

# NATIONAL Assessment Centre Services.

(Part 1 Jan 2021)

540921100007

Date Inc: 26/01/2021 12:50	Job description	Date & Time Completed	Done by
Ref No NA/INC21001217/h+	SAS e-filing		
Veh No FBN 40645	E-mail (within 3hrs, A/C 2hrs)		
IP A 20/01/2021 17:15	I-Motor Claim Form	MT/1118778-001	26/01/2021 14:03
IP: (IP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: 4	Fax: )
IP Particulars:	Veh No: YL 6412X	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 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

( ) 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: \_\_\_\_\_

Date/Time	Actions

MA2101111	Invoice for Insurance Claim
Driver/Owner:	1) AR: Accident Reporting (\$30); INC (\$30) 70.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30) 540/545
Damaged Portion:	3) TP: Towing Fee \$120
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey \$30
	5) PT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2021)
	6) TR: Re-inspection \$75
	7) N1: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OD:
	*N5: Courtesy Car / Tpl Allowance 33
	*N6: Repair Co-ordination 510
	*N7: Post Repair Inspection 325
	*N8: DV / Collect Excess Coordination 33
	TP (N11): TP (Non INC) against INC 520
	9) N12: Idao 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 willful 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	26/01/2021 12:50 (SGT)
Date of Accident	20/01/2021 17:15 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	TOWARDS COMMONWEALTH AVENUE WEST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN4064S

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYUKRI BIN RAMLEE
NRIC No	SXXXX580Z
Email Address	SYUKRI.RAMLEE.96@GMAIL.COM
Mobile Phone No	(Phone) +65-97238261
Alternative Phone No	+65-97238261

#### VEHICLE PARTICULARS

Manufacturer	Ktm
Model	200
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118820906
Cover Note Number	-

#### DRIVER

Name of Driver	SYUKRI BIN RAMLEE
NRIC No	SXXXX580Z
Date Of Birth	12/03/1996
Occupation	Outdoor

Date Of Driving Pass .....	11/09/2018
Driving experience .....	2 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97238261
Alt. Phone Number .....	+65-97238261
Email Address .....	SYUKRI.RAMLEE.96@GMAIL.COM
Address .....	BLK 501 JURONG WEST STREET 51 #03-249
Address complement .....	-
Postcode .....	640501
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 .....	Collision - Change/cross lane
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/202100121/7025

#### 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 .....	YL6412X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

#### INJURED PERSONS DETAILS


##### INJURED 1

Name of injured person ..... SYUKRI BIN RAMLEE  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... ABRASION, SHOULDER DISLOCATION  
 Injured person in which vehicle? ..... FBN4064S  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

## SKETCH PLAN

### IMPORTANT NOTICE

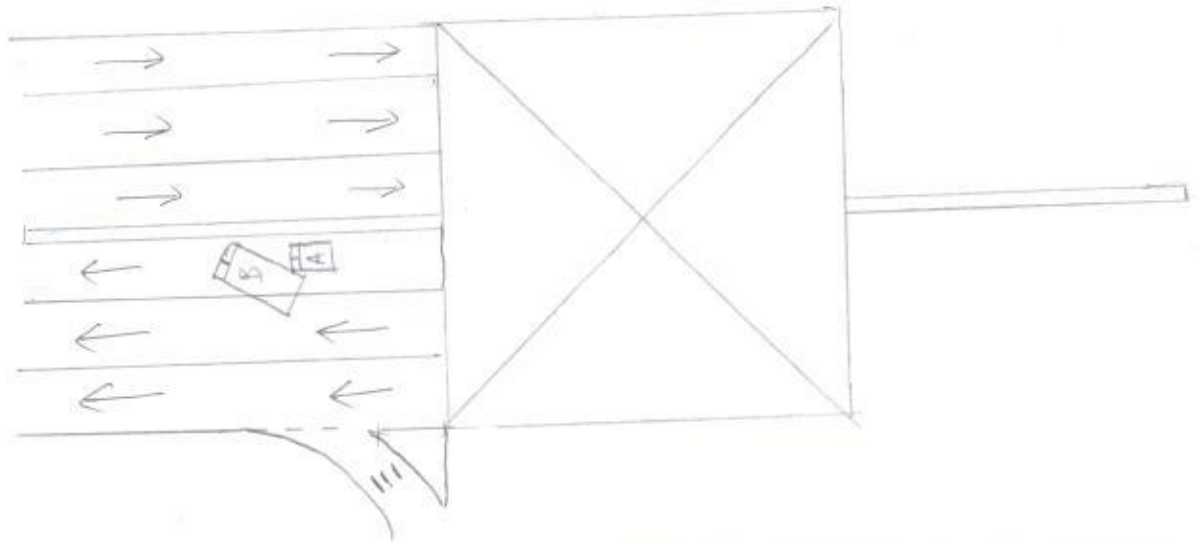
- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely by the Policyholder and/ or the Authorised Driver**.
- 3) Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN




A-FBN4064S

B-YL6412X

Refer to police report number : T/20210121/7025

**DECLARATION**

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

  
Policyholder's Signature  
Date & Time:

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

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





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/01/2021 18:50	Vide Report No.: J/20210120/0111	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: SYUKRI BIN RAMLEE		Address: 501 JURONG WEST STREET 51 #03-249 SINGAPORE 640501	
ID Type / ID No.: NRIC NO / S9608580Z		Contact No.: Home/Office: Mobile: 97238261	
Nationality: SINGAPORE CITIZEN		Email: SYUKRI.RAMLEE.96@GMAIL.COM	
Sex: Male	Age: 24	Date of Birth: 12/03/1996	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Production engineering technician		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/01/2021 17:15	Type of Location: Straight Road
Location:  BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN4064S	Motorcycle	KTM	200 DUKE	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN4064S	NTUC Income Insurance Co-Operative Limited	5118820906	26/08/2020	25/08/2021



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SYUKRI BIN RAMLEE	ID No.	S9608580Z
Related Vehicle	FBN4064S (Motorcycle)	Contact No.	97238261
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	20/01/2021	Date	21/01/2021
No. of Days granted Medical Leave	07	Degree of	Serious

**Brief Details.**

On the stated time and date, I was traveling along Boon Lay Way (towards Commonwealth Ave West) after Pioneer North Road. I was traveling along the first lane. Suddenly a lorry bearing plate number YL6412X filtered into my lane. The ride side of the lorry hit my motorcycle. The impact caused me to lose my balance and hit the kerb and fell. I was conveyed to Ng Teng Hospital and was hospitalised for 1 night. I was given 7 days MC and have to follow up on the 27th of January.





**SINGAPORE  
POLICE FORCE**



T/20210121/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210121/7025

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/01/2021 18:50

Classification Of Case:

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 12:31

Vehicle No.(For Motor)

FBN4064S

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118820906		SYUKRI BIN RAMLEE	S9608580Z	GMC	Third Party, Fire & Theft	FBN4064S	FBN4064S	26/08/2020	25/08/2021



Date of Accident : 20/1/21 Accident Time: 1715 (24-HR-Format)  
Accident Place : BOON LAY WAY (towards commonwealth Ave West)  
Vehicle No. (Car Plate No.) : ~~FBI~~ FBN4064S Make/Model: K.T.M Duke  
Insurance Company : NTUC Policy No: \_\_\_\_\_  
Owner or Company Name / IC No. : SYUKRI BIN RAMLEE  
Owner or Company Contact No. : 9723 8261 Owner's Hp: \_\_\_\_\_ Company Tel: \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 12/3/1996 DRIVER'S License Pass Date: 11 SEP 2018  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 601 JURONG WEST STREET 51 #03-249  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : syukri.ramlee.96@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): 01  
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): Abrasion, shoulder dislocation.

Other Party Driver's Particular (if any)

Vehicle No: YL 6412 X	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: