

NATIONAL Assessment Centre Services (w/ef 1 Jan 2005) MA420037809			
Date In: 30/03/2020 11:30	Job description	Date & Time Completed	Done by:
Ref No: NRH/INC000046964	SAS e-filing		
Veh No: FBK 3389C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/03/2020 11:45	i-Motor Claim Form	mt1087624-002	30/03/2020
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: 5MA9478L	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

NA2002538	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/ef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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: Idno Mobile 30		
Auditors' Comments:-	Invoice date:	Fee Charged	
Set 1:			
Set 2 / 3:			

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	30/03/2020 11:30
Date Of Accident	09/03/2020 17:45
Exact Location Of Accident	BUKIT TIMAH AVENUE TOWARDS TEKKA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3389C
Insured/Policyholder	
Name Of Registered Owner	HAMZAH BIN SABAN
NRIC No	SXXXX635C
Email Address	HAMZAHFJR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96727084
Alternative Phone No	OTHERS-96727084
Vehicle Particulars	
Manufacturer	HONDA
Model	GOLDWING-1.8 (M)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103714526-01
Cover Note Number	
Driver	
Name of Driver	HAMZAH BIN SABAN
NRIC No	SXXXX635C
Date Of Birth	13/08/1959
Occupation	INDOOR
Date Of Driving Pass	31/08/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96727084
Fax Number	
Contact Number	OTHERS-96727084
E-Mail Address	HAMZAHFJR@GMAIL.COM

Address	BLK 200A SENKKANG EAST ROAD #13-16
Postcode	541200
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)	2
Passenger 1	NAME: : ROKIAH BTE TOKIJAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200310/2002

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA9478L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR NG
NRIC/Passport Number	

Contact Number 98369170
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 3

DETAILS OF INJURED PERSON 1

Name ROKIAH BTE TOKIJAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBK3389C
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.
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.

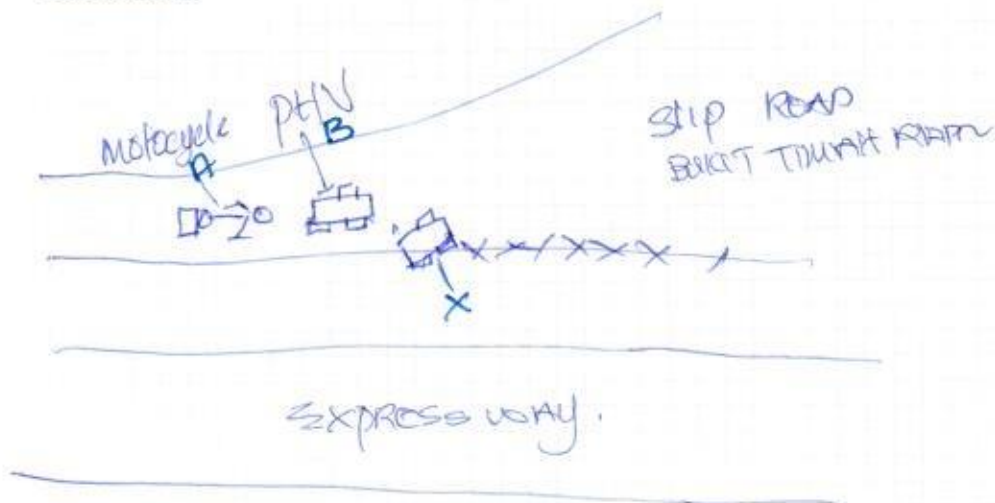

30/3/2020

Policyholder's Signature
Date & Time:

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


30/03/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



- A) FBK 3389C
- B) SMA 9478L
- X) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/3/2020 at about 5:45pm, I was riding my motorcycles together with my wife as a pillion along. Bucket Truck Road toward Tekka along the slip road and there is a PTV in front of us going through the slip road. When suddenly the PTV in front of us jammed it brakes and I collided onto the rear of the PTV. The driver told me that another car in front of him had come into the slip road from the main road suddenly cause him to jammed it brake.

My wife fell off the bike due to the impact and was sent to TTSH by ambulance. TP came down refer E/20200309/0144

POLICE REPORT 7/20200310/2002

DECLARATION

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

Policyholder's Signature
Date & Time: 30/3/20

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

Reporting Centre Personnel's Signature
Name: 30/03/2020
NRIC/FIN No. Peshi Wadnan

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 3 / 2020) (DD/MM/YYYY), TIME: (17:45) (HH:MM)

LOCATION: ALONG ROAD 1, BUKIT TUAH AVENUE, TOWARD TEKKA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 3389 C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CIL 1800M (HONDA)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: HANZAH BIN SABAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1383635C CONTACT: _____
c) ADDRESS: BIL 200A, SENGALANG BAY #13-16
15 41200

* 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: (12 / 08 / 1959) (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: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: PATTAR CHH (TP)

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FBK 3389 C MODEL: CIL 1800M (HONDA)
e) DRIVER'S NAME: HANZAH BIN SABAN
f) NRIC/FIN/PASSPORT: S1383635C CONTACT: 9621084

email = hanzah11@gmail.com

VIDEO



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200310/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2020 00:42		Vide Report No.: E/20200309/0144		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: HAMZAH BIN SABAN			Address: APT BLK 200A SENGKANG EAST ROAD #13-16 SINGAPORE 541200		
ID Type / ID No.: NRIC NO / S1383635C			Contact No.: Home/Office: Mobile: 96727084		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 13/08/1959	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: SECURITY			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: 09/03/2020 17:45	Type of Location:
Location: Along Road 1 BUKIT TIMAH AVENUE towards Tekka				
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
FBK3389C	Motorcycle	HONDA	GL1800 M	Grey		1
SMA9478L	Car					2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3389C	NTUC Income Insurance Co-Operative Limited	5103714526-01	08/09/2019	07/09/2020



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200310/2002

CONTINUATION OF REPORT

Details of Person involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	ROKIAH BTE TOKIJAN	ID No.	S1498888A
Related Vehicle	FBK3389C (Motorcycle)	Contact No.	97557014
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/03/2020	Date Discharge	09/03/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Rider			
Name	HAMZAH BIN SABAN	ID No.	S1383635C
Related Vehicle	FBK3389C (Motorcycle)	Contact No.	96727084
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
Driver			
Name	MR NG	ID No.	NIL
Related Vehicle	SMA9478L (Car)	Contact No.	98369170
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 09/03/2020 at about 5.45pm, I was riding my motorcycle together with my wife as the pillion along Bukit Timah towards Tekka along the slip road and there is a PHV in front of us going through the slip road when suddenly the PHV in front of us jammed its brakes and I collided onto the rear of the PHV. The driver told me that another car in front of him had came into the slip road from the main road suddenly causes him to jammed its brake.

My wife fell off the bike due to the impact and was sent to TTSH by the ambulance. TP came down ref E/20200309/0144.



**SINGAPORE
POLICE FORCE**



T/20200310/2002

3 of 4

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20200310/2002

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200310/2002

4 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200310/2002

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 3 TAN WEI XIANG ROY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/03/2020 00:42

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:30	Photos		Normal	Photos 2020-3-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:30	Photos		Normal	Photos 2020-3-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:09	Photos		Normal	Photos 2020-3-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:09	Photos		Normal	Photos 2020-3-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:09	Photos		Normal	Photos 2020-3-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:09	Photos		Normal	Photos 2020-3-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 13:09	SAS		Normal	SAS 2020-3-30	Edit
Video List						
Uploaded By/Date		Folder Date		File Name		Source
				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"/>	Date of Accident	<input type="text" value="09/03/2020 10:57"/>							
Vehicle No.(For Motor)	<input type="text" value="FBK3389C"/>	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="checkbox"/>	S103714526-01		HAMZAH BIN SABAN	S1383635C	GMC	Third Party, Fire & Theft	FBK3389C	FBK3389C	08/09/2019	07/09/2020
<input type="button" value="Continue"/>										