

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA200609122

Date In: 16/11/2005 13:17	Job description	Date & Time Completed	Done by
Ref No: NA2006091225674	SAS e-filing		
Veh No: 46C 8607D	E-mail (by date sheet, AIO sheet)		
D.O.A: 13/11/2005 14:28	1-Motor Claims Form	16/11/2005 18:00	16/11/2005 13:18
OD: TP / Reporting Only	1-Motor W/O (Withing OD sheet, TP sheet)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/ Witness		

Preferred Wksp / INC Assign Wksp / OW: (Tel: () / Fax: ()
TP Participant: () Vch No: 46C 8607D	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 refer of repolar.

() 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 > \$9000) ()	

Injury: ()

Date: ()	Time: ()
Location: ()	Weather: ()
Witness: ()	Signature: ()

NA200609122

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NS: Repairs Coordination	\$10
	*NS: Post Repair Inspection	\$25
	*NS: DV / Collect Excess Coordination	\$3
	TE (NI): TP (Non INC) against LAG	\$30
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged: () 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	16/11/2020 12:17
Date Of Accident	13/11/2020 14:25
Exact Location Of Accident	ALONG CTE NEAR BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8607D
Insured/Policyholder	
Name Of Registered Owner	NOR WADIAH
Passport No/FIN	FXXXX298T
Email Address	WADI1002@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88767550
Alternative Phone No	OTHERS-88767550

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R-149CC
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	5119855154
Cover Note Number	

Driver

Name of Driver	NOR WADIAH
Passport No/FIN	FXXXX298T
Date Of Birth	10/02/1993
Occupation	INDOOR
Date Of Driving Pass	25/07/2020
Driving Experience	0 YEAR AND 3 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88767550
Fax Number	
Contact Number	OTHERS-88767550

Address	BLK 180C MARSILING ROAD #19-2254
Postcode	733180
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	SIDE SWIPE
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	SLP322U
Vehicle Make/Model/Colour	BMW X1
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	98299373
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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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: 13 NOVEMBER 2020

4:31 PM

Driver's Signature

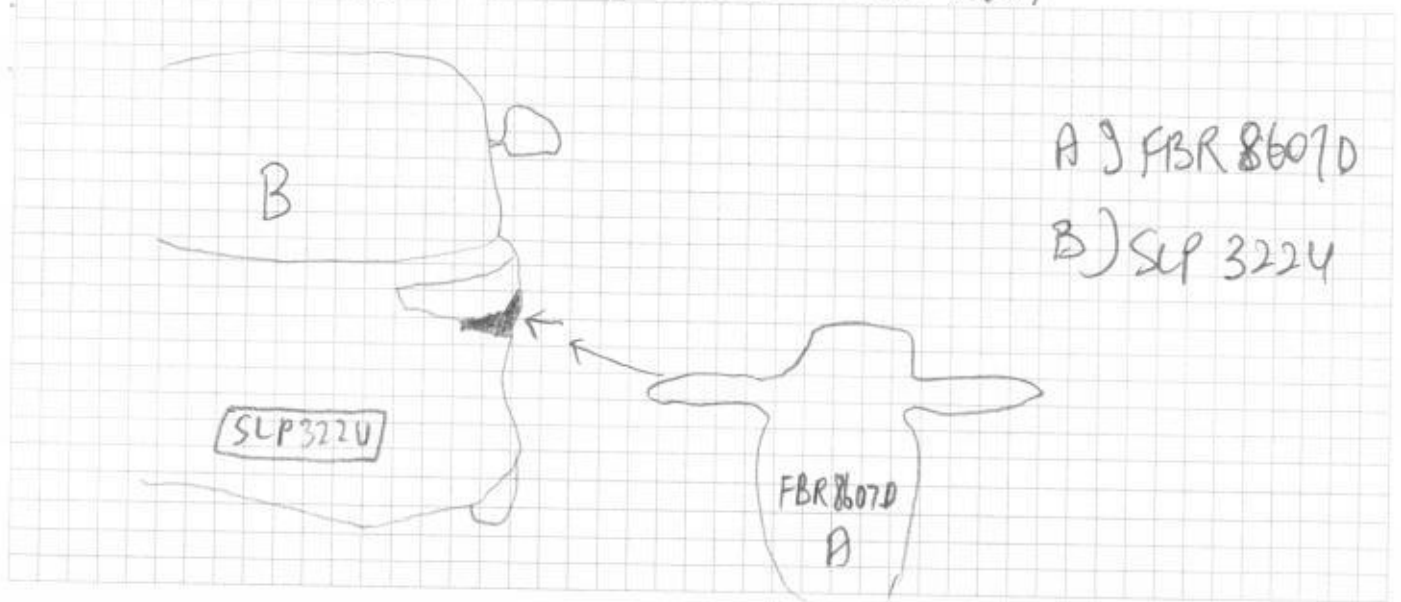
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

SKETCH PLAN

CIR NEAR BRADDELL ROAD EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After lane changing, could not stop in time before coming into contact with car in front. Bike's left bar end made contact into car's rear right side tail light. Bike stopped, car stopped. Moved to the left of road shoulder. Exchanged particulars, took picture of vehicle and moved on.

DECLARATION

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

[Signature] 13 NOVEMBER 2020
4:31 PM

[Signature] 16 NOV 2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 11 / 2020) (DD/MM/YYYY), TIME: (14 : 24) (HH:MM)

LOCATION: CAR PARK ROAD AX11
Expressway in front of Australian International School Singapore

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 8607D
b) INSURANCE COMPANY: WTC Income
c) POLICY NUMBER: 5119855154
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA / CB150R
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: Nor Wadiah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: F2704298T CONTACT: 98299373 8876 7550
c) ADDRESS: BK 180C Marsiling Road #19-2254 5733180

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (10 / 02 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25 JULY 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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 322U MODEL: BMW XI
b) DRIVER'S NAME: Mr Tan
c) NRIC/FIN/PASSPORT: _____ CONTACT: 98299373

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

No of passenger
(Including driver)
()

Email: wadi1002@gmail.com

VIDEO

Claim Handling

The premium on this policy has not been collected.

Accident MT/1110188

Policy No.	5119855154	Vehicle No.	FBR8607D	GST Registration No.
Certificate No.				
Policyholder Name	NOR WADIAH			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	88767550	Contact No.(Office)		Contact No.(Home)
Email Address	wadi1002@gmail.com	Special Remark		eCode
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

▼ Accident Details

Report Date	16/11/2020 13:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/11/2020	Time of Accident hh:mm	14:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CTE NEAR BRADDELL ROAD EXIT			

▼ 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 Covered?
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 180C #19-2254	Address 2	MARSILING ROAD	Address 3
Address 4	SINGAPORE 733180	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118441512	

▼ OI Driver Info

Driver Name	NOR WADIAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	F2704298T	Driver DOB
Register Date of Driver License	25/07/2020	Driver Age	27	Driving Experience
Contact No.(Mobile)	88767550	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 180C #19-2254	Address 2	MARSILING ROAD	Address 3
Address 4	SINGAPORE 733180	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBR8607D	Driver Insurer Comp

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	NOR WA
Contact No.(Mobile)	88767550	Contact No. (Home)	
Email Address	WADI1002@GMAIL.COM	Vehicle Number	FBR8607
Claim Description	FBR8607D / SLP322U ON 13 Nov 2020		

Preferred Workshop	Insured Liability	Partially at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	16/11/2020 13:17	Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1110188

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

16/11/2020 13:18

Path *

Choose File No file chosen

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Message Read

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Category *

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Confidential

NO

NO

NO

NO

NO

NO

Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Descr

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n 16 Nov 2020 13:18

Photos

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n 16 Nov 2020 13:17

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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 : 5119855154

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: ~~For Reference~~ FORB6070

Chassis Number

: MLHKC2883K5139032

2. Name of Policyholder

: NOR WADIAH

3. Effective Date of Insurance

: 12 Nov 2020

4. Expiry Date of Insurance

: 11 Nov 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)	: NOR WADIAH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : AXIS LINK PTE LTD (00000614797)

Date of Issue : 12 Nov 2020 11:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

IMPORTANT NOTICE - ACCIDENT

In the event of any accident involving the Motor Vehicle irrespective of whether it would give rise to claims, the insured shall, together with the motor vehicle, Call SPEEDWAY MOTOR at 6316 1611 report the accident during office hour.