

NATIONAL Assessment Centre Services.

[ver 1 Jan'09] MNA 120104531

Date In: 24/11/20 15:20	Job description	Date & Time Completed	Done by
Ref No: NA / INC 2001294514	SAS e-filing		
Veh No: FU 2050 K	E-mail (within 3hrs, A/C 2hrs)		
DEFA: 5/11/20 08:45	I-Motor Claim Form	MT/11/11/20 00:01	24/11/20 15:42
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkgn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: #	Fax:)
TP Particulars:	Veh No: SCG 3773 K	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: YBS () / 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 / Non-INC	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	By Whom

NA 200 6311	Invoice Registration Checklist	Amount (\$)	Amount (\$)
Claimant's Signature:	1) AR: Accident Reporting (\$30):	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (w/c 10 Jan 2009)	6) TR: Re-Inspection \$75		
For claiming against INC Only (w/c 10 Jan 2009)	7) NI: Idao DA + SMRT Survey \$160		
For claiming against INC Only (w/c 10 Jan 2009)	8) NTUC Additional Services:		
For claiming against INC Only (w/c 10 Jan 2009)	ON:		
For claiming against INC Only (w/c 10 Jan 2009)	*N5: Courtesy Car / Tpt Allowance \$5		
For claiming against INC Only (w/c 10 Jan 2009)	*N6: Repair Co-ordination \$10		
For claiming against INC Only (w/c 10 Jan 2009)	*N7: Post Repair Inspection \$25		
For claiming against INC Only (w/c 10 Jan 2009)	*N8: DV / Collect Excess Coordination \$5		
For claiming against INC Only (w/c 10 Jan 2009)	TP (Nil): TP (Non INC) against INC \$20		
For claiming against INC Only (w/c 10 Jan 2009)	9) N12: Idao Mobile \$0		
For claiming against INC Only (w/c 10 Jan 2009)	Invoice dated	Fee Charged	
For claiming against INC Only (w/c 10 Jan 2009)	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	24/11/2020 15:20
Date Of Accident	05/11/2020 08:45
Exact Location Of Accident	ALONG YISHUN AVE 4 TWDS YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU2050K
Insured/Policyholder	
Name Of Registered Owner	ROSLI BIN AHMAD
NRIC No	SXXXX282H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96881294
Alternative Phone No	OFFICE-96881294

Vehicle Particulars

Manufacturer	HONDA
Model	TA200-197CC PHANTOM (M)
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098566463-02
Cover Note Number	

Driver

Name of Driver	ROSLI BIN AHMAD
NRIC No	SXXXX282H
Date Of Birth	26/12/1953
Occupation	INDOOR
Date Of Driving Pass	14/04/1983
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96881294
Fax Number	
Contact Number	OFFICE-96881294
Email Address	NOEMAIL

Address	BLK 671B YISHUN AVE 4 #09-596
Postcode	762671
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 - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201105/2047

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	SCG3773K
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	ROSLI BIN AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FU2050K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

X 

Policyholder's Signature
Date & Time:

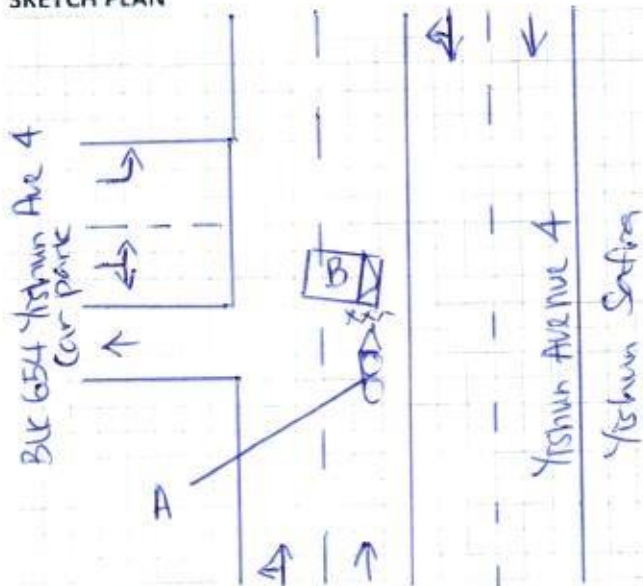


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Veh A: FU2050K
Veh B: SC63773K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20201105/2047

DECLARATION

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

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.:



SINGAPORE POLICE FORCE



T/20201105/2047

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20201105/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2020 12:19		Vide Report No.:		Station Diary No.: 75	
Informant's Particulars					
Name of Informant: ROSMANI BINTE ROSLI			Address: APT BLK 549A SEGAR ROAD #09-658 SINGAPORE 671549		
ID Type / ID No.: NRIC NO / S8206290D			Contact No.: Home/Office: Mobile: 93834547		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 20/02/1982	Type of Informant: Daughter of the rider		
Race: Malay			Language:		Institution / School Name:
Occupation: OFFICE MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/11/2020 00:00	Type of Location: Straight Road
Location: YISHUN AVENUE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU2050K	Motorcycle	HONDA	TA200	Black		0
SCG3773K	Car	HONDA	HONDA CIVIC 1.8L 5AT	Black		0



**SINGAPORE
POLICE FORCE**



T/20201105/2047

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20201105/2047

CONTINUATION OF REPORT

Brief Details.

- 1) I am lodging the traffic accident report on behalf of my father (Rosli Bin Ahmad / S0066282H / 67 years old) as he was conveyed to Khoo Teck Phuat Hospital due to a traffic accident on 05 November 2020 in the morning.
- 2) My sister was notified by the hospital that my father was conveyed to hospital due to a traffic accident that was happened on 05 November 2020 in the morning. There was a witness at the location had drew out a drawing indicating that there was a vehicle with the registration number (SCG3773K) from the car park near Blk 654 Yishun wanted to make a right turn from the car park to Yishun Avenue 4.
- 3) Upon making the right turn coming out from the car park to Yishun Avenue 4 and my father was riding a motorbike with the registration number (FU2050K) along Yishun Avenue 4 towards the direction of Blk 654 Yishun. However, the vehicle (SCG3773K) came out from the car park in-front of my dad and he unable to stop in time and both of them collided.
- 4) The ambulance was called to the location and he was conveyed to the hospital. I was informed by the hospital that my dad suffered a rib fracture and bruises on his legs and fortunately he will be discharge on the same day.



**SINGAPORE
POLICE FORCE**



T/20201105/2047

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20201105/2047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Sgt 1 GAN WEI LEONG, ALASTAIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/11/2020 12:19

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168



Signature:

Singapore Police Force

SN 085

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 : 5098566463-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **FU2050K**
Chassis Number : TA2000005186
 2. Name of Policyholder : ROSLI BIN AHMAD
 3. Effective Date of Insurance : 20 Jun 2020
 4. Expiry Date of Insurance : 19 Jun 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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ROSLI BIN AHMAD
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : LIM CHAI SIONG (00000602399)
Date of Issue : 05 Jun 2020 01:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Vehicle No.	FU2050K		Model / Make	Honda TA200
Date of Accident	5/11/2020			
Time of Accident	0845	HRS		
Location of Accident	Along Yishun Avenue 4 towards Yishun Central			
Exact purpose use during accident	Private use			
Name of Owner	Rosli Bin Ahmad			
Telephone No.	H/P : 9688 1294	Home :	Office :	
NRIC	S0066282H			
Address	BLK 671B Yishun Avenue 4 #09 #09-596 S(762671)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5098566463-02			
Name of Driver	As Above If No,			
NRIC	Any Passengers : -			
Date of birth	26/12/1953			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	14/4/1983			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Rosli Bin Ahmad		9688 1294	
Name And Contact No.				
Police Report	No,	If Yes, Where? Yishun North NPC		
Vehicle B No.	SCG 3773K	Any Passengers :		
Name of Driver	Contact No. :			
Vehicle C No.	Any Passengers :			
Vehicle D No.	Any Passengers :			
Vehicle E no.	Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	Witness Contact :			
Accident Portion	Hit on the front, fall to the left			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	Moto 51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			