

Date In: 05/02/2021 17:34	Job description	Date & Time Completed	Done by
Ref No: NSA/ACC/001772/4	SAS e-illing		
Veh No: 45N 1858K	E-mail (by date 2hrs, AIG 2hrs)		
D.O.A: 04/02/2021 00:25	I-Motor Claim Form	mt/112016-001	05/02/2021 17:42
TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / V/Insr		

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

TP Ref: () Vch No: **SUR 3579D** 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: ()

NA201063	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA + Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP Towing Fee	\$10/\$45
Damaged Portion:	4) PF Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PF Follow-Through Survey (Resurvey)	\$30
	6) TP Re-inspection	\$75
	7) NI + ID + DA + EMRT Survey	\$160
	8) NIUC Additional Services	
	9) NIUC Additional Services	
	10) NIUC Additional Services	
	11) NIUC Additional Services	
	12) NIUC Additional Services	
	13) NIUC Additional Services	
	14) NIUC Additional Services	
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	25) NIUC Additional Services	
	26) NIUC Additional Services	
	27) NIUC Additional Services	
	28) NIUC Additional Services	
	29) NIUC Additional Services	
	30) NIUC Additional Services	

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	05/02/2021 17:34 (SGT)
Date of Accident	04/02/2021 00:25 (SGT)
Exact Location of Accident	Bedok North Street 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6958E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NAZHRUL BIN MD ISMAIL
NRIC No	SXXXX429D
Email Address	miickoo21@gmail.com
Mobile Phone No	(Phone) +65-87484407
Alternative Phone No	+65-84485864

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R155
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	5097995335-02
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NIZAM BIN MD ISMAIL
NRIC No	SXXXX564E

Date Of Driving Pass	15/07/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84485864
Alt. Phone Number	-
Email Address	miickoo21@gmail.com
Address	BLK 532 BEDOK NORTH STREET 3 #04-724
Address complement	-
Postcode	460532
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR3379D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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.

Policyholder's Signature / Date & Time

[Signature] 04/02/2021 3.38pm

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

[Signature] 05/02/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

BEDOK NORTH STRAITS 3.

- A) FBM 6958E
- B) SLR 3379D



Describe Circumstances of the Accident

04/02/2021 12:25am

As I was Travelling along Beedok NORTH ST 3 suddenly a car without signal make a left turn without signaling and hit my Right of my Bike (FBM6958E) and I manage to control of my Bike from preventing of falling down.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 04/02/2021 3:38pm
Driver's Signature (if driver is not the policyholder) / Date & Time

 04/02/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 02 / 2021) (DD/MM/YYYY), TIME: (12 : 25) (HH:MM)

LOCATION: BEDOK NORTH ST 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 6958E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5097995335-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA R15V3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going Home
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 NAZHRUL BIN MD ISMAIL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9323429D CONTACT: 8748 4407
c) ADDRESS: BEDOK NORTH ST 3 #04-724 BIK 532
460532

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD NAZAM BIN MD ISMAIL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9109564E CONTACT: 8485864
c) ADDRESS: BEDOK NORTH ST 3 #04-724 BIK 532
460532

*d) DATE OF BIRTH: (15 / 03 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 JULY 2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROTHER

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: BEDOK HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR3379D MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9450 6358

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 = mickoo21@gmail.com

VIDEO

NOTICE OF REPORTING

This is to confirm that **Muhammad Nizam Bin Md Ismail**, NRIC: **S9109564E**, has reported to the Police a non-injury traffic accident which occurred along **Bedok North St 3** on **4/2/2021** at **12.25am** involving the following vehicles: FBM6958E and SLR3379D.

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: **Sgt 3 Ong Yu Xiang**

Date: **04/02/2021**

Time: **0124hrs**

S/D Ref: **7**

Police Post/ Unit: **Bedok North NPC**

Original – To be issued to informant
Duplicate- to be submitted to Traffic Police

Bedok North NPC
10 Bedok North Road
Singapore 469676
Tel: 1800.2449995

Claim Handling

Accident MT/1120161

Policy No.	5097995335-02	Vehicle No.	FBM6958E	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD NAZHRUL BIN MD ISMAIL			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	87484407	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

Accident Details

Report Date	05/02/2021 17:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/02/2021	Time of Accident hh:mm	00:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK NORTH STREET 3			

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 532 #04-724	Address 2	BEDOK NORTH STREET 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120300642	

OI Driver Info

Driver Name	MUHAMMAD NIZAM BIN MD ISMAIL	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	S9109564E
Register Date of Driver License	15/07/2019	Driver Age	29
Contact No.(Mobile)	84485864	Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM6958E
			Driver Insurer Comp.

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMM
Contact No.(Mobile)	87484407	Contact No. (Home)	
Email Address	INAZHRUL93@GMAIL.COM	OI Vehicle Number	FBM6958
Claim Description	FBM6958E / SLR3379D ON 4 Feb 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	05/02/2021 17:41

Hello, NAC_BUKIT_MERAH_800676

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="04/02/2021 17:32"/>
Vehicle No.(For Motor)	<input type="text" value="FBM6958E"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097995335-02		MUHAMMAD NAZHRUL BIN MD ISMAIL	S9323429D	GMC	Third Party, Fire & Theft	FBM6958E	FBM6958E	22/02/2020	21/02/2021

Continue