

NATIONAL Assessment Centre Services

(wet 1 Jan 2021)

SM 09211 9 000 F

Date In: 26/11/21 16:17	Job description	Date & Time Completed	Done by
Ref No: NAALINC 21901248164	SAS e-filing		
Veh No: FBQ 1466U	E-mail (within 2hrs, AIC 2hrs)		
IPDA: 17/11/21 09:50	I-Motor Claim Form	MT/1118838-01	26/11/21 16:57
OH: (P) 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SGM 8268R 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 repolier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date of Report: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

Warranty Comments: ()

Call: ()

NA2101104

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

Warranty Comments: ()

Call: ()

NA2101104

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

Warranty Comments: ()

Call: ()

Invoice Item	Amount	Total
1) AR: Accident Reporting (\$30);		30.00
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wet 10 Jan 2021)		
6) TR: Re-inspection \$75		
7) NI: Idea DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance \$5		
*NG: Repair Co-ordination \$10		
*NT: Post Repair Inspection \$25		
*NR: DV / Collect Excess Coordination \$5		
TP (NI1): TP (NI1) against INC \$20		
9) NI2: Idea Mobile \$0		
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 26/01/2021 16:17 (SGT)
Date of Accident 17/01/2021 09:50 (SGT)
Exact Location of Accident Hougang Ave 9, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1466U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD HAFIDH BIN RAMLI
NRIC No SXXXX465A
Email Address MHBRL@GMAIL.COM
Mobile Phone No (Phone) +65-82980784
Alternative Phone No +65-82980784

VEHICLE PARTICULARS

Manufacturer Yamaha
Model FZS
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 Comprehensive
Fleet Policy No
Policy Number 5118353802
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD HAFIDH BIN RAMLI
NRIC No SXXXX465A
Date Of Birth 29/09/1988
Occupation Indoor

Date Of Driving Pass	25/10/2007
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82980784
Alt. Phone Number	+65-82980784
Email Address	MHBRML@GMAIL.COM
Address	BLK 122B EDGEDALE PLAINS #04-155
Address complement	-
Postcode	822122
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NURAINA BINTE MOHAMED ZAIN
Gender	Female

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/20210118/7135

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	SGM8268R
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD HAFIDH BIN RAMLI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBQ1466U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NURAINA BINTE MOHAMED ZAIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBQ1466U
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 **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 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

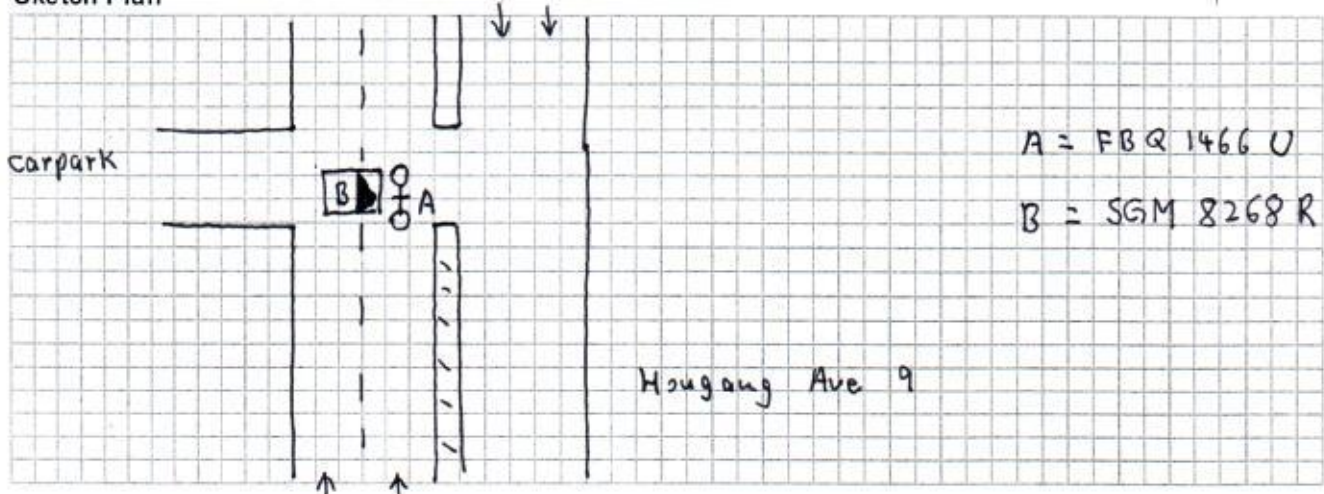
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report T/20210118/7135

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210118/7135

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

1 of 4

Report No. T/20210118/7135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2021 23:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HAFIDH BIN RAMLI			Address: 122B EDGEDALE PLAINS #04-155 SINGAPORE 822122		
ID Type / ID No.: NRIC NO / S8836465A			Contact No.: Home/Office: Mobile: 82980784		
Nationality: SINGAPORE CITIZEN			Email: mhbrml@gmail.com		
Sex: Male	Age: 32	Date of Birth: 29/09/1988	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation:			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: 17/01/2021 09:50	Type of Location: T-Junction
Location: HOUGANG AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBQ1466U	Motorcycle	YAMAHA	FZS ABS MANUAL	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1466U	NTUC Income Insurance Co-Operative Limited	5118353802	05/08/2020	02/08/2021



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	NURAINA BINTE MOHAMED ZAIN	ID No.	S8846442G
Related Vehicle	FBQ1466U (Motorcycle)	Contact No.	93264450
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/01/2021	Date	17/01/2021
No. of Days granted Medical Leave	04	Degree of	Slight
Rider			
Name	MUHAMMAD HAFIDH BIN RAMLI	ID No.	S8836465A
Related Vehicle	FBQ1466U (Motorcycle)	Contact No.	82980784
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	17/01/2021	Date	17/01/2021
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On 17/01/2021 at about 0940hrs, I, together with my wife, Nuraina Binte Mohamed Zain, NRIC: S8846442G, left my place of residence at Edgefield Plains on my motorcycle bearing registration number FBQ1466U. I was the rider, and my wife was the pillion. I was heading to my parents' house located at Blk 943 Hougang Street 92.

Along the way, I was travelling along Hougang Avenue 4 (towards Upper Serangoon Road). At the junction towards Hougang Avenue 4 and Hougang Avenue 9, I notice that the green arrow was on. Upon checking that traffic was clear and safe, I made the right turn.

At about 0950hrs, a short distance after making the right turn, I noticed that there was a dark coloured car at the carpark exit after Hougang NPC, waiting to exit. When I noticed that the car was inching forward, I sounded my horn. The next thing was an impact on the left of my motorcycle.

When I came round, I got up and noticed that my wife was lying on the other side of the road, about 5 metres away from my motorcycle. I proceeded to check on her condition. She was not responsive at first, but regained consciousness a short while later.

A short while later, a number of uniformed Police Officers from Hougang NPC came and rendered assistance. I can remember that an ambulance and Traffic police were activated



**SINGAPORE
POLICE FORCE**



T/20210118/7135

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

3 of 4

Report No. T/20210118/7135

CONTINUATION OF REPORT

by the Officers. I can recall that there was a male Chinese in his 40's or 50's who came and apologised, and mentioned that he had a 'camera' while pointing towards the direction of the before-mentioned dark coloured car.

A short while later, an SCDF ambulance arrived at scene and rendered further medical assistance to me and my wife. The paramedics arrived and provided preliminary first aid to me and my wife, and checked on our conditions. A short while later, a Traffic Police Officer arrived at scene.

A short while later, I, together with my wife were conveyed to Sengkang General Hospital Emergency Department, where I received medical treatment.

I suffered multiple cuts and abrasion on my back, elbows and lower legs, and swelling on my left lower leg. My wife suffered swelling on her fingers on her left hand, and abrasion on her left leg. I was given dressing for my wounds and my wife was given an X-ray. We were informed that preliminary findings showed no signs of fracture. We will be informed in due time for any emergency follow up.

At about 1400hrs, we were discharged from the hospital and given 4 days outpatient sick leave. We made payment and collected medication, and left the hospital thereafter.

On the same day at about 1633hrs, I received a call from TP IO Adlina to lodge a report for the accident.

That is all.



**SINGAPORE
POLICE FORCE**



T/20210118/7135

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

4 of 4

Report No. T/20210118/7135

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 / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476178

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:
18/01/2021 23:07

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/01/2021 16:07"/>
Vehicle No.(For Motor)	<input type="text" value="FBQ1466U"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118353802		MUHAMMAD HAFIDH BIN RAMLI	S8836465A	GMC	Comprehensive	FBQ1466U	FBQ1466U	05/08/2020	02/08/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (17/1/21) (DD/MM/YYYY), TIME: (09:50) (HH:MM)

LOCATION: Hougang Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ 1466U
b) INSURANCE COMPANY: ING
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha F2S, Manual 150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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 Hafid Bin ^{Rasli} (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 82980784
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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) Rider & pillion

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: traffic police.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: ^{Brading} SGM 8268R. MODEL: car.

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Muraina Binte Mohamed Zain

* bike

Email = mhbrm1@gmail.com.

* third party number

fax = Kymco@Singnet.com.sg

VIDEO = No.