

Driver Age

28

Driving Experience

9

Register Date of Driver License

14/04/2010

Contact No.(Mobile)

87892365

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 547 #03-177

Address 2

WOODLANDS DRIVE 16

Address 3

SINGAPORE 730547

Address 4

Address Type

Singapore address

Post Code

730547

Unit No.

Driver Vehicle No.

PW7350B

Driver Insurer Company

NTUC

Does he own a Singapore Registered car?

Yes

No

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any Injury?

Yes

No

Modification History

Claim 001

New

Claim Type *

OD-MX

Insured Name

MOHAMAD SHARIZAL BIN MOH

Insured NRIC

99201127E

Contact No.(Mobile)

87892365

Contact No. (Home)

Contact No. (Office)

Email Address

MOHAMADSHARIZAL32@GMAIL

TP

Vehicle Number

SLC9502C

Claim Description

PW7350B / SLC9502C ON 19 Mar 2020

Name of Preferred Workshop

Preferred Workshop Selection No. Evaluation

Yes

Insured Liability

Not at fault

Preferred Workshop, Name unknown

CLA report

Received

Date Registered

20/03/2020 17:32

Claim Close Date

Date Received

20/03/2020 00:00

Report Taken By

ROSLE WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1089060

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

20/03/2020 17:33

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

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CD)

Action

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:33

Photos

Normal

Photos 2020-3-20

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:33

Photos

Normal

Photos 2020-3-20

Edit











NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:33

Photos

Normal

Photos 2020-3-20

Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:33	Photos		Normal	Photos 2020-3-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:33	Photos		Normal	Photos 2020-3-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:33	Photos		Normal	Photos 2020-3-20	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:32	Photos		Normal	Photos 2020-3-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:32	Photos		Normal	Photos 2020-3-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:32	Photos		Normal	Photos 2020-3-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:32	Photos		Normal	Photos 2020-3-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2020 17:32	SAS		Normal	SAS 2020-3-20	Edit

Video List

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

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107551196

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **FW7350B**
Chassis Number : NF125MD5001883
2. Name of Policyholder : MOHAMAD SHARIZAL BIN MOHAMAD MUNASAR
3. Effective Date of Insurance : 15 Feb 2019
4. Expiry Date of Insurance : 23 May 2020
5. Persons or Classes of Persons entitled to drive#
(a) Named Driver(s) Only.
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)	: MOHAMAD SHARIZAL BIN MOHAMAD MUNASAR
NAMED DRIVER (2)	: SURIAWANI BINTE SUPA'ET
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A