MMAY20057670

NATIONAL Assessment Centre Services.

		Date & Time Completed	Done by
Date In: 19/06/2020 15:00	Job description		
Ref No. NBA/MC2006469/Y	SAS e-filing		
Veh No: FBR6544	E-mail (Whole 4hrs, A/C 2hrs)		
DOA: 19/06/2020 13:35	I-Motor Claim Form	MT1094803001	19/06/2020 16:41
	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD (X) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: SKV 5556J. 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 ( )

( ) 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 :

NA2003181

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Sal. 1:

1) AR : Accident Reporting ($30)	INC ($10)	
2) DA : Damage Assessment ($100)	$80/$45	
3) TP : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jun 2020)	$75	
6) TR : Re-inspection	$160	
7) NI : New DA + SMRT Survey		
8) NTUC Additional Services:		
OJ	$3	
*N5: Courtesy Car / Tpt Allowance	$10	
*N6: Repair Co-ordination	$20	
*N7: Post Repair Inspection	$3	
*N8: DV / Collect Excess Coordination		
TP (HID) TP (Non INC) + claims INC	$0	
9) N12: New 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	19/06/2020 15:00
Date Of Accident	19/06/2020 13:35
Exact Location Of Accident	ALONG SIXTH AVENUE BEFORE QUEEN ASTRID PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR654U

Insured/Policyholder

Name Of Registered Owner	MUHAMMAD MULIA BIN JUSOH
NRIC No	SXXXX048Z
Email Address	MATTZ_84@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92221811
Alternative Phone No	OTHERS-92221811

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT 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	5116210528
Cover Note Number	

Driver

Name of Driver	MUHAMMAD MULIA BIN JUSOH
NRIC No	SXXXX048Z
Date Of Birth	01/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2003
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92221811
Fax Number	
Contact Number	OTHERS-92221811
EMail Address	MATTZ_84@HOTMAIL.COM

Address	BLK 273D PUNGGOL PLACE #10-886
Postcode	824273
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

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	SKV5556J
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG SOAK WAI
NRIC/Passport Number	SXXXX903F
Contact Number	96653348
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.**
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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.

19/06/2020

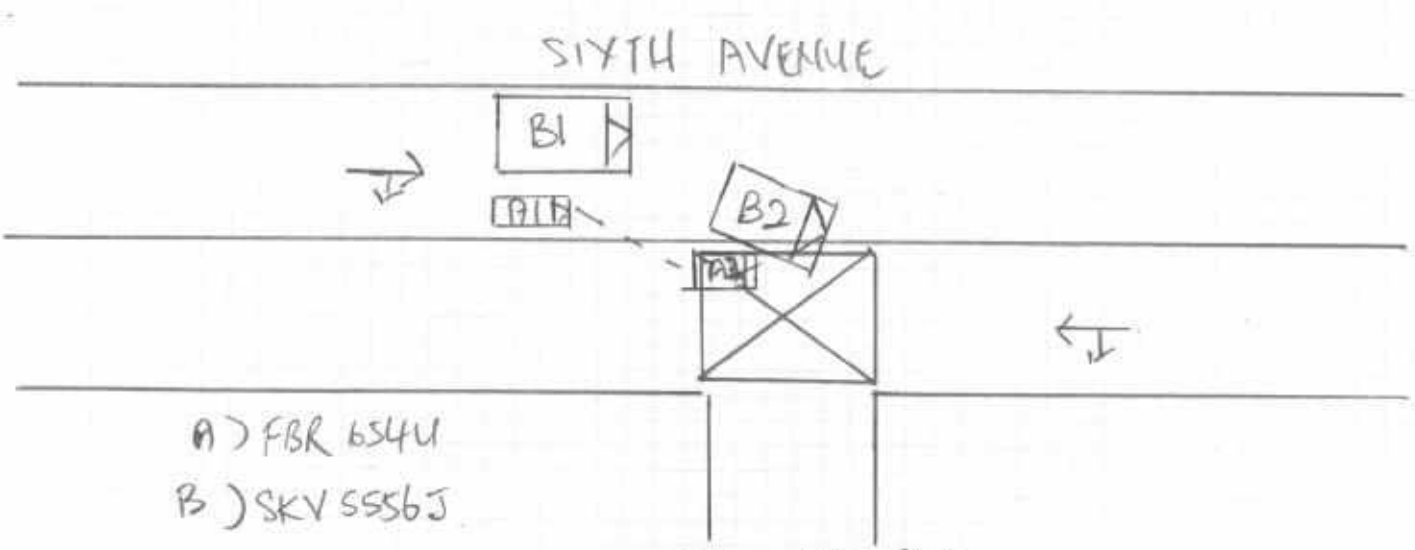
Policyholder's Signature
Date & Time: 1505 hrs

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

19/06/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On this date 19/06/2020, Time 1335 hrs, I was riding motorcycle FBR 654 U, along Sixth Avenue. I saw car SKV 5556 J infront of me slow down keep left. I thought she going to stop or making left turn then Suddenly She Swerve to make right turn without Signalling when I was about to overtake her on her right side. I horn ~~to~~ 4 times to warn her but it was too late. We crash into each other.

DECLARATION

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

19/06/2020		19/06/2020
Policyholder's Signature Date & Time: 1505 hrs.	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 06 / 2020) (DD/MM/YYYY), TIME: (13 : 35) (HH:MM)

LOCATION: Sixth Avenue before Queen Astrid Park.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBR654U
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5116210528
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Yamaha Aerox 155 cc
   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: MUHAMMAD MIQLIA BIN JUSOH (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8421048E CONTACT: 92221811
   c) ADDRESS: Block 278D Punggol Place #10-886
   Singapore
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) ( )

3. DRIVER
   a) NAME: As Above. (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (01 / 08 / 1984) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 8/5/2003
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 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 passenger (including driver) ( )

   a) VEHICLE NUMBER: SKV 5556 J MODEL: Mazda 3
   b) DRIVER'S NAME: Loong Soak Wai
   c) NRIC/FIN/PASSPORT: S1284903F CONTACT: 96653348
9. THIRD PARTY VEHICLE

* No of passenger (including driver) ( )

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

mattz_84@hotmail.com

Email =

VIDEO

Claim Handling

Accident HT/1094803

Policy No.	5116210528	Vehicle No.	FB8654U	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD MULIA BIN JUSOH			Policyholder NRIC	S9421046Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92221811	Contact No.(Office)		Contact No.(Home)	
Email Address	mulia_84@hotmail.com	Special Remark		eCode	
NFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	19/06/2020 18:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/06/2020	Time of Accident hh:mm	13:35	Country of Accident	Singapore
Reporting Centre		Oranga Forse		ICM No	
Accident Location	ALONG SIXTH AVENUE BEFORE QUEEN ASTRID PARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
TIED OD Excess	0.00	TIED 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 2730 #10-696	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 824273
Address 4		Address Type	Singapore address	Post Code	824273
Unit No.		Related Policy Number	5116210528		

OI Driver Info

Driver Name	MUHAMMAD MULIA BIN JUSOH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9421046Z	Driver DOB	01/08/1984
Register Date of Driver License	08/09/2003	Driver Age	35	Driving Experience	17
Contact No.(Mobile)	92221811	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 2730 #10-696	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 824277
Address 4		Address Type	Singapore address	Post Code	824273
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FB8654U	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	MUHAMMAD MULIA BIN JUSOH	Insured NRIC	S9421046Z
Contact No.(Mobile)	92221811	Contact No. (Home)	65582672	Contact No. (Office)	
Email Address		OI Vehicle Number	FB8654U	FP Vehicle Number	SKV5556J
Claim Description	FB8654U / SKV5556J ON 19 Jun 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Partially at Fault		
Request for Towing/ Flatbed?	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/06/2020 18:40	Claim Close Date		Date Received	19/06/2020 00
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

Attachment

Accident No.	HT/1094803	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/06/2020 18:41

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	

Send Ma

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Send (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 18:41	Photos	Normal	Photos 2020-6-19	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:41	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:41	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:41	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:41	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:41	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:41	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:41	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:40	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:40	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:40	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 15:40	Photos		Normal	Photos 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2020 16:40	SAS		Normal	SAS 2020-6-19

Video List

Uploaded By/Date	Folder Date	File Name		Source

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) FBR654U
Date of Accident 19/06/2020 16:51
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5116210528		MUHAMMAD MULIA BIN JUSOH	S8421048Z	GMC	Third Party, Fire & Theft	FBR654U	FBR654U	13/02/2020	12/02/2021

Continue