

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MUAH0041126

Date In: 8/4/05 - 10:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC220-5056/24	SAS e-filing		
Veh No: 8BM71865	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 9/3/05 - 16:00	I-Motor Claim Form	8/7/108805-001	8/10/05 13:16
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: J4A9793X

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 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

Invoice Preparation Checklist

Am't (\$)

for Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON*
- *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: Idac 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	08/04/2020 10:00
Date Of Accident	09/03/2020 16:00
Exact Location Of Accident	SENGKANG EAST RD BEFORE SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2186S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AIDIL BIN MOHAIMIN
NRIC No	SXXXX604B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83285128
Alternative Phone No	OFFICE-83285128

Vehicle Particulars

Manufacturer	YAMAHA
Model	TRICITY 155 ABS
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	REPORTING ONLY
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	5093769008-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AIDIL BIN MOHAIMIN
NRIC No	SXXXX604B
Date Of Birth	24/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83285128
Fax Number	
Contact Number	OFFICE-83285128
Email Address	NOEMAIL

Address	BLK 683B EDGEDALE PLAINS #07-703
Postcode	822683
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED IN FRONT OF MY VEHICLE. MY VEHICLE FRONT PORTION HIT ONTO VEHICLE B REAR PORTION.

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	SHA9293X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.



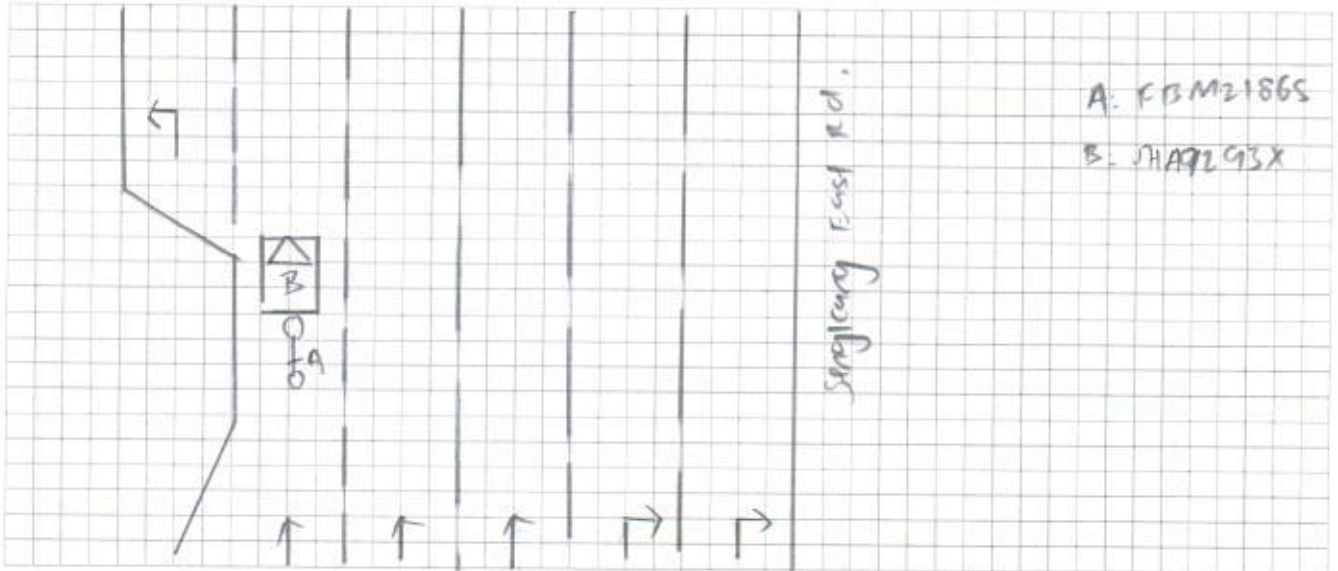
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:

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

eBaoTech

GeneralClaim

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="09/03/2020 16:00"/>							
Vehicle No.(For Motor)	<input type="text" value="FBM2186S"/>	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"/>	5093769008-02		MUHAMMAD AIDIL BIN MOHAJMIN	58906604B	GMC	Third Party, Fire & Theft	FBM2186S	FBM2186S	23/08/2019	22/08/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1088015

Policy No.	5093769008-02	Vehicle No.	FBM21865	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AIDIL BIN MOHAMIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S89066048
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	12/03/2020 21:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/03/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG EAST ROAD X SENGKANG EAST WAY				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
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 84B #08-305	Address 2	LORONG 2 TOA PAYOH	Address 3	SINGAPORE 312084
Address 4		Address Type	Singapore address	Post Code	312084
Unit No.		Related Policy Number	5093769008-02		
▼ GI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	DD-MX	Insured Name	MUHAMMAD AIDIL BIN MOHAMIN	Insured NRIC	S89066048
Contact No.(Mobile)	93891978	Contact No.(Home)	63584438	Contact No.(Office)	
Email Address	aidil_mohamin@live.com.sg	GI Vehicle Number	FBM21865	TP Vehicle Number	SHA9293X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	FBM21865 / SHA9293X ON 9 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/04/2020 10:16	Claim Close Date		Date Received	08/04/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment



Accident No.	MT/1088015	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2020 10:23		
Path *	Category *	Confidential	Urgency *	Description *	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal		
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal		
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal		
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal		
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal		
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal		
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal		

☐ Send Message

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(CO)

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2020 10:23

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-4-8

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2020 10:17

SAS

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SAS 2020-4-8

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2020 10:17

Photos

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Photos 2020-4-8

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2020 10:17

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Photos 2020-4-8

Video List

Uploaded By/Date

Folder Date

File Name

Source

Actor

Display in New Window

Scan and uploading