

NATIONAL Assessment Centre Services

(with 1 Jan 2011)

Sheet 213 00006

Date In: 16/03/2011 17:55
Ref No: XBR17002100345114
Veh No: FBM 88989
D.O.A: 16/03/2011 18:59

Job description
SAS calling
E-mail (E-mail 3hrs, A/C 3hrs)
I-Motor Claim Form
I-Motor W/O (Winder, OD 3hrs, TP 3hrs)
I-Photo Uploaded
Assessment/Survey Report
Assessment Report by Fax/Hand to Owner/Vicar

Date & Time Completed

Done by

OD: TP: Reporting Only

TP Insurer:

Preferred Wksp / INC Assgn Wksp / OW: (

TP Principal: Vch No: FBL 7671E

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 ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury: ()

NA2101945

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

Signature:

Date:

Time:

Signature:

Date:

Time:

Signature:

Date:

Item	Amount	Notes
1) All Accident Reporting (NO)		
2) DA: Damage Assessment (\$100)	\$100	
3) TP: Towing Fee	\$130	
4) TP: Follow Through Survey	\$30	
5) TP: Follow Through Survey (Resurvey)	\$30	
6) TP: Follow Through Survey (Resurvey) (over 1000)	\$75	
7) TP: Follow Through Survey (Resurvey) (over 1000)	\$160	
8) TP: Follow Through Survey (Resurvey) (over 1000)	\$160	
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Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

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Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

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	16/03/2021 17:55 (SGT)
Date of Accident	15/03/2021 18:59 (SGT)
Exact Location of Accident	Cashew Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8898G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHAIRULNIZAM BIN AHMAD
NRIC No	SXXXX156J
Email Address	khaizura@outlook.com
Mobile Phone No	(Phone) +65-96926146
Alternative Phone No	+65-96926146

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VFR800X ABS MANUAL
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	5101154433-02
Cover Note Number	-

DRIVER

Name of Driver	KHAIRULNIZAM BIN AHMAD
NRIC No	SXXXX156J
Date Of Birth	12/03/1988
Occupation	Indoor

Date Of Driving Pass	13/09/2012
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96926146
Alt. Phone Number	+65-96926146
Email Address	khaizura@outlook.com
Address	BLK 443C FAJAR ROAD #03-72
Address complement	-
Postcode	673443
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 - 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?	No
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	FBL7671E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	KHAIRULNIZAM BIN AHMAD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBM8898G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 :

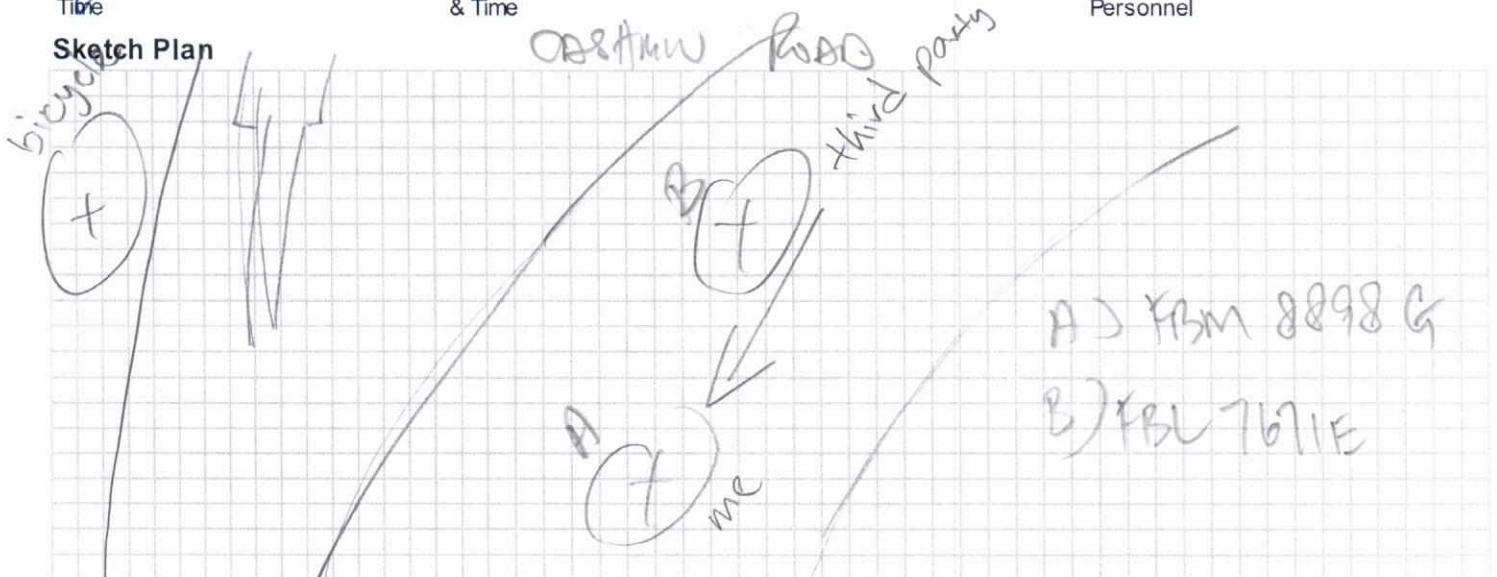
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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




Describe Circumstances of the Accident

At filter lane, cashew road i stop for bicycle user to move off, the motorbike behind me assumed i will be moving off soon, he hit the back part of my bike.

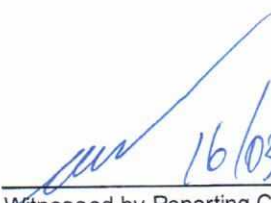
Declaration

We declare the foregoing particulars are true in every respect.

 16/03/2021
1442hrs

Policyholder's Signature / Date & Time

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

 16/03/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (15/03/2021) (DD/MM/YYYY), TIME: (18:59) (HH:MM)

LOCATION: Cashew Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM8898G
b) INSURANCE COMPANY: (Mtu Income)
c) POLICY NUMBER: 5101154433-02
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: 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: Khairulhizam Bin Ahmad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8808456J CONTACT: 96926146
c) ADDRESS: 443C Fajar Road #03-72 S(67443)

* 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: (12/03/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 Sep 2012

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

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: FBL 767IE MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = khairuzura@outlook.com

VIDEO

Claim Handling

Accident MT/1124628

Policy No.	5101154433-02	Vehicle No.	FBM8898G	GST Registration No.
Certificate No.				
Policyholder Name	KHAIRULNIZAM BIN AHMAD			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96926146	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire

▼ Accident Details

Report Date	16/03/2021 17:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/03/2021	Time of Accident hh:mm	18:59	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CASHEW ROAD			

▼ 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 443C #03-72	Address 2	FAJAR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-85	Related Policy Number	5101154433-02	

▼ OI Driver Info

Driver Name	KHAIRULNIZAM BIN AHMAD	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8808156J	Driver DOB
Register Date of Driver License	12/12/2009	Driver Age	33	Driving Experience
Contact No.(Mobile)	96926146	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 443C #03-72	Address 2	FAJAR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-85			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM8898G	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

Claim 001

New

Claim Type *	OD-MX	Insured Name	KHAIRULNIZAM BIN AHMAD	Insured NRIC
Contact No.(Mobile)	96926146	Contact No.(Home)	68162141	Contact No.(Office)
Email Address	khaizura@outlook.com	OI Vehicle Number	FBM8898G	TP Vehicle Number
Claim Description	FBM8898G / FBL7671E ON 15 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	16/03/2021 17:59	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				

Save

Submit

Attachment

Claim Handling(accident reporting Claim Task)

MT/1124628

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/03/2021 18:00

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

Urgen

[illegible]

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	NRIC/ Driving License	Y	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 18:00	SAS	Normal	SAS 2021-3-16

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
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☐ Display in New Window

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 : 5101154433-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle
 Chassis Number

: **FBM8898G**

: JH2RC80A7FK004427

2. Name of Policyholder

: KHAIRULNIZAM BIN AHMAD

3. Effective Date of Insurance

: 05 Jul 2020

4. Expiry Date of Insurance

: 04 Jul 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)	: KHAIRULNIZAM BIN AHMAD
NAMED DRIVER (2)	: AHMAD BIN MAHMOOD
HIRE PURCHASE COMPANY	: SPEEDWAY MOTOR PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : AXIS LINK PTE LTD (00000614797)

Date of Issue : 11 Jun 2020 11:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive