

NATIONAL Assessment Centre Services

Date In: 15/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20011196/13	SAS e-filing		
Veh No. FBC6666A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 04/10/20 0810	i-Motor Claim Form	MT/1106738-001	
OD: TP: <u>Reporting Only</u>	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: (KIM KEAT (BBOC))	Tel:	Fax:
TP Particulars:	Veh No:	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

NA2005509	Invoice Preparation Checklist		Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao 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: Idao Mobile 30			
	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	15/10/2020 15:27
Date Of Accident	04/10/2020 08:10
Exact Location Of Accident	BBDC CIRCUIT NARROW PLANK COURSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6666A
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515

Vehicle Particulars

Manufacturer	HONDA
Model	MSX125
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	

Driver

Name of Driver	NUR HIDAYAH BINTE NOH
NRIC No	TXXXX213J
Date Of Birth	04/12/2000
Occupation	INDOOR
Date Of Driving Pass	04/10/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 190 WESTWOOD AVE #14-21
Postcode	648150
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

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 INJURED PERSON 1

Name	NUR HIDAYAH BINTE NOH
Approximate Age	
Injuries Sustain	RIGHT ARM
Injured person in which vehicle?	FBC6666A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

JOINT MOTOR DRIVING CENTRE
615 BUNYATOK STREET, SINGAPORE 699085
TEL: 6561 1233 FAX: 6561 0777

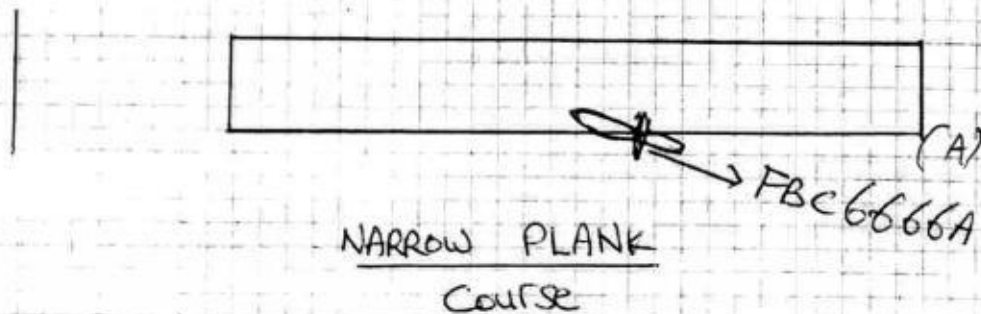
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BBDC
circuit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/10/2020, Session 1, I was attending class 2B practical lesson, Subject 3.01 (Narrow Plant course).

At about 0810 hrs, during half way through the plank, I lost balance of my bike and my bike dropped off from the plank, resulting I fell off from the motorcycle. I injured my right arm.

DECLARATION

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

15. DATE 12/03/2008
 16. TIME 12:30 PM
 17. LOCATION SINGAPORE 659085
 18. PHONE 6561 1233 FAX: 6560 0777
 19. AGENT Edna
 20. REMARKS

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

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

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

4/10/2020

0810 hrs

BBDC circuit.

RA

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBC6666A

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel: 65943515

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

HONDA MSX 125

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus, (Motorcycle) Others:

Exact Purpose for which vehicle was being used

at the time of accident.

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☒ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☒ Yes

☐ No

Policy Number

00734151220

DRIVER

Name of Driver

NUR HIDAYAH B/INTE NOH

NRIC/ FIN/ Passport

T0042213J

Date of Birth

04/12/2000

Occupation

Driving Pass Date

Gender

☐ Male

☒ Female

Contact Number

Tel:

Hp:

Address

B/K 190 WESTWOOD AVE #14-21 (648150)

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☐ No

If No, relationship of Driver with the Insured.

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

Approximate Speed

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☒ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name
Phone / Email Address
Address
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☐ No
Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☐ No
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

615 BUKIT FATOK WEST AVENUE
SINGAPORE 659085

Tel: 6561 1233 FAX: 6561 1234
Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

04/10/2020 08:10

Vehicle No.(For Motor)

FBC6666A

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114136261	5114136261-000001	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBC6666A	FBC6666A	01/01/2020	31/12/2020

Continue

Transaction ref 20170125145524248991

The owner and vehicle particulars for Vehicle No. FBC6666A as at 25 Jan 2017 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 BUKIT BATOK DRIVING CENTRE SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBC6666A
8.	Effective Date of Ownership	: 25 Jan 2017
9.	Original Registration Date	: 25 Jan 2017
10.	First Registration Date	: 25 Jan 2017
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: MSX125
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Red
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: MLHJC61A4G5302701 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC61E2306486 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 125 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 104
28.	Maximum Laden Weight(kg)	: 258
29.	Open Market Value	: \$2,456.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016120106000674H
35.	COE Expiry Date	: 24 Jan 2027
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,212.00
38.	Actual Quota Premium/PQP Paid	: \$6,212.00
39.	Actual ARF Paid	: \$369.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$64.00
46.	Road Tax Start Date	: 25 Jan 2017
47.	Road Tax End Date	: 24 Jan 2018
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1106738

Policy No.	5114136261	Vehicle No.	FBC6666A	GST Registration No.	M2008053
Certificate No.	5114136261-000001				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<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	15/10/2020 17:55	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/10/2020	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT NARROW PLANK COURSE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	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	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200805321	GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/12/2001
Unnamed driver Name	NUR HIDAYAH BINTE NOH	Driver NRIC	T00422133	Driving Experience	0
Register Date of Driver License	04/10/2020	Driver Age	19	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	190 WESTWOOD AVENUE	Address 2	WESTWOOD RESIDENCES	Post Code	648150
Address 4		Address Type	Singapore address		
Unit No.	#14-21				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Inv No	
Contact No.(Mobile)		Contact No.(Home)		Co No (O)	
Email Address		Of Vehicle Number	FBC6666A	TP No	
Claim Description	FBC6666A ON 4 Oct 2020			Na Pr	
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Workshop No.	Yes	Repair Option	Preferred Workshop (refer below)		
Date Registered			15/10/2020 18:03	Claim Close Date	
Report Taken By			ROSILINDA	Workshop Repairer	
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1106738	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2020 00:00
Path *			
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	Confidential	Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	SAS		Normal	SAS 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 18:00	Photos		Normal	Photos 2020-10-15

Video List

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