

NATIONAL ASSOCIATION OF CRIME SERVICES

Date: 20/11/17	File No: NA/INC17022034/13	File No: FBm4829H	File No: 19/11/17	File No: 0100	File No: 0100
E-mail: [blank]			E-mail: [blank]		
i-Motor Claim Form			i-Motor W.O. (Warranty Order)		
i-Photo Uploaded			Assessment Survey Report		
Ass't Report by Fax / Hand to Owner Wksp			Ass't Report by Fax / Hand to Owner Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SJQ4347R	INC:) Non-RCV
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 repairer.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towel-In (); Invoice: YES () / NO (); Towing Co. ()	
Remarks:- (INC hotline: 6788 6616)	Date & Time Completed
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____	
Date/Time	Actions

NA1707102	Invoice Preparation Checklist
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC \$40
Contact No:	3) TF: Towing Fee (\$4,000)
Damaged Portion:	4) FT: Follow-Through Survey (\$50)
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey Resurvey (\$0)
Auditors' Comments:-	6) TR: Re-inspection (\$10)
	7) NI: Inc DA - SMEL Survey (\$10)
	8) NTUC Additional Services
	9) QC: [blank]
	10) NI: [blank]
	11) NI: [blank]
	12) NI: [blank]
	13) NI: [blank]
	14) NI: [blank]
	15) NI: [blank]
	16) NI: [blank]
	17) NI: [blank]
	18) NI: [blank]
	19) NI: [blank]
	20) NI: [blank]

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 ability.
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 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 Report	20/11/2017 10:20
Date Of Accident	19/11/2017 01:00
Exact Location Of Accident	531 BALESTIER RD(TAO YUAN SPA CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4829H
Insured/Policyholder	
Name Of Registered Owner	LEOTTI ALBERTO
NRIC No	G5797625Q
Email Address	ALBERTO.LEOTTI@ST.COM
Mobile Phone No	(LOCAL) +65-94598505
Alternative Phone No	OTHERS-94598505

Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA LED
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5095854966
Cover Note Number	

Driver

Name of Driver	LEOTTI ALBERTO
NRIC No	G5797625Q
Date Of Birth	23/07/1973
Occupation	INDOOR
Date Of Driving Pass	13/03/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94598505
Fax Number	
Contact Number	OTHERS-94598505
Email Address	ALBERTO.LEOTTI@ST.COM

Address	221 BALESTIER RD #18-01 ROCCA BALESTIER
Postcode	329928
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLA REFER TO THE ATTACHED STATEMENT

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	SJQ4347R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Name of Driver	OTHMAN BIN MOHD TAHIR
NRIC/Passport Number	S1365094B
Contact Number	91290625
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

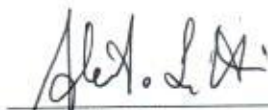
SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment 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)**

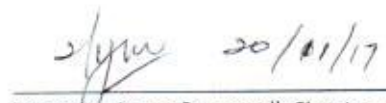
I understand, acknowledge, agree and consent that:

- (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.
- (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 purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



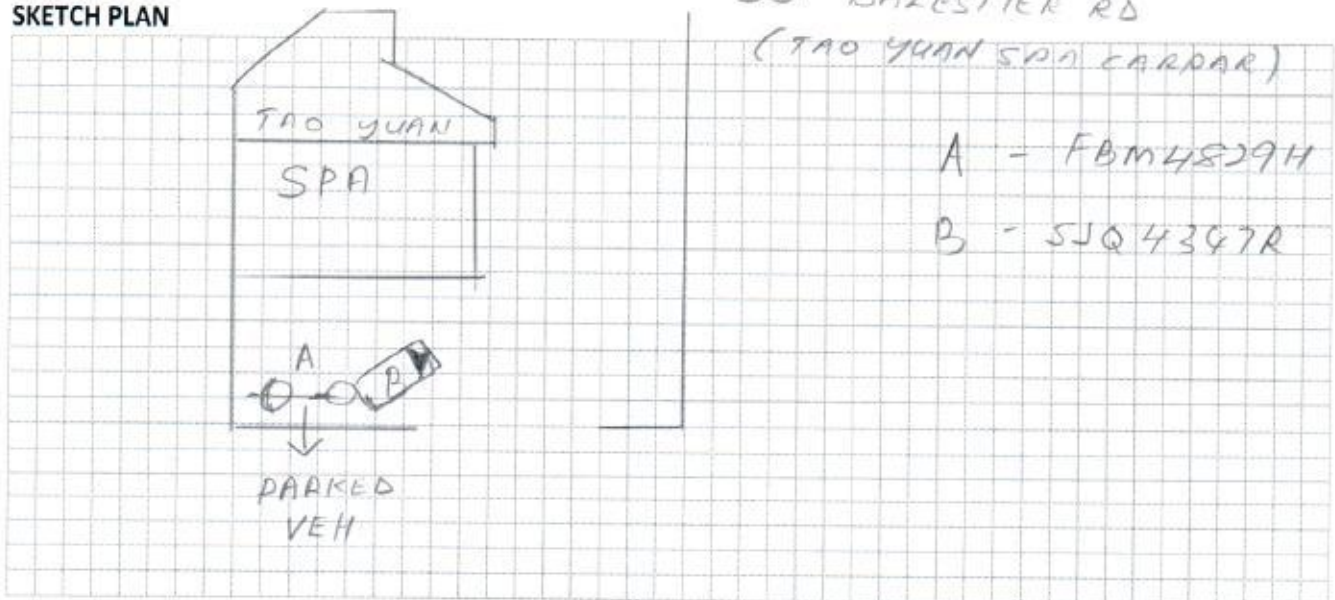
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY MOTORBIKE WAS PARKED INSIDE PRIVATE PARKING AREA OF TAO YUAN SPA WHILE HE AND GIRLFRIEND WERE HAVING MASSAGE SESSION. AROUND 1.10 AM THE SPA STAFF CAME IN THE ROOM TO INFORM ME THAT MY VEHICLE WAS HIT BY A CAR AND NEED MY ATTENTION. ARRIVED IN THE PARKING AREA I SAW MR. OTHMAN TRYING TO LIFT UP THE BIKE, LAYING ON THE FLOOR AND VASES ON THE LEFT SIDE OF THE BIKE. WE LIFTED UP THE MOTORBIKE AND THEN AFTER RECEIVING HIS APOLOGIES WE TOOK PICTURES OF THE DAMAGE AND EXCHANGE CONTACTS AND DETAILS

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 20/11/17

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Location: Full-Car **G5797625Q**



Name: **ALBERTO LEOTTI**

Birth Date: **23 Jul 1973**

Issue Date: **26 Aug 2017**

Valid Till: **02/09/2022**

002717652J

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **STMICROELECTRONICS PTE LTD**

Name: **LEOTTI ALBERTO**

Occupation: **ENGINEERING MANAGER**

FIN: **G5797625Q**

Date of Application: **19-01-2017**

Date of Issue: **09-03-2017**

Date of Expiry: **08-03-2020**

L7754540




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc
Class 2A	Motorcycles between 201 cc and 400 cc
Class 2	Motorcycles > 400 cc
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

13 Mar 2007
13 Mar 2007
13 Mar 2007
13 Mar 2007



NP 428A

VISIT PASS
Immigration Regulations

Name: **LEOTTI ALBERTO**

Date of Birth: **23-07-1973**

Sex: **M**

Nationality: **ITALIAN**

FIN: **G5797625Q**

Date of Issue: **20-03-2017**

Date of Expiry: **08-03-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.






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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5095854966

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBM4829H

Chassis Number

: JH2RC90A8HK104531

2. Name of Policyholder

: LEOTTI ALBERTO

3. Effective Date of Insurance

: 13 Nov 2017

4. Expiry Date of Insurance

: 12 Nov 2018

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)

: LEOTTI ALBERTO

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 13 Nov 2017 10:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorized Officer

Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0970485

Policy No.	5095854966	Vehicle No.	FBM4829H	GST Registration No.	
Policyholder Name	LEOTTI ALBERTO			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	94598505	Contact No.(Office)	0	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		
Accident Details					
Report Date	20/11/2017 19:21	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Par
Date of Accident	19/11/2017	Time of Accident hh:mm	01:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	531 BALESTIER RD(TAO YUAN SPA CARPARK)				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	221 BALESTIER ROAD	Address 2	#18-01 ROCCA BALESTIER	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	18-01	Related Policy Number	5095854966		
O1 Driver Info					
Driver Name	LEOTTI ALBERTO	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	G5797625Q	Driving Experience	
Register Date of Driver License	13/03/2007	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	94598505	Contact No.(Office)	0	Address 3	
Address 1	221 BALESTIER ROAD	Address 2	ROCCA BALESTIER	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#18-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LEOTTI ALBERTO	Insured NRIC		
Contact No.(Mobile)	94598505	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		O1 Vehicle Number	FBM4829H	TP Vehicle Number		
Claim Description	FBM4829H / SJQ4347R ON 19 Nov 2017				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	20/11/2017 19:25	Claim Close Date		Date Received		
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired		
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/0970485	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 00:00
Path *		Category *	Confidential Urgency

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:25	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:25	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:24	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 19:24	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>