NATIONAL Assessment Centre Services. (wef 1 Jan'06). MWA0004289

	Job description	Date & Time Completed	Done by
Date In: 16/04/2020 10:37	SAS e-filing		
Ref No: MBB/INC20005232	E-mail (3 Jobs 8hrs, AIC 2hrs)		
Veh No: FBR 1964T	I-Motor Claim Form	MT1091440-001	16/04/2020 11:41
D.O.A: 15/04/2020 15:46	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:

TP Particulars: Veh No: SHD 1964T. 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

NA2002704

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30);	INC ($30)	
2) DA : Damage Assessment ($100);	$[illegible]	
3) TF : Towing Fee	$170	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$35	
6) TR : Re-Inspection	$100	
7) NI : Idav DA + SMRT Survey		
8) NTUC Additional Services-		
OD	$5	
*NS: Courtesy Car / Tpt Allowance	$10	
*N6: Repair Co-ordination	$25	
*N7: Post Repair Inspection	$5	
*N8: DV / Collect Excess Coordination	$20	
TP (N11) : TP (Non INC) against INC	$0	
9) N12: Idav 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	16/04/2020 10:37
Date Of Accident	15/04/2020 15:45
Exact Location Of Accident	ALONG ZION ROAD TOWARDS GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR1964T

Insured/Policyholder

Name Of Registered Owner	MOHD ALI BIN A S SHAHUL HAMEED
NRIC No	SXXXX065B
Email Address	ALIMOHD127@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92229442
Alternative Phone No	OTHERS-92229442

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116802115
Cover Note Number	

Driver

Name of Driver	MOHD ALI BIN A S SHAHUL HAMEED
NRIC No	SXXXX065B
Date Of Birth	17/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1986
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92229442
Fax Number	
Contact Number	OTHERS-92229442
EMail Address	ALIMOHD127@YAHOO.COM.SG

Address	BLK 304 UBI AVENUE 1 #04-87
Postcode	400304
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	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?	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

AS I WAS TRAVELLING ALONG ZION ROAD TOWARDS GRANGE ROAD ON 2ND LANE,I WAS IN FRONT OF A TAXI SHD4769Z CAME FROM THE RIGHT SIDE AND BANG ONTO MY BIKE FBR1964T ON THE RIGHT AND FELL DOWN.

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	SHD4769Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOH KIA CHIN
NRIC/Passport Number	SXXXX403Z
Contact Number	91804748
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

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.

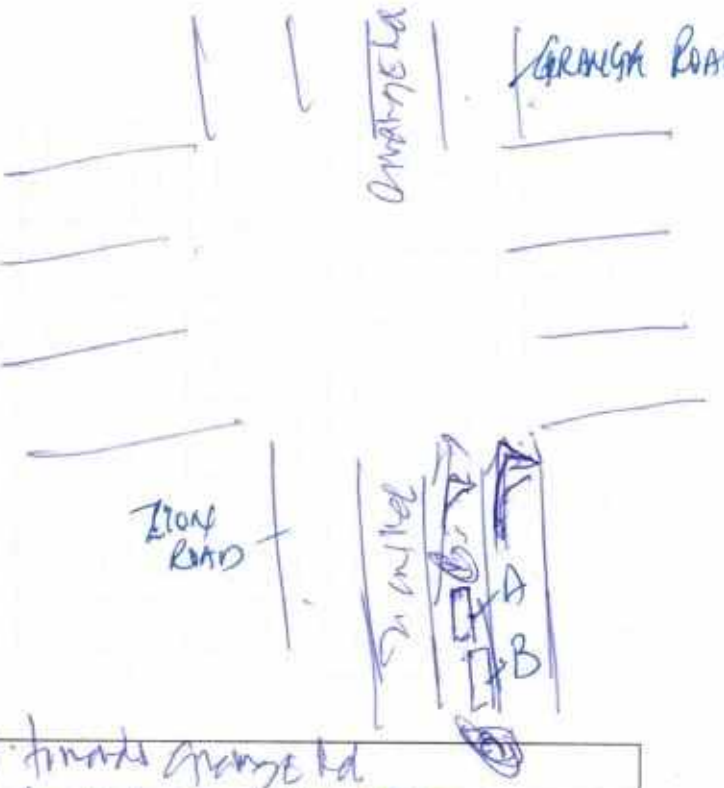
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 15/04/2020	Driver's Signature (If driver is not the policyholder) Date & Time: 15/04/2020	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 16/04/2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AC-I was travelling along Zion Rd towards Grange Rd
on 2nd lane I was hitting a taxi (a/c plate No SJD 4769Z.
came from side and bang me on my right side which I
fell down.
A bike bike no A) FBR 1964T
Taxi No B) SJD 4769Z

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.:
15/4/2020	15/4/2020	16/04/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 01 / 2014) (DD/MM/YYYY), TIME: (1508) (HH:MM)

LOCATION: JUNCTION SIXTH Rd & Alexandra Valley

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SBR 1904T.
   b) INSURANCE COMPANY: AVIVA Insurance
   c) POLICY NUMBER: 311680211S
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: YAMAHA AEROX
   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: MOHD ALI BIN A S SHAIKH HAMEED (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S[illegible]0635B CONTACT:
   c) ADDRESS: BLK 309 UBI AVE 1 #04-87 S(408)309
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (__)

3. DRIVER
   a) NAME: A.S. ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S CONTACT: (1222 9[illegible])
   c) ADDRESS:
   *d) DATE OF BIRTH: (01 / 07 / 1961) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 18/1/1986.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
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

* No of passenger (Including driver) (1)

   a) VEHICLE NUMBER: SHD 4769Z MODEL: HYUNDAI
   b) DRIVER'S NAME: [illegible]
   c) NRIC/FIN/PASSPORT: S[illegible]0432Z CONTACT: 91804748
9. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

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

email = [illegible]@yahoo.com.sg

VIDEO

Claim Handling

- Exit

Accident MT/1091440

Policy No.	5114802115	Vehicle No.	FBB1964T	GST Registration No.	
Certificate No.					
Policyholder Name	MOHD ALI BIN A S SHAHUL HAMEED			Policyholder NRIC	S1481065B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	82229442	Contact No.(Office)		Contact No.(Home)	
Email Address	akmahd127@gmail.com	Special Remark		eCode	No
KPR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	16/04/2020 10:43	Accident Report Within 24 Hrs.	Yes	Accident Type	Side Swipe
Date of Accident	15/04/2020	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ZION ROAD TOWARDS GRANGE ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not 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 304 #04-87	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400304
Address 4		Address Type	Singapore address	Post Code	400304
Unit No.		Related Policy Number	5114802115		

01 Driver Info

Driver Name	MOHD ALI BIN A S SHAHUL HAMEED	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1481065B	Driver DOB	01/07/1981
Register Date of Driver License	18/01/1986	Driver Age	38	Driving Experience	34
Contact No.(Mobile)	82229442	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 304 #04-87	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400304
Address 4		Address Type	Singapore address	Post Code	400304
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBB1964T	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MB	Insured Name	MOHD ALI BIN A S SHAHUL HAM	Insured NRIC	S1481065B
Contact No.(Mobile)	84776866	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ali010761@yahoo.com.sg	OI Vehicle Number	FBB1964T	TP Vehicle Number	SHD4769Z
Claim Description	FBB1964T / SHD4769Z ON 15 Apr 2020			Name of Preferred Workshop	

Preferred Workshop | Insured Liability: Not at Fault
Damage No. Finalisation: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Date Registered	16/04/2020 11:10	Claim Close Date		Date Received	16/04/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/1091440	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	16/04/2020 11:11

Path *		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	

Message Read | Send Message | Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CG)	Action
	NAC_PAYA_UBI_B00801(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16		Edit
	NAC_PAYA_UBI_B00801(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16		Edit
	NAC_PAYA_UBI_B00801(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16		Edit

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	Photos		Normal	Photos 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2020 11:11	SAS		Normal	SAS 2020-4-16	Edit

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) FBR1964T
Date of Accident 15/04/2020 16:38
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5116802115		MOHD ALI BIN A S SHAHUL HAMEED	S1465065B	GMC	Third Party, Fire & Theft	FBR1964T	FBR1964T	17/03/2020	16/03/2021

Continue