

NATIONAL Assessment Centre Services

Date In: 21/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000991/13	SAS e-filing		
Veh No: FBP4493B	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 20/01/21 1340	I-Motor Claim Form	21/01	MS/1118154-001
OD: TP (Reporting Only)	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: (Tel:	Fax:
TP Particulars:	Veh No: SMA3356R	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	Action

Claimant's Particulars:	Invoice Preparation Checklist	Amil (\$)	Amil (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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 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	21/01/2021 10:19 (SGT)
Date of Accident	20/01/2021 13:40 (SGT)
Exact Location of Accident	Kaki Bukit Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4493B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NASRUDDIN BIN RAJABALLY
NRIC No	SXXXX502A
Email Address	muhdnasruddin86@gmail.com
Mobile Phone No	(Phone) +65-93886480
Alternative Phone No	+65-93886480

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	FJR 1300 A
Variant	-
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 - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118068040
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NASRUDDIN BIN RAJABALLY
NRIC No	SXXXX502A
Date Of Birth	14/08/1986
Occupation	Indoor

Date Of Driving Pass	27/03/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93886480
Alt. Phone Number	+65-93886480
Email Address	muhdnasruddin86@gmail.com
Address	BLK 868B TAMPINES AVE 8
Address complement	#02-552
Postcode	522868
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP3356R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

SKETCH PLAN

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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

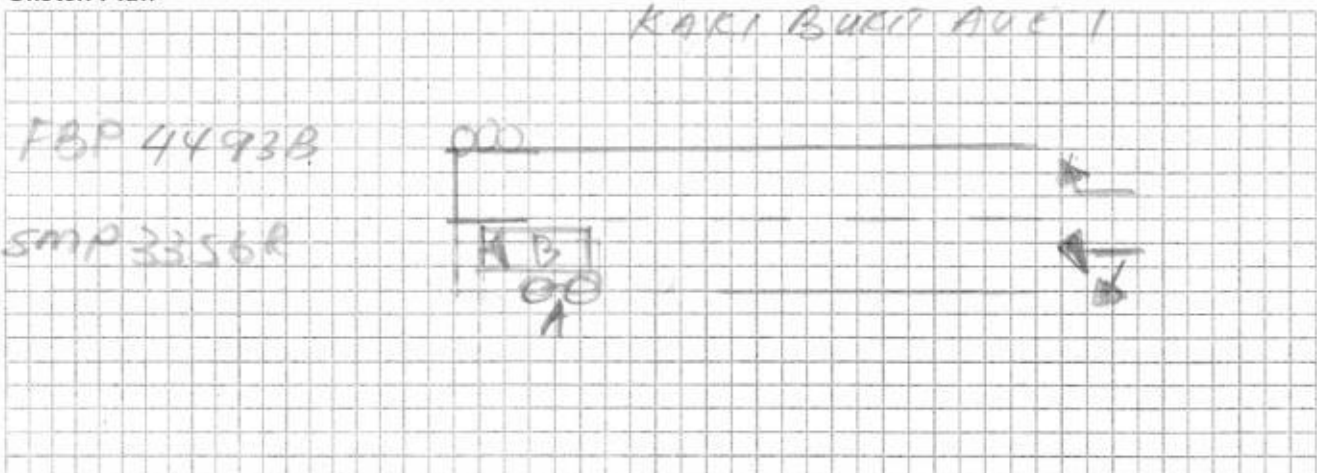
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

14/20/1/21
Policyholder's Signature / Date & Time

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

21/01/21
Witnessed by Reporting Centre Personnel

Sketch Plan



I was riding in the lane once traffic light change to amber the car suddenly jam brake ~~my~~ my bike hit the side of the car..

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (20/1/21) (DD/MM/YYYY), TIME: (13:40) (HH:MM)

LOCATION: ~~HA RD 2~~ Kaki Bukit Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR4493B
b) INSURANCE COMPANY: NFUC
c) POLICY NUMBER: _____
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: _____
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: MUHAMMAD NASRUDDIN BIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: RAJABALLY CONTACT: 93886480
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (14/08/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/01/2008

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: 3356R
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: SMP355 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

G08 7965 K

14

FBR4493B

Email = muhdnasruddin86@gmail.com

Fax =

VIDEO =

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

20/01/2021 14:48

Vehicle No.(For Motor)

FBP4493B

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118068040		MUHAMMAD NASRUDDIN BIN RAJABALLY	S8623502A	GMC	Third Party, Fire & Theft	FBP4493B	FBP4493B	06/07/2020	06/07/2021

Continue

Claim Handling

Task Transfer Exit

Accident MT/1118154

LOS SAL SUB

Policy No.	5118068040	Vehicle No.	FBP4493B	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NASRUDDIN BIN RAJABALLY			Policyholder NRIC	S8623502A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	93886480	Contact No.(Office)	0	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(%)	10	Private Hire	No

Accident Details

Report Date	21/01/2021 10:31	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/01/2021	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	KAKI BUKIT AVE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not 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	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 868B #02-552	Address 2	TAMPINES AVENUE 8	Address 3	TAMPINES GREENWOOD
Address 4	SINGAPORE 522868	Address Type	Singapore address	Post Code	522868
Unit No.	02-552	Related Policy Number	5118068040		

OI Driver Info

Driver Name	Muhammad Nasruddin Bin Rajabally	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8623502A	Driver DOB	14/08/1986
Register Date of Driver License	01/01/2018	Driver Age	34	Driving Experience	3
Contact No.(Mobile)	93886480	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 868B #02-552	Address 2	TAMPINES AVENUE 8	Address 3	TAMPINES GREENWOOD
Address 4	SINGAPORE 522868	Address Type	Singapore address	Post Code	522868
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOS SAL SUB

Claim Type	OD-MX	Insured Name	MUHAMMAD NASRUDDIN BIN R	Insured NRIC	S8623502A
Contact No.(Mobile)	93886480	Contact No.(Home)		Contact No.(Office)	
Email Address	muhdnasruddin86@gmail.com	Q1 Vehicle Number	FBP4493B	TP Vehicle Number	SMP3356R
Claim Description	FBP4493B / SMP3356R ON 20 Jan 2021				Name of Preferred Workshop
Preferred Workshop	<input checked="" type="checkbox"/> Yes	Preferred Repair Option	Preferred Workshop Name unknown	Insured Liability report	Fully at Fault
Date Registered	21/01/2021 10:35	Claim Close Date		Date Received	21/01/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason		
Remarks			

Attachment

Accident No.	Claim No.		
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MT/1118154

001

Last Doc. Received

Yes

No

Upload Date

21/01/2021 00:00

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 Read

Category *

Confidential

Urgency *

Description *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

☐ Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:35	SAS		Normal	SAS 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:35	Photos		Normal	Photos 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:34	Photos		Normal	Photos 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:34	Photos		Normal	Photos 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:34	Photos		Normal	Photos 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:34	Photos		Normal	Photos 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:34	Photos		Normal	Photos 2021-1-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2021 10:34	Photos		Normal	Photos 2021-1-21		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		