

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SNW082137000A

Date In: 29/03/2021 17:24	Job description	Date & Time Completed	Done by
Ref No: NBS/AIC21004039/Y	SAS e-filing		
Veh No: FBR 4658H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 25/03/2021 11:00	I-Motor Claim Form	MT/1126136 001	29/03/2021
OD : TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:36
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMF 5321E	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 repairer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA202425	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);	Fit Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
Pat 1:	Invoice dated	Fee Charged	
Pat 2 / 3:	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	29/03/2021 17:24 (SGT)
Date of Accident	25/03/2021 11:00 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS TIONG BAHRU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4658H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KABEER KHAN BIN ALI KHAN
NRIC No	SXXXX567G
Email Address	liquid_tension72@yahoo.com.sg
Mobile Phone No	(Phone) +65-81116172
Alternative Phone No	+65-81116172

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118235416
Cover Note Number	-

DRIVER

Name of Driver	KABEER KHAN BIN ALI KHAN
NRIC No	SXXXX567G

Date Of Birth	08/11/1972
Occupation	Outdoor
Date Of Driving Pass	10/10/1995
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81116172
Alt. Phone Number	+65-81116172
Email Address	liquid_tension72@yahoo.com.sg
Address	BLK 836 TAMPINES STREET 82 #02-75
Address complement	-
Postcode	520836
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?	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?	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	SMF5321E
Vehicle Manufacturer	Bentley
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SOEN LOONG
Contact Number	(Phone) +65-94679157
Address	-
Address complement	-



Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

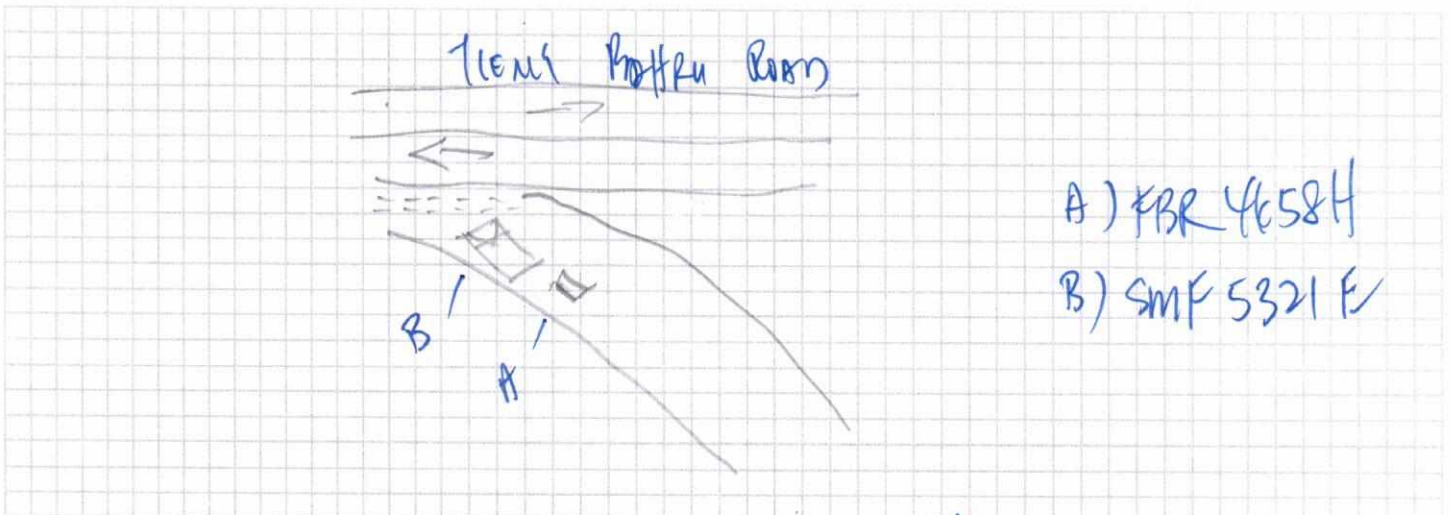
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time 1545

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 25TH MARCH I WAS ABOUT TO TURN LEFT TO GLORIA BARRU
BENTLEY CAR S/N 5321.6 STOP AT THE GIVE WAY SIGN
AND I ACCIDENTALLY HIT THE CAR FROM BEHIND

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 1545

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

Witnessed by Reporting Centre
Personnel 29/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (25/03/2021) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: TIONG BAHU

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PSR 4658 H
 b) INSURANCE COMPANY: NIVE INSURANCE
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: AEROX VANGITA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: KARBEE KHAN BIN ALI KHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S72425674 CONTACT: 81116172
 c) ADDRESS: 836 TAMPINES STREET 82 #02-75
 S (S20836)

* 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: (08/11/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF5321E MODEL: BENLEY
 b) DRIVER'S NAME: SOEN LOONIA
 c) NRIC/FIN/PASSPORT: CONTACT: 94679157

9. THIRD PARTY VEHICLE

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

Email: LIQUID_TENSION72@YAHOO.COM.SG
 VIDEO

Claim Handling

Accident MT/1126136

Policy No.	5118235416	Vehicle No.	FBR4658H	GST Registration No.
Certificate No.				
Policyholder Name	KABEER KHAN BIN ALI KHAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	81116172	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(%)	0	Private Hire

▼ Accident Details

Report Date	29/03/2021 17:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/03/2021	Time of Accident hh:mm	11:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP ROAD FROM LOWER DELTA TOWARDS TIONG BAHRU 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 836 #02-75	Address 2	TAMPINES STREET 82	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117072139-01	

▼ OI Driver Info

Driver Name	KABEER KHAN BIN ALI KHAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7242567G	Driver DOB
Register Date of Driver License	10/10/1995	Driver Age	48	Driving Experience
Contact No.(Mobile)	81116172	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 836 #02-75	Address 2	TAMPINES STREET 82	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBR4658H	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	KABEER KHAN BIN ALI KHAN	Insured NRIC
Contact No.(Mobile)	81116172	Contact No.(Home)		Contact No.(Office)
Email Address	LIQUID_TENSION72@YAHOO.C	OI Vehicle Number	FBR4658H	TP Vehicle Number
Claim Description	FBR4658H / SMF5321E ON 25 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	29/03/2021 17:34	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save

Submit

Attachment

3/29/2021

Claim Handling(accident reporting Claim Task)

Accident No.

MT/1126136

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/03/2021 17:36

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category *

Confidential

Urgen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:36	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:35	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:35	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:35	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:35	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:35	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:35	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:34	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:34	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:34	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:34	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 17:34	SAS		Normal	SAS 2021-3-29

Video List

Uploaded By/Date	Folder Date	File Name		Sou
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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="25/03/2021 15:32"/>
Vehicle No.(For Motor)	<input type="text" value="FBR4658H"/>	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"/>	5118235416		KABEER KHAN BIN ALI KHAN	S7242567G	GMC	Third Party, Fire & Theft	FBR4658H	FBR4658H	14/07/2020	13/07/2021