

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA2006735**

Date In: <b>20/2/05-12:59</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC20067354/24</b>	SAS e-filing		
Veh No: <b>F366753K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>9/3/05-14:30</b>	i-Motor Claim Form	<b>MA/1097768-001</b>	<b>20/2/05 13:10</b>
OD: <b>TP</b> 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: <b>575788E</b>	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:**

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	QD*		
	*N5: Courtesy Car / Tpl 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 30		
Auditors' Comments:-	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	22/07/2020 12:59
Date Of Accident	09/07/2020 14:50
Exact Location Of Accident	BUKIT BATOK WEST AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6753K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD IRWAN BIN ASLI
NRIC No	TXXXX877F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97604412
Alternative Phone No	OFFICE-97604412

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
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
Fleet Policy	NO
Policy Number	5115517653
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD IRWAN BIN ASLI
NRIC No	TXXXX877F
Date Of Birth	03/07/2000
Occupation	INDOOR
Date Of Driving Pass	02/07/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97604412
Fax Number	
Contact Number	OFFICE-97604412
Email Address	NOEMAIL

Address	BLK 342 CHOA CHU KANG LOOP #05-35
Postcode	680342
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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 POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - J/20200714/7030.

#### 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	SJS5388E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALAN
NRIC/Passport Number	
Contact Number	92760686
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD IRWAN BIN ASLI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG6753K
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.



Policyholder's Signature  
Date & Time:

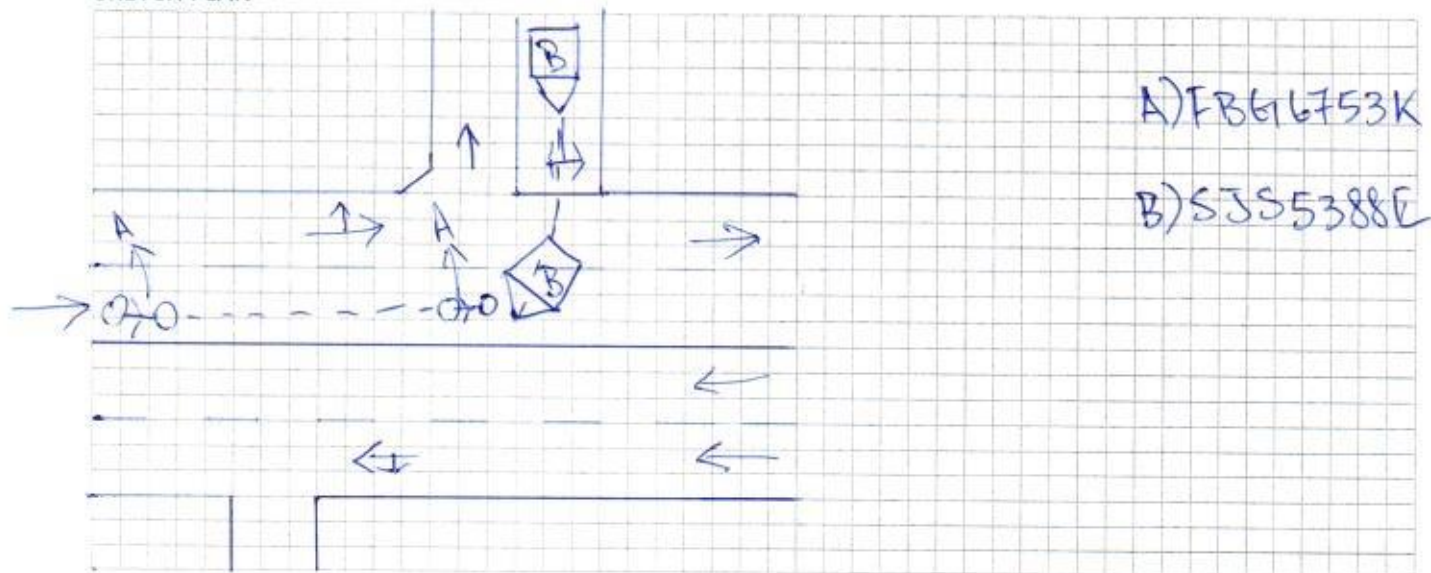


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report

## 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 07 / 2020) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: Bukit Batok West Avenue 5

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB66T53K  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5155517653  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Jupiter LC135 YAMAHA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Transport  
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 Imron Bin Asli (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: T0022877F CONTACT: 97604412  
c) ADDRESS: Choa ch4 kang loop blk 342 #05-35  
Singapore 680342

\* 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: (03 / 07 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1

### 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)

### 6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police HQ

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 5388E MODEL: TOYOTA  
b) DRIVER'S NAME: Alan  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9276 0686

### 9. THIRD PARTY VEHICLE

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

Email =

fax =

VIDEO = NO



**SINGAPORE  
POLICE FORCE**



J/20200714/7030

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20200714/7030

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

Date/Time Report Made 14/07/2020 15:08	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD IRWAN BIN ASLI	Address APT BLK 342 CHOA CHU KANG LOOP #05-35 SINGAPORE 680342	
ID Type / ID No. NRIC NO / T0022877F	Contact No. Home/Office: Mobile: 97604412	
Nationality SINGAPORE CITIZEN	Email Address irw4n4sli@gmail.com	
Occupation Student	Sex Male	Age 20
Institution/School Name	Date of Birth 03/07/2000	Race Malay
Date/Time Of Incident 09/07/2020 14:50	Location Of Incident BUKIT BATOK WEST AVENUE 5	

**Brief details.**

On the above mentioned date and time, I was riding FBG6753K along Bukit Batok West Ave 5 towards Ave 7.

I was on the second lane from the left travelling straight when suddenly, SJS 5388E dashed out from the minor road on my left.

I immediately jammed on my brakes in a bid to avoid the collision. However, as SJS 5388E was too fast,

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: 14/07/2020 15:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



J/20200714/7030

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20200714/7030

as soon as I realised that collision was inevitable, I jumped off my bike.

I landed hard on the right side of my body. My helmet was still on when my head hit against the rim of SJS 5388E. Subsequently, the right side of my head hit against the floor. I landed on my right shoulder and both knees. I used my right hand to break my fall before I started rolling to my left.

I couldn't get up on my own and was helped to my feet by paramedics who had arrived at the accident scene. I was conveyed by ambulance to NG TENG FONG GENERAL HOSPITAL for multiple injuries resulting from the accident.

I was discharged on the same day with 3 Days MC. On 13/07/2020, I was still feeling hurt and as such, I went to my family doctor at Unihealth 24-Hr Clinic (Jurong East) for a follow up. I was given another 3 days MC from 13/07/2020 to 15/07/2020.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

14/07/2020 15:08

Classification Of Case:

Authentication Stamp

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="09/07/2020 14:50"/>
Vehicle No. (For Motor)	<input type="text" value="FBG6753K"/>	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"/>	5115517653		MUHAMMAD IRWAN BIN ASLI	T0022877F	GMC	Third Party	FBG6753K	FBG6753K	11/01/2020	10/01/2021



## ▼ Policy Information

Policy No.	5115517653	Policyholder Name	MUHAMMAD IRWAN BIN ASLI	Policyholder NRIC	T0022877F
Certificate No.					
Address	BLK 342 #05-35 CHOA CHU KANG LOOP SINGAPORE 680342				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/01/2020	Effective Date	11/01/2020 00:00	Expiry Date	10/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	TAN QINGYUE	Agent Tel.	86834218	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 342 #05-35	Address 2	CHOA CHU KANG LOOP	Address 3	SINGAPORE 680342
Address 4		Address Type	Singapore address	Post Code	680342
Unit No.	05-35	Related Policy Number	5115517653		

▶ Insured Object: FBG6753K

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

## Claim Handling

Accident MT/1097568

Policy No.	S115517653	Vehicle No.	PBG6753K	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD IRWAN BIN ASLI	Cover Type	Third Party	Policyholder NRIC	T0022877F
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97604412	Special Remark		Contact No. (Home)	0
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 Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	22/07/2020 13:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	09/07/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 5				
<b>Total Excess Applicable</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 342 #05-35	Address 2	CHOA CHU KANG LOOP	Address 3	SINGAPORE 680342
Address 4		Address Type	Singapore address	Post Code	680342
Unit No.	05-35	Related Policy Number	S115517653		
<b>OT Driver Info</b>					
Driver Name	MUHAMMAD IRWAN BIN ASLI	Driver Type	Main Driver	Driver DOB	03/07/2000
Unnamed Driver Name		Driver NRIC	T0022877F	Driving Experience	1
Register Date of Driver License	02/07/2019	Driver Age	20	Contact No. (Home)	0
Contact No. (Mobile)	97604412	Contact No. (Office)	0	Address 3	SINGAPORE 680342
Address 1	BLK 342	Address 2	CHOA CHU KANG LOOP	Post Code	680342
Address 4		Address Type	Singapore address		
Unit No.	05-35				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD IRWAN BIN ASLI	Insured NRIC	T0022877F
Contact No. (Mobile)	97604412	Contact No. (Home)		Contact No. (Office)	
Email Address	irwan68@gmail.com	OT Vehicle Number	PBG6753K	TP Vehicle Number	S155388E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PBG6753K / S155388E ON 9 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/07/2020 13:10	Claim Close Date		Date Received	22/07/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

## Attachment

Accident No.	MT/1097568	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/07/2020 13:12
Path *			
	Browse...	Category *	Confidential
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal



