

NATIONAL Assessment Centre Services

(until 1 January 2008)

NAI 417157675

Date In: 29/11/2017 16:00	Job description	Date & Time Completed	Done by
Ref No: NBA/NAI 7022718/4	SAS e-illing		
Veh No: FBM 85 M	E-mail (vehicle sheet, AIC sheet)		
D.O.A: 29/11/2017 13:30	E-Motor Claim Form	MT 0971698	29/11/2017 16:29
OD: TP Reporting Only	E-Motor W/O (vehicle sheet, TP sheet)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars:	Veh No: GBB 893PH	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: Customers Information strictly Confidential & Strictly NO later of repair.

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

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

Remarks:	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury:

Date/Time	Actions

NAI 707395	Invoice Preparation Checklist	Amended Bill
Customer Particulars:	1) AR: Accidental Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$20/\$40	
Amaged Portion:	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Recovery) \$20	
	6) TR: Re-inspection \$15	
	7) NI: E&V DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	9) NTUC Additional Services	
C. Checked by (Engr-In-Charge):	10) NI: Courtesy Car / Tpl Allowance \$5	
	11) NI: Repair Coordination \$10	
	12) NI: Post Repair Inspection \$15	
	13) NI: DV / Collect Unpaid Coordination \$5	
	14) TP (NI) / TP (Non INC) against INC \$20	
	15) NI: Tolls Mobile \$5	
	Invoice dated	
	Invoice dated	

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	29/11/2017 16:00
Date Of Accident	29/11/2017 13:30
Exact Location Of Accident	PSA CLUB CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM85M
Insured/Policyholder	
Name Of Registered Owner	OWYONG ZHAOKUN ALEX
NRIC No	S8535819G
Email Address	OWYONG.ALEX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98287795
Alternative Phone No	OTHERS-98287795

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-10-998CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5083518151-01
Cover Note Number	

Driver

Name of Driver	OWYONG ZHAOKUN ALEX
NRIC No	S8535819G
Date Of Birth	12/11/1985
Occupation	INDOOR
Date Of Driving Pass	25/08/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98287795
Fax Number	
Contact Number	OTHERS-98287795
Email Address	OWYONG.ALEX@GMAIL.COM

Address	BLK 677 CHOA CHU KANG CRESCENT #06-640
Postcode	980677
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

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	GBB8938H
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Name of Driver	MOHAMED NOOR
NRIC/Passport Number	
Contact Number	96632460
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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.
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 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:

29 NOV 2017
1508 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

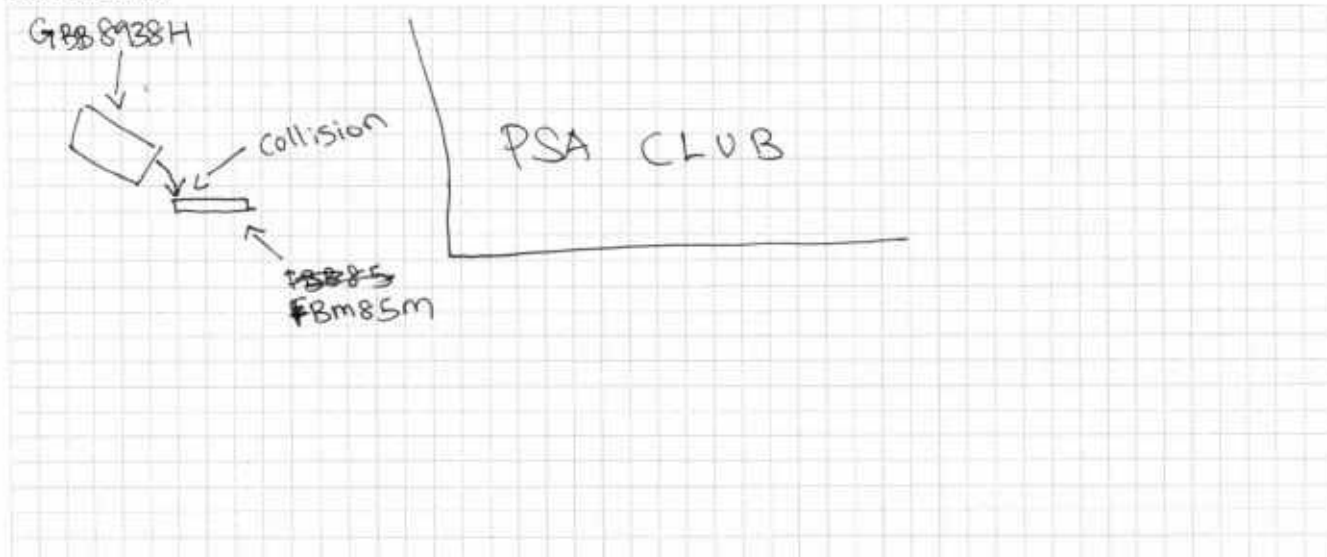


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

GBB 893M was turn and hit the front right side of FBM 85M, and caused FBM 85M to land on the tarmac.

DECLARATION

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

Policyholder's Signature: _____
Date & Time: 29 NOV 2017
1511 Hrs

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

Reporting Centre Personnel's Signature
Name: Redi Wambui
NRIC/FIN No.: 29/4/2017

Claim Handling

Accident MT/0971698

Policy No.	S083518151-01	Vehicle No.	FBM85M	GST Registration No.	
Policyholder Name	OWYONG ZHACKUN ALEX			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	98287795	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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		
Accident Details					
Report Date	29/11/2017 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst
Date of Accident	29/11/2017	Time of Accident h:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSA CLUB CAR PARK				
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	BLK 677 #06-640	Address 2	CHOA CHU KANG CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-640	Related Policy Number	S083518151-01		
01 Driver Info					
Driver Name	OWYONG ZHACKUN ALEX	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8535819G	Driver DOB	
Register Date of Driver License	30/08/2011	Driver Age	32	Driving Experience	
Contact No.(Mobile)	98287795	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 677 #06-640	Address 2	CHOA CHU KANG CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-640				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBM85M	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	OWYONG ZHACKUN ALEX	Insured NRIC	
Contact No.(Mobile)	98287795	Contact No.(Home)	*	Contact No.(Office)	
Email Address	owyoung.alex@gmail.com	01 Vehicle Number	FBM85M	TP Vehicle Number	
Claim Description	FBM85M / GBR8938H ON 29 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	29/11/2017 16:28	Claim Close Date		Date Received	
Report Taken By	ROSJI WAHAB	Workshop Repairer		Total Loss But Repaired	
<input type="checkbox"/> Print AK letter					















Save Submit

Attachment

Accident No.	MT/0971698	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/11/2017 16:29		
Path *		Category *		Confidential	Urgency
		Browse...	Clear	Please Select	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_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:29	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:29	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:27	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:27	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:27	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 16:27	Photos	Normal	Photos

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 11 / 2017 (DD/MM/YYYY) TIME: 13.30 (HH:MM)

LOCATION: PSA CLUB CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 85 M
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5083518151-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / (THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA MT-10
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKED STATIONERY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: OWYONG ZHAOFUN ALEX (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8535819G CONTACT: 98287795
 c) ADDRESS: BLK 677 CHOA CHU KANG CRESCENT #06-640
(S) 680677

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
 (including driver)
(0)

- DRIVER
 a) NAME: AS ARBOUT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR) OUTDOOR

f) DATE OF DRIVING LICENCE

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

5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS _____
 b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
()

- a) VEHICLE NUMBER: G8B 8938 H MODEL: _____
 b) DRIVER'S NAME: MO NOOR
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9663 2460

9. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
()

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

Email: OWYONG.ALEX@GMAIL.COM

fax: _____

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8535819G



Name

OWYONG ZHAOKUN, ALEX

欧阳兆坤

Race

CHINESE

Date of birth

12-11-1985

Sex

M

Country/Place of birth
SINGAPORE



5534414



NRIC No. S8535819G



Date of issue

23-11-2015

Address

APT BLK 677 CHOA CHU KANG CRESCENT
#06-640
SINGAPORE 680677

REPUBLIC OF SINGAPORE DRIVING LICENCE



LICENCE NUMBER S8535819G

Name

OWYONG ZHAOKUN, ALEX

Birth Date: 12 Nov 1985

Issue Date: 02 Nov 2005



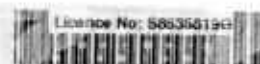
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	30 Sep 2009
Class 2A	Motorcycles between 201 CC and 400 CC	31 Oct 2006
Class 2	Motorcycles > 400 CC	25 Aug 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2000 kg	31 Aug 2005

S8535819G

S / No. 9000151347

NP 428A



eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5083518151-01	OWYONG ZHAOKUN ALEX	S8535819G	GMC	Third Party, Fire & Theft	FBM85M	FBM85M	01/09/2017	31/08/2018