

# NATIONAL Assessment Centre Services.

Jan 1 Jan 2020

20/01/2020

Date In: 16/01/2020 14:30	Job description	Date & Time Completed	Done by
Ref No: 10012577/4	SAS e-filing		
Veh No: 306012020 22:0	E-mail (by date, AIC 2hrs)		
O.O.A.	1-Motor Claims Form	10012577-001	16/01/2020 14:30
	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMR 2500L

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 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 > \$9000) ( )

Injury: ( )

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

1) All Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (over 10 Jan 2020)	
6) TR: Re-inspection	\$160
7) NI: IDAD DA + SMRT Survey	
8) NTUC Additional Services	
ON:	
• NS: Courtesy Car / Tpl Allowance	\$33
• NS: Repairs Coordination	\$25
• NS: Post Repair Inspection	\$33
• NS: DV / Collect Excess Coordination	\$20
TE (NI) / TP (Non INC) against INC	\$0
9) NI: IDAD Mobile	
Invoice dated	
Invoice dated	

2/3

## 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 14:30
Date Of Accident	30/10/2020 22:00
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ7370Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NAQUIDDIN BIN NORHAN
NRIC No	SXXXX083B
Email Address	FAANNZIS99@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88263334
Alternative Phone No	OTHERS-88263334

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MX KING T150-150CC
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	5114517480
Cover Note Number	

### Driver

Name of Driver	NAQUIDDIN BIN NORHAN
NRIC No	SXXXX083B
Date Of Birth	30/11/1999
Occupation	INDOOR
Date Of Driving Pass	07/10/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88263334
Fax Number	
Contact Number	OTHERS 88263334

Address	BLK 93 JALAN SENDUDOK #01-05
Postcode	769472
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	SMR2500L
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

13/11/20 15:25

Policyholder's Signature

Date & Time:

Driver's Signature

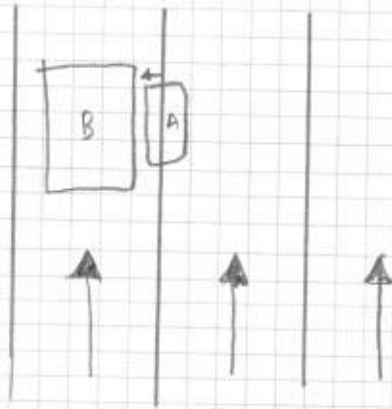
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

# SKETCH PLAN

Along Sembawang Road



A → FBQ7370Y

B → SMR 2500L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the traffic light and I lost balance and fall towards the car on my left. My handle bar hit the driver's right door and there was a small dent. At that point we were along Sembawang Road at about 10:03 pm

## DECLARATION

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

15:31

13/11/20

13/11/2020  
R081 / 107013



# ACCIDENT STATEMENT

ACCIDENT DATE: (30/10/2020) (DD/MM/YYYY), TIME: (22:03) (HH:MM)

LOCATION: SEMBAWANG ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ73704  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA MX KING 150  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 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: NARUDDIN BIN. NORHAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59939083B CONTACT: 88263334  
 c) ADDRESS: 93 JALAN SENDUDOK #01-05

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: NARUDDIN BIN NORHAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59939083B CONTACT: 88263334  
 c) ADDRESS: 93 JALAN SENDUDOK #01-05

\* d) DATE OF BIRTH: (30/11/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 7/10/2019

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: SMR2500L MODEL: SUZUKI SWIFT  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

email = FAANNZII599@GMAIL.COM  
 VIDEO

## Claim Handling

Accident MT/1110214

Policy No.	5114517480	Vehicle No.	FBQ7370Y	GST Registration No.
Certificate No.				
Policyholder Name	NAQUIDDIN BIN NORHAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	88263334	Contact No.(Office)		Contact No.(Home)
Email Address	faannzis99@gmail.com	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	16/11/2020 14:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/09/2020	Time of Accident hh:mm	22:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG SEMBAWANG 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 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	93 JALAN SENDUDOK	Address 2	#01-05 THE NAUTICAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-05	Related Policy Number	5114517480	

Driver Name	NAQUIDDIN BIN NORHAN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9939083B	Driving Experience
Register Date of Driver License	07/10/2019	Driver Age	20	Contact No.(Home)
Contact No.(Mobile)	88263334	Contact No.(Office)		Address 3
Address 1	93 JALAN SENDUDOK	Address 2	#01-05 THE NAUTICAL	Post Code
Address 4		Address Type	Singapore address	
Unit No.	01-05	Driver Vehicle No.	FBQ7370Y	Driver Insurer Comp.
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No			

## Declaration

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

Claim 001 **New**

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Fully at Fault	GIA report	Received
Contact No. Finalisation	<input type="text"/>	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	<input type="text"/>				

OD-MX	Insured Name	NAQUIDDIN
88263334	Contact No. (Home)	
FAANNZIS99@GMAIL.COM	Vehicle Number	FBQ7370
FBQ7370Y / SMR2500L ON 30 Sept 2020		

16/11/2020 14:45	Claim Close Date	
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## Attachment

Save Submit

Accident No.

MT/1110214

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

16/11/2020 14:46

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Board

Clear

Clear

Clear

Clear

Clear

Clear

Category \*

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Confidential

NO

NO












NO

NO

NO

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	NRIC/ Driving License	Y Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	NRIC/ Driving License	Y Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 14:46	SAS	Normal	SAS 202

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



Hello, NAC\_PAYA\_UBI\_800601

GeneralClaim

[My Desktop](#)  
[Notice of Loss](#)[Change Language](#) [Change Password](#) [Log Out](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/10/2020 14:26"/>
Vehicle No.(For Motor)	<input type="text" value="FBQ7370Y"/>	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"/>	5114517480		NAQIUDDIN BIN NORHAN	S9939083B	GMC	Third Party, Fire & Theft	FBQ7370Y	FBQ7370Y	04/12/2019	03/12/2020
<input type="button" value="Continue"/>										