

NATIONAL Assessment Centre Services. (ver 1 Jan 05) **2100082110007**

Date In: 18/01/2021 16:37	Job description	Date & Time Completed	Done by
Ref No: X/A2100082110007	SAS e-illing		
Veh No: 6BR 2115Y	E-mail (by job sheet, A/C sheet)		
D.O.A: 30/12/2020 11:50	I-Motor Claims Form	18/01/2021 16:40	
OD: TP / Reporting Only	I-Motor W/O (with/od 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / VHSZ		

Preferred Wkep / INC Assgn Wkep / CW: () Tels: () Fax: ()

TP Principal(s): () Veh No: **SHD 6989S** INC () / Non-INC ()

Owner / Driver: () Tels: ()

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 reporter.

() 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 > \$3000] ()

Injury: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

X/A2100082110007	1) All Accident Reporting (\$30)	
	2) DA + Damage Assessment (\$100) INC (\$10)	\$110
	3) Towing Fee	\$120
	4) PT Follow-Through Survey	\$30
	5) PF Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	\$75
	6) TR Re-inspection	\$160
	7) NI + Ideal DA + SMRT Survey	
	8) NTUC Additional Services	
	ON:	\$3
	* NS: Courtesy Car / Tpl Allowance	\$10
	* NS: Repair Coordination	\$25
	* PF: Post Repair Inspection	\$3
	* NO: DV / Collol Losses Coordination	\$20
	TP (NI) + TP (with INC) against INC	\$0
	9) NI: Ideal Mobile	
	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 Submission	18/01/2021 16:36 (SGT)
Date of Accident	30/12/2020 11:30 (SGT)
Exact Location of Accident	Tiong Bahru, Singapore
Additional Location Information	OPPOSITE BLK 3 TIONG POH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR2175Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD HIDAYAT BIN MOHAMAD NOOR
NRIC No	SXXXX402G
Email Address	hidayatraboi@gmail.com
Mobile Phone No	(Phone) +65-87478978
Alternative Phone No	+65-87478978

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-15
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5116948367
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD HIDAYAT BIN MOHAMAD NOOR
NRIC No	SXXXX402G

Date Of Driving Pass	10/03/2020
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87478978
Alt. Phone Number	+65-87478978
Email Address	hidayatraboi@gmail.com
Address	BLK 6 JALAN MINYAK #06-372
Address complement	-
Postcode	162006
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SHD6989S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN HUI PENG
NRIC No	SXXXX533C
Contact Number	-
Address	-
Address complement	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

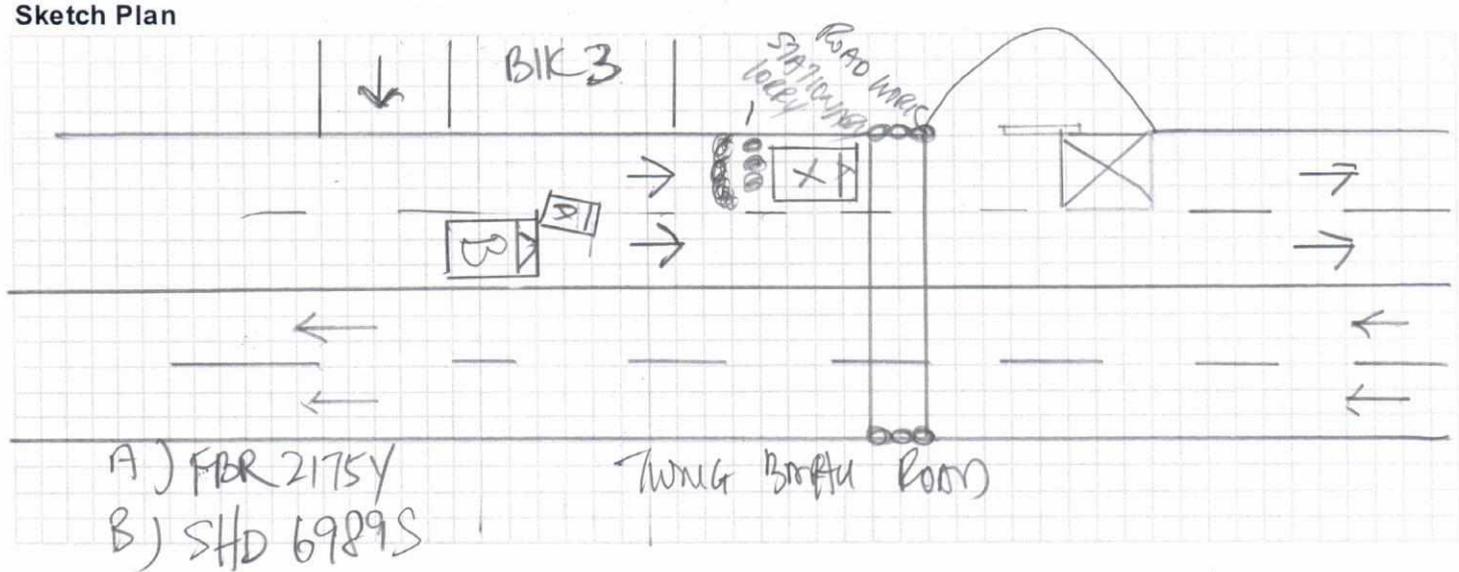
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature] 18/01/21 10:54
Policyholder's Signature / Date & Time

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

[Signature] 18/01/2021
Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

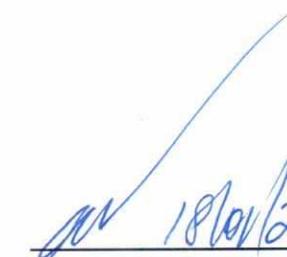
ON 30/12/2020 AT ABOUT 11.30HRS I WAS TRAVELLING ALONG TROUGH
BAHRI ROAD TRAFFIC WAS HEAVY. IN FRONT OF BLK 3 THERE IS ROAD
WORK ON LANE 1, SO I SIGNAL TO CHANGE TO 2ND LANE, SUDDENLY
I FELT A BUMP & I FELL DOWN ON THE GROUND BUT NO INJURY
^{but} my BIKE ALIGNMENT OUT BUT STILL CAN RIDE, I MOVE
TO THE SIDE ROAD & TOOK SOME. I DID TALK TO THE TAXI
DRIVER, & WE DECIDE TO PRIVATELY SETTLE. & MOVE ON.

Declaration

We declare the foregoing particulars are true in every respect.

 18/01/2021 11:00
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

 18/01/2021
Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8031402G**



Name
MOHAMAD HIDAYAT BIN MOHAMAD NOOR

Race
MALAY

Date of birth
08-10-1980

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8031402G**
 Name
MOHAMAD HIDAYAT BIN MOHAMAD NOOR

Birth Date: **08 Oct 1980**
 Issue Date: **10 Mar 2020**




003035543K

For LKK/NAC Use Only

5508663



NRIC No. **S8031402G**



Date of issue
05-08-2015

Address
**APT BLK 6 JALAN MINYAK
 #06-372
 SINGAPORE 162006**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE
10 Mar 2020

NP 428A



Licence No: S8031402G

For LKK/NAC Use Only

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 12 / 2020) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: OPPOSITE TIONG POH BIK 3 MAIN RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 2175Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5116948367
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: MOHAMMAD HUDAJAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8031402/G CONTACT: 87478978
c) ADDRESS: BIK 6 JALAN MINYAK #06-372
(162006)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER AS ABOVE
a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (08 / 10 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10/03/2020

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 ROAD WORKS)

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: SHD 6989 S MODEL: HYUNDAI
b) DRIVER'S NAME: TAN HUI PENG
c) NRIC/FIN/PASSPORT: S1286533C CONTACT: _____

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 = Hidayatraboi@gmail.com

VIDEO

Claim Handling

Accident MT/1117500

Policy No.	5116948367	Vehicle No.	FBR2175Y	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMAD HIDAYAT BIN MOHAMAD NOOR			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		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	15/01/2021 14:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/12/2020	Time of Accident hh:mm	11:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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 2 #06-372	Address 2	JALAN BUKIT HO SWEE	Address 3
Address 4	SINGAPORE 162002	Address Type	Singapore address	Post Code
Unit No.	06-372	Related Policy Number	5120535485	

OI Driver Info

Driver Name	Unnamed driver Name	Driver Type	Driver NRIC	Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	MOHAMAD
Contact No.(Mobile)	87478978	Contact No. (Home)	NIL
Email Address	HIDAYATRABOII@GMAIL.COM	OI Vehicle Number	FBR2175Y
Claim Description	FBR2175Y / SHD6989S ON 30 Dec 2020		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	18/01/2021 16:38	Repair Option	Received
Report Taken By	ROSLI WAHAB	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1117500 Claim No. 002
 Last Doc. Received Yes No Upload Date 18/01/2021 16:40

Path *

Category *

Confidential

- No file chosen
-

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 16:40	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 16:40	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 16:40	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 16:40	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 16:40	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 16:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 16:40	SAS		Normal	SAS 2

Video List

Uploaded By/Date	Folder Date	File Name	
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My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5116948367		MOHAMAD HIDAYAT BIN MOHAMAD NOOR	S8031402G	GMC	Third Party, Fire & Theft	FBR2175Y	FBR2175Y	26/03/2020	25/03/2021

Continue