

NATIONAL Assessment Centre Services.

part 1 Jan 2021

NA21000001

Date In: 21/01/2021 11:42	Job description	Date & Time Completed	Done by
Ref No: NAB/NA2100000044	SAS e-filing		
Veh No: PRQ 2125 Y	E-mail (by date this, A/C this)		
D.O.A: 19/01/2021 18:50	I-Motor Claims Form	m/1118100001	21/01/2021 12:14
QID 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/Victim		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Ref/country:	Veh No:	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 > \$3000] ()	

Injury: _____

NA21000654	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$120	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$120	
	6) TT: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC: Additional Services	
	OR:	
	* NS: Courtesy Car / Tol Allowance \$3	
	* NS: Repairs Coordination \$10	
	* NIUC: Post Repair Inspection \$25	
	* NIUC: DV / Collect Excess Coordination \$3	
	* TP (NI) / TP (NS) INC: against INC \$20	
	9) NI: Idea 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	21/01/2021 11:42 (SGT)
Date of Accident	19/01/2021 18:50 (SGT)
Exact Location of Accident	Bukit Batok East Ave 2, Singapore
Additional Location Information	JUNCTION OF BUKIT BATOK EAST AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ2125Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FARIHAH BTE MOHD YUNUS
Company Reg No	SXXXX993C
Email Address	jxlika97@gmail.com
Mobile Phone No	(Phone) +65-96468495
Alternative Phone No	+65-96664629

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5112077250-01
Cover Note Number	-

DRIVER

Name of Driver	BRIAN WONG ZHI XUAN
NRIC No	SXXXX878F

Date Of Driving Pass	20/10/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96664629
Alt. Phone Number	-
Email Address	jxiika97@gmail.com
Address	BLK 568 CHOA CHU KANG STREET 52 #07-160
Address complement	-
Postcode	680568
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	SG5785Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-


SKETCH PLAN

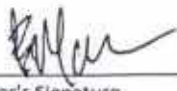
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1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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:

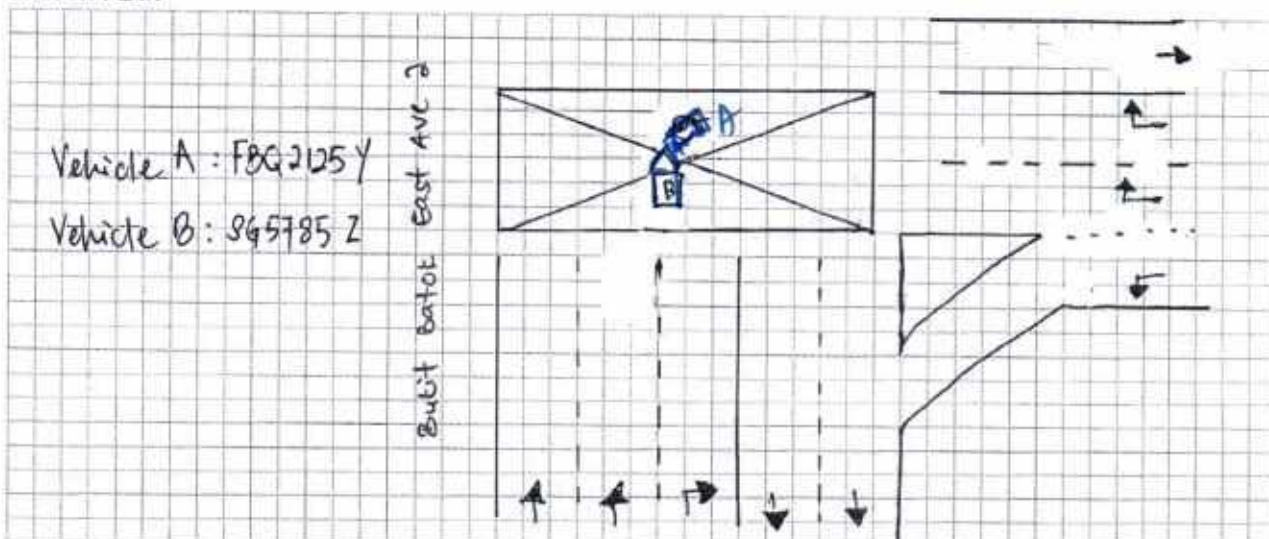
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A

was stationary in the yellow box of the stated

venue. As I was waiting for the green ~~arrow~~

right turn arrow to appear, vehicle B collided

into me. The impact caused my vehicle and me

to be dragged further.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 21/01/2021
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Date of Accident : 19/1/2021 Accident Time: 18:50 (24-HR-Format)
Accident Place : Junction of Bukit Batok East Ave 2 & Bukit Batok East Ave 4
Vehicle No. (Car Plate No.) : FBQ 2125Y Make/Model: Yamaha R1SV3
Insurance Company : NTUC Income Policy No: 5112077250-01
Owner or Company Name /IC No. : Faridah Bte Mohd Yunus S7441993C
Owner or Company Contact No. : 96468495 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Brian Wong Zhi Xuan S98348787
DRIVER'S Date Of Birth : 26/10/1998 DRIVER'S License Pass Date 20/10/2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friend
DRIVER'S Address : B1K 568 Choa Chu Kang St 52 #07-160 8680568
DRIVER'S Contact No./ Alt No. : 1) 9666 4629 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : jxii ka 97 @ gmail . com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Leg

Other Party Driver's Particular (if any)

Vehicle No: SG 5785 Z	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Claim Handling

Accident MT/1118168

Policy No.	5112077250-01	Vehicle No.	FBQ2125Y	GST Registration No.
Certificate No.				
Policyholder Name	FARIDAH BTE MOHD YUNUS			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	95468495	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	25	Private Hire

Accident Details

Report Date	21/01/2021 11:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/01/2021	Time of Accident hh:mm	21:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF BUKIT BATOK AVE 4 AND BUKIT BATOK AVE 4			

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 659C #05-749	Address 2	PUNGGOL EAST	Address 3
Address 4	SINGAPORE 823659	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112077250-01	

OT Driver Info

Driver Name	BRIAN WONG ZHI XUAN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S9834878F	Driver DOB
Register Date of Driver License	01/01/2020	Driver Age	22	Driving Experience
Contact No.(Mobile)	95664629	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.	FBQ2125Y	Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	FARIDAH
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OT Vehicle Number	FBQ2125Y
Claim Description	FBQ2125Y / 5G57#5Z ON 19 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	21/01/2021 11:43	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer☐ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1118168	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2021 12:14
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<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 21 Jan 2021 12:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 12:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 12:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 12:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 12:14	SAS		Normal	SAS 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 11:43	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 11:43	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 11:43	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 11:43	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 11:43	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 11:43	Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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 : 5112077250-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle
Chassis Number

• FBQ2125Y
: ME1RG5255K0031087

2. Name of Policyholder

: FARIHAH BTE MOHD YUNUS

3. Effective Date of Insurance

: 21 Aug 2020

4. Expiry Date of Insurance

: 20 Aug 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)

: FARIHAH BINTE MOHD YUNUS

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: A.S. PHOON PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

NAME: BRIAN WONG ZHI XUAN

S9834828F

WEP 26/10/2020



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 : A.S. PHOON PTE LTD (00000571911)

Date of Issue : 29 Jul 2020 12:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive