

NATIONAL Assessment Centre Services

[Ref: 23-102]

Date In: 15/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC30011198/13	SAS e-filing		
Veh No. FBQ1638R	E-mail (within 8hrs, At 2 hrs)		
D.O.A: 01/10/20 1835	I-Motor Claim Form	MT/1106727-001	
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: (RIM KEAT (BADC))	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

NA2005454	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
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			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Ref. 1:	6) TR: Re-inspection \$75			
Ref. 2/3:	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp Allowance \$3			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	TP (N11): TP (N11 INC) against INC \$20			
	9) N12: Idno 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 willful 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 15:58
Date Of Accident	01/10/2020 18:35
Exact Location Of Accident	BBDC CIRCUIT MAIN CIRCUIT AREA A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1638R
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	CBF190WH
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	NURUL ASYIQIN BINTE ABDUL RAZAK
NRIC No	TXXXX073I
Date Of Birth	30/05/2001
Occupation	INDOOR
Date Of Driving Pass	01/10/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 224 CHOA CHU KANG CENTRAL #03-255
Postcode	680224
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	NURUL ASYIQIN BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	RIGHT WRIST
Injured person in which vehicle?	FBQ1638R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

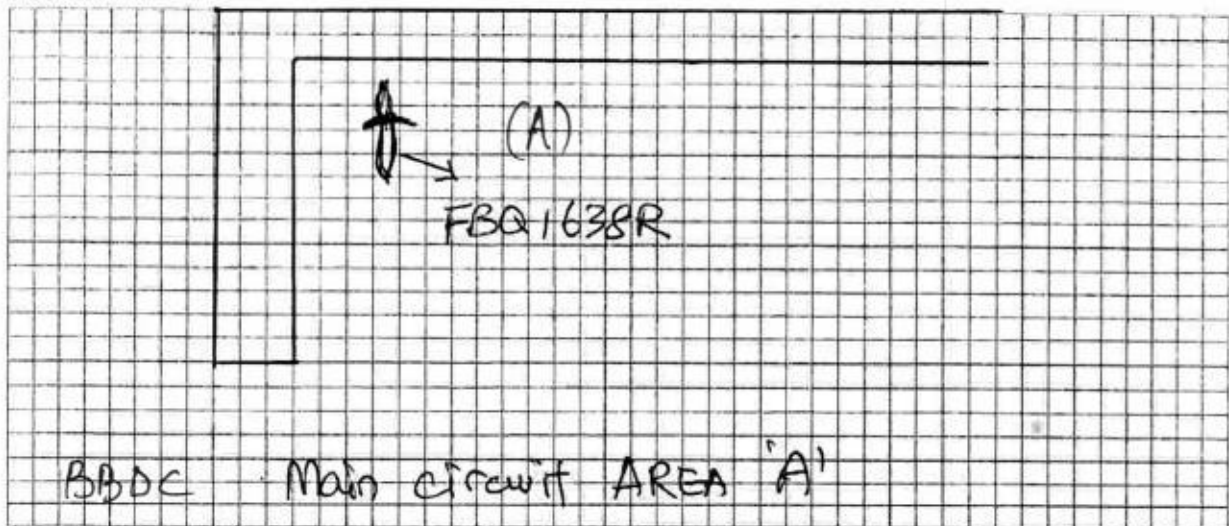
315 BUKIT BATOK DRIVING CENTRE LTD
315 BUKIT BATOK WEST AVENUE 5
SINGAPORE 658085
Tel: 6561 1233 Fax: 6561 0777

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I state

On 1/10/20 I attending my first practical lesson practicing moving & stopping at 6.55pm when I stop I lost my balance and injure my right - wrist.

DECLARATION

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

315 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659025

Tel: 6561 1233 FAX: 6569 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.:

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

1/10/2020

6:35p

BBDC circuit.

RP

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBQ1638R

Name of Policyholder

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

Address

Contact Number

Tel:

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

HONDA CBF190WH

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, 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 Income

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☒ Yes

☐ No

Policy Number

00734157220

DRIVER

Name of Driver

NURUL ASYIQIN BINTE ABDUL RAZAK

NRIC/ FIN/ Passport

T01170731

Date of Birth

30/05/2001

Occupation

Driving Pass Date

Gender

☐ Male

☒ Female

Contact Number

Tel:

Hp:

Address

BLK 224 CHOA CHU KANG CENTRAL #03-255
56680224

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)

Self fall

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

NA

Approximate Speed

0km/h

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 As Driver
NRIC/ FIN/ Passport _____
Address _____
Approximate Age _____
Injuries Sustained Right wrist
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:

BANK DRIVING CENTRE LTD
We declare that the above particulars & information provided above are true in every aspect.
315 BUKIT BATOK AVENUE 5
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

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="01/10/2020 18:35"/>
Vehicle No.(For Motor)	<input type="text" value="FBQ1638R"/>	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"/>	5114136261	5114136261-000071	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBQ1638R	FBQ1638R	01/01/2020	31/12/2020

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	FBQ1638R		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4690L1600382	Engine No.:	MC46E5092377
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Claim Handling

Accident MT/1106727

Policy No.	5114136261	Vehicle No.	FBQ1638R	GST Registration No.	M200805321
Certificate No.	5114136261-000071				
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 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/10/2020	Time of Accident hh:mm	18:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT MAIN CIRCUIT AREA A				

▼ 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		

▼ DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/05/2000
Unnamed Driver Name	NURUL ASYIQIN BINTE ABOL	Driver NRIC	T01170731	Driving Experience	0
Register Date of Driver License	01/10/2020	Driver Age	19	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 224	Address 2	CHOA CHU KANG CENTRAL	Post Code	680224
Address 4		Address Type	Singapore address		
Unit No.	#03-255	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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	In NF
Contact No.(Mobile)		Contact No. (Home)		Co No (O)
Email Address	RACHEL@BBDC.SG	OT Vehicle Number	FBQ1638R	TP Nu
Claim Description	FBQ1638R ON 1 Oct 2020			Na Pn Wt
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	
Date Registered	15/10/2020 17:34	Claim Close Date		Da Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1106727	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Clear Please Select

Clear Please Select

Clear Please Select

Confidential

Urgency *

NO Normal

NO Normal

NO Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Board

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 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:33	SAS		Normal	SAS 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:33	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:33	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:33	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:33	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:33	Photos		Normal	Photos 2020-10-15

Video List

Uploaded By/Date	Folder Date	File Name		Source
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Scan and uploading