

NATIONAL Assessment Centre Services.

(part 1 of 2)

MAA 42005382

Date In: 12/10/2020 14:52	Job description	Date & Time Completed	Done by
Ref No: 12/10/2020/101814	SAS e-illing		
Veh No: FBR6929M	E-mail (by date, A/C date)		
D.O.A: 12/10/2020 12:50	1-Motor Claims Form	MT1106310-001	12/10/2020 15:13
OD: TP / Reporting Only	1-Motor W/O (With/OD date, TP date)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wreck / INC Assign Wreck / QW:	Tel:	Fax:
TP Participant:	Veh No: SMP 4392D	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 Refor of repair.

() 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: ()

Driver/Owner:

Contact No:

Damaged Portion:

MAA 42005382

1) Alt: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$110
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) PT: Follow-Through Survey (Resurvey) (over 12 Jan 200)	\$70
7) TT: Towing Fee	\$100
8) TT: Towing Fee	\$100
9) TT: Towing Fee	\$100
10) TT: Towing Fee	\$100
11) TT: Towing Fee	\$100
12) TT: Towing Fee	\$100
13) TT: Towing Fee	\$100
14) TT: Towing Fee	\$100
15) TT: Towing Fee	\$100
16) TT: Towing Fee	\$100
17) TT: Towing Fee	\$100
18) TT: Towing Fee	\$100
19) TT: Towing Fee	\$100
20) TT: Towing Fee	\$100

QC Checked by (Engr-In-Charge):

Invoice dated:

Invoice dated:

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	12/10/2020 14:52
Date Of Accident	12/10/2020 12:50
Exact Location Of Accident	EXIT FROM AYE TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR6929M
Insured/Policyholder	
Name Of Registered Owner	ATAMAN BIN ABDUL MANAF
NRIC No	SXXXX922I
Email Address	ATAMANZ.1969@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93395920
Alternative Phone No	OTHERS-93395920

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155-155CC
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	5119159335
Cover Note Number	

Driver

Name of Driver	ATAMAN BIN ABDUL MANAF
NRIC No	SXXXX922I
Date Of Birth	23/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2008
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93395920
Fax Number	
Contact Number	OTHERS-93395920
Email Address	ATAMANZ.1969@GMAIL.COM

Address	BLK 41 TELOK BLANGAH RISE #03-377
Postcode	090041
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	SMP4392D
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHOO YEW DANNY (HUANG ZUYAO)
NRIC/Passport Number	SXXXX303J
Contact Number	98424984
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

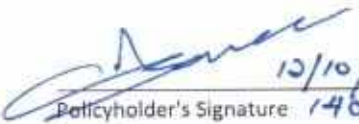
SKETCH PLAN

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  13/10/2020
Date & Time: 1406 hrs

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

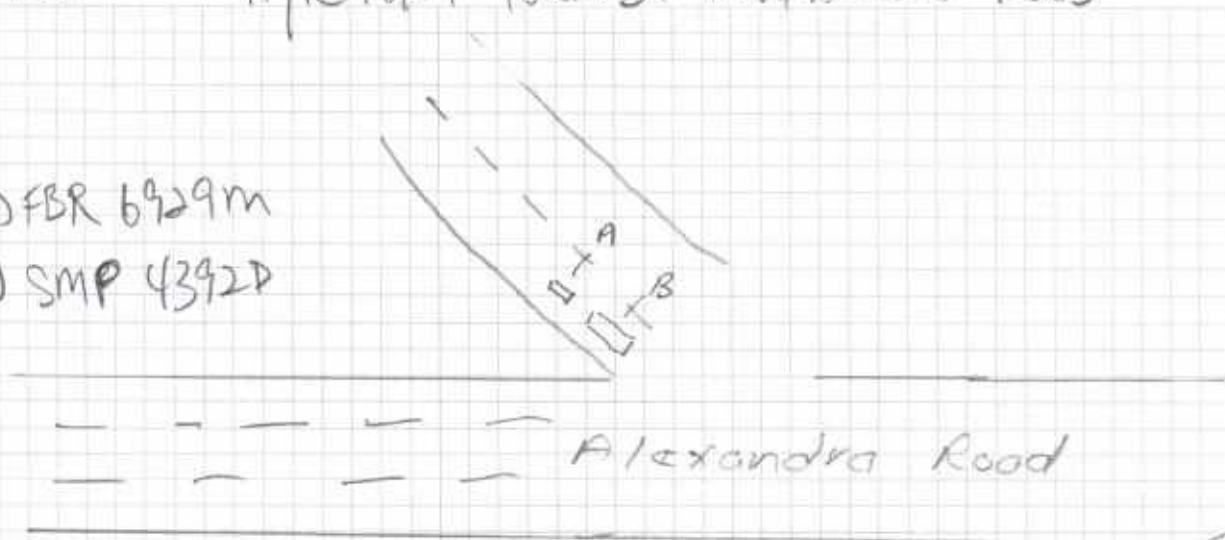
Reporting Centre Personnel's Signature 
Name: Kashi
NRIC/FIN No.:

SKETCH PLAN

AYE EXIT TOWARDS ALEXANDRA ROAD

AJFBR 6929M

B) SMP 4392D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/2020 I involve in accident from AYE Exit toward Alexandra Road. The car (SMP 4392D) BMW was in front me. He stop and I hit his car at the back. I was towards the same way with him.

DECLARATION

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

 12/10/2020

Policyholder's Signature 1406 hrs.
Date & Time:

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

 12/10/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 10 / 2020) (DD/MM/YYYY), TIME: (1250) (HH:MM)

LOCATION: Exit AYE toward Alexandra Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 6939M
b) INSURANCE COMPANY: NUC
c) POLICY NUMBER: 5119159335
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: N Max
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: Afaman Bin Abdul Manaf. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S69409221 CONTACT: 93395920
c) ADDRESS: B. 41 Teluk Belangah Road #03-397
Singapore 090041

* 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: (23 / 11 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24 Jul 2008

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

- a) VEHICLE NUMBER: SMP4392D MODEL: BMW
b) DRIVER'S NAME: NG CHOO YEW DANNY (Huang Zuyao)
c) NRIC/FIN/PASSPORT: 38804303J CONTACT: 98424984

9. THIRD PARTY VEHICLE

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

Email: afaman2.1969@gmail.com

VIDEO

Claim Handling

Accident MT/1106310

Policy No.	5119159335	Vehicle No.	FBR6929M	GST Registrati
Certificate No.				
Policyholder Name	ATAMAN BIN ABDUL MANAF			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	93395920	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	12/10/2020 15:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2020	Time of Accident hh:mm	12:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	EXIT FROM AVE TOWARDS ALEXANDRA 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 Cover
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 41 #03-377	Address 2	TELOK BLANGAH RISE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-377	Related Policy Number	5119159335	

▼ OI Driver Info

Driver Name	ATAMAN BIN ABDUL MANAF	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6940922J	Driver DOB
Register Date of Driver License	24/07/2008	Driver Age	50	Driving Experi
Contact No.(Mobile)	93395920	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 41 #03-377	Address 2	TELOK BLANGAH RISE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-377			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBR6929M	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	AT
Contact No.(Mobile)	92361312	Contact No. (Home)	63
Email Address		OI Vehicle Number	FB
Claim Description	FBR6929M / SMP4392D ON 12 Oct 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	12/10/2020 15:12	GIA report	Received
Report Taken By	ROSLI WAHAB	Claim Close Date	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1106310	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/10/2020 15:13

Path *	Category *	Confider
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Message Panel		

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:13	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:13	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 15:12	SAS		Normal	S

Video List

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5119159335

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBR6929M |
| Chassis Number | : MH3SG431000013512 |
| 2. Name of Policyholder | : ATAMAN BIN ABDUL MANAF |
| 3. Effective Date of Insurance | : 21 Sep 2020 |
| 4. Expiry Date of Insurance | : 20 Sep 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: ATAMAN BIN ABDUL MANAF
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)
Date of Issue : 21 Sep 2020 17:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive