

NATIONAL Assessment Centre Services

Ref: 100000

MAH/20083797

Date In: 18/09/2020	Job description	Date & Time Completed	Done by
Ref No: NBAT/INC20013244	SAS e-filing		
Veh No: FB5 974R	E-mail (within Area, A/C 2hrs)		
D.O.A: 05/09/2020 00:30	I-Motor Claim Form	ml/1102265-002	26/09/2020
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10/25
	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: SH10 79784

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. ()

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

NA2005130

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref:

Int. 2 / 3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TP: 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) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON:
- *N3: 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: Idac Mobile \$0

Amt (\$)

Amt (\$)

Int Bill

Add Bill

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	25/09/2020 18:09
Date Of Accident	05/09/2020 00:30
Exact Location Of Accident	WOODLANDS AVE 7 EXITING TOWARDS WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9274R
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED THAQIF DHIYAUDDIN BIN MOHAMMED YAZID
NRIC No	SXXXX924G
Email Address	THAQIZ_DHIYAUDDIN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90698085
Alternative Phone No	OFFICE-90698085

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC 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	5118327875
Cover Note Number	

Driver

Name of Driver	MOHAMMED THAQIF DHIYAUDDIN BIN MOHAMMED YAZID
NRIC No	SXXXX924G
Date Of Birth	01/08/1996
Occupation	INDOOR
Date Of Driving Pass	22/07/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90698085
Fax Number	
Contact Number	OFFICE-90698085
EEmail Address	THAQIZ_DHIYAUDDIN@YAHOO.COM.SG

Address	BLK 162 WOODLANDS STREET 13 #10-599
Postcode	730162
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?	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	SMD7978H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EF LYE WENG
NRIC/Passport Number	SXXXX968Z
Contact Number	
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**.
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: 25/09/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

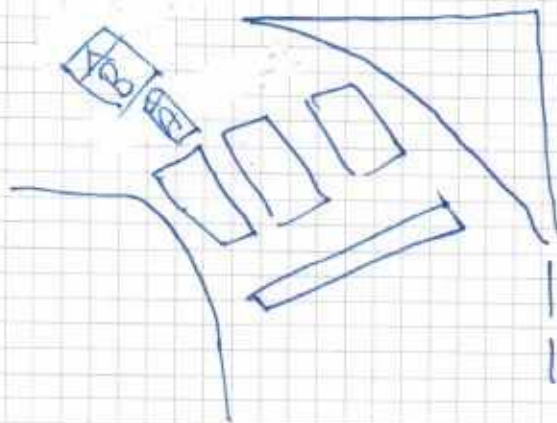
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Woodlands Ave 2



Woodlands Ave 7

A) FBJ 9274R

B) SMD 7978H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Woodlands Ave 7, exiting towards Ave 2. I collided with SMD 7978H at the filter lane after the zebra crossing. My front tyre collided the vehicle, causing the bumper to disattached slightly. No injuries for both parties. No damage to my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 25/09/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 05/02/2020 (DD/MM/YYYY), TIME: 00:30 (HH:MM)

LOCATION: Woodlands Ave 7 exiting to Woodlands Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB39274R
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5118327875
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda CB400X
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Mohammed Thaqif Dhiyavuddin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9625924G CONTACT: 90698085
c) ADDRESS: Blk 162 Woodlands Street 13 #10-599
5730162

* 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: 01/08/1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/07/2020

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: _____

B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMD7978H MODEL: _____
b) DRIVER'S NAME: EE Lye Weng
c) NRIC/FIN/PASSPORT: 501649682 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
()

email = thaqif_dhiyavuddin@yahoo.com.sg

VIDEO

Claim Handling

Accident MT/1102565

Policy No.	S118327875	Vehicle No.	FB9274R	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMED THAQIF DHIAUDDIN BIN MOHAMMED YAZID			Policyholder NRIC	S94239241
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFC	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	07/09/2020 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - I
Date of Accident	05/09/2020	Time of Accident (hh:mm)	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ECM No.	
Accident Location	Slip Road of Woodlands Avenue 7 and Woodlands Ave2				

▼ 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	
Additional Excess		Driver is Covered?	Not Applicable
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 162 #10-599	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	730162
Unit No.	10-599	Related Policy Number	S118327875		

▼ DI 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 OD-MX New

Claim Type *	OD-MX	Insured Name	MOHAMMED THAQIF DHIAUDDIN	In NR
Contact No.(Mobile)	90696085	Contact No. (Home)		Co No (O)
Email Address		DI Vehicle Number	FB9274R	TP Ve Nu
Claim Description	FB9274R / SMD7678H DN 5 Sept 2020			
Preferred Workshop	<input type="checkbox"/> Insured Liability	<input type="checkbox"/> Fully at Fault		
Workshop No.	<input type="checkbox"/> Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/09/2020 10:02	Claim Close Date		Da Re
Report Taken By	ROSLI WANAB	Workshop Repairer		To Bu Re

☐ Print AK letterSave Submit

Attachment

Accident No.	MT/1102565	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/09/2020 10:25

Path *	Category *	Confidential	Urgency *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:25	Photos	Normal	Photos 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:25	Photos	Normal	Photos 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:25	Photos	Normal	Photos 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:24	Photos	Normal	Photos 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:24	Photos	Normal	Photos 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:24	Photos	Normal	Photos 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:24	Photos	Normal	Photos 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-9-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Sep 2020 10:24	SAS	Normal	SAS 2020-9-26

Video List

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

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="05/09/2020 10:01"/>
Vehicle No. (For Motor)	<input type="text" value="FBJ9274R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118327875		MOHAMMED THAQIF DHTYAUDDIN BIN MOHAMMED YAZID	S9625924G	GMC	Third Party, Fire & Theft	FBJ9274R	FBJ9274R	21/07/2020	20/07/2021