

NATIONAL Assessment Centre Services

Date In: 15/05/20	Job description: SAS e-filing	Date & Time Completed	Done by:
Ref No: NA/INC00005757/13	E-mail (within 8hrs, Alt 2hrs)		
Veh No: FB M8583P	i-Motor Claim Form	MT/1092764-001	
D.O.A: 14/05/20 0645	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SHCS813C	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

NA2002887	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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 \$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	15/05/2020 16:50
Date Of Accident	14/05/2020 06:45
Exact Location Of Accident	BUKIT BATOK RD TWDS JURONG BESIDE SHELL PETROL KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM8583P

Insured/Policyholder	
Name Of Registered Owner	FAZLI BIN SAFARJAN
NRIC No	SXXXX569E
Email Address	FAZLI0108@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98441593
Alternative Phone No	OTHERS-98441593

Vehicle Particulars	
Manufacturer	YAMAHA
Model	-
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	5108854525-01
Cover Note Number	

Driver	
Name of Driver	FAZLI BIN SAFARJAN
NRIC No	SXXXX569E
Date Of Birth	01/08/1980
Occupation	INDOOR
Date Of Driving Pass	06/05/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98441593
Fax Number	
Contact Number	OTHERS-98441593
Email Address	FAZLI0108@GMAIL.COM

Address	BLK 322 BUKIT BATOK ST 33 #02-08
Postcode	650322
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20200514/7034

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	SHC5813C
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)

DETAILS OF INJURED PERSON 1

Name	FAZLI BIN SAFARJAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM8583P
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.
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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**.
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:

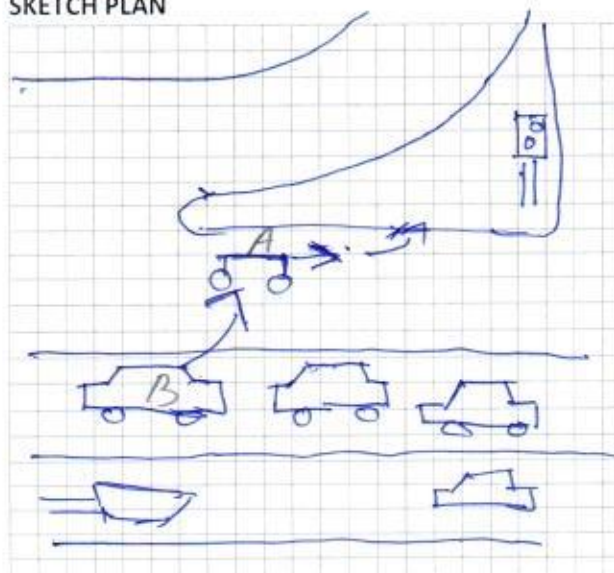
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



BUKIT BATOK RD
TWISS JURONG BESIDE
SHELL PETROL KIOSK

A - FRM8583P
B - SHC5813C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: J/20200514/7034

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.:



SINGAPORE POLICE FORCE



J/20200514/7034

1 of 2

POLICE REPORT (NP299)

Report No. J/20200514/7034

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 14/05/2020 16:17	Vide Report No.	Station Diary No.
Name Of Informant FAZLI BIN SAFARJAN	Address APT BLK 322 BUKIT BATOK STREET 33 #02-08 SINGAPORE 650322	
ID Type / ID No. NRIC NO / S8022569E	Contact No. Home/Office: Mobile: 98441593	
Nationality SINGAPORE CITIZEN	Email Address fazli0108@gmail.com	
Occupation Crane operator (port)	Sex Male	Age 39
	Date of Birth 01/08/1980	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 14/05/2020 06:50 - 14/05/2020 07:00	Location Of Incident APT BLK 322 BUKIT BATOK STREET 33 #02-08 SINGAPORE 650322	

Brief details.

I was riding on my bike FBM8583P at 0645hr on 14/05/2020 along BukitBatokRoad towards Jurong. I was in the outer left lane.. approving the traffic light near BukitBatok Shell station. A TRANSCAB taxi SHC5813P went into my lane.. I try to avoid the collision. The taxi knock onto my bike I hit the curb and I fell. The bike fall onto my left foot. An pump attendant uncle from nearby Shell patrol saw and call 999. 10min later ambulance and TP came..I was sent to NG Teng Fong Hospital

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2020 16:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200514/7034

Subjects Involved			
Suspect			
Person Name	Dont know		
Gender	Male	Age	40-55
Race	Chinese	Mobile No	90054777
Victim			
Person Name	FAZLI BIN SAFARJAN		
ID Type	NRIC NO	ID No	S8022569E
Gender	Male	Age	39
Race	Malay	Language	English
Occupation	Crane operator (port)	Address Type	
Address	APT BLK 322 BUKIT BATOK STREET 33 #02-08 SINGAPORE 650322	Mobile No	98441593
Is Informant A Victim?	Yes		
Person Name	FAZLI BIN SAFARJAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

14/05/2020 16:17

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 5 / 2020) (DD/MM/YYYY), TIME: (6 : 40) (HH:MM)

LOCATION: Bukit Batok Rd toward Jurong beside shell petrol

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBAM 8583 P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5108854525
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: FAZLI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 80225692 CONTACT: 98441593
c) ADDRESS: Bukit Batok St 33 #02-08 650322

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
a) NAME: ASHLOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 80225692 CONTACT: 98441593
c) ADDRESS: Bukit Batok St 33 #02-08 650322

*d) DATE OF BIRTH: (1 / 8 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10

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) Clear
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:

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SHL 5813 C MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

15/05/20
waiting for
veh at TP
compound.

Email =

fax =

video =

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="14/05/2020 06:40"/>							
Vehicle No.(For Motor)	<input type="text" value="FBM8583P"/>	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"/>	5108854525-01		FAZLI BIN SAFARJAN	S8022569E	GMC	Third Party, Fire & Theft	FBM8583P	FBM8583P	27/04/2020	26/04/2021
					<input type="button" value="Continue"/>					

Claim Handling

Accident MT/1092764

Policy No.	5108854525-01	Vehicle No.	FBM8583P	GST Registration No.	
Certificate No.					
Policyholder Name	FAZLI BIN SAFARJAN			Policyholder NRIC	S8022569E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98441593	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	15/05/2020 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/05/2020	Time of Accident hh:mm	06:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK RD TWDS JURONG BESIDE SHELL PETROL K10				

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 374 #05-44	Address 2	TAMPINES STREET 34	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520374
Unit No.		Related Policy Number	5108854525-01		

01 Driver Info

Driver Name	FAZLI BIN SAFARJAN	Driver Type	Main Driver	Driver DOB	01/08/1986
Unnamed driver Name		Driver NRIC	S8022569E	Driving Experience	10
Register Date of Driver License	06/05/2010	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	98441593	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 374	Address 2	TAMPINES STREET 34	Post Code	520374
Address 4		Address Type	Singapore address		
Unit No.	#05-44				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	FAZLI BIN SAFARJAN	In NA
Contact No.(Mobile)	98441593	Contact No. (Home)	67871696	Co No (D
Email Address		Vehicle Number	FBM8583P	TP Ve Ni
Claim Description	FBM8583P / SHCS813C ON 14 May 2020			Na Pr Wh
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	
	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/05/2020 17:39	Claim Close Date		De Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re

Print AK letter

Save Submit

Attachment

Accident No.	MT/1092764	Claim No.	001
Last Doc. Received	Yes No	upload Date	15/05/2020 00:00
Path *		Category *	Confidential Urgency *
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 FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen















Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	SAS		Normal	SAS 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2020 17:39	Photos		Normal	Photos 2020-5-15

Video List

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