NATIONAL Assessment Centre Services (wef 1 Jan 00) NAT(?)18004334

Date In: 09/01/2018 15:50	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18000545/Y	SAS e-filing		
Veh No: FBM 1898 J	E-mail (within 3hrs, AIC 1hrs)		
D.O.A: 09/01/2018 08:40	i-Motor Claim Form	MT/0971034	09/01/2018 16:05
(OD) / TP / Reporting Only	i-Motor W/O (Within: OD 3hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (A.S. Poon Tel: 67470770 Fax:)

TP Particulars: Veh No: SJS 7050R , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (W/O): 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 ( ) / Towed-in ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks (INC Hotline: 6788 0016)		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	Action

NA800886

Comments/Enquiries

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

Invoice Preparation Checklist		Amt ($) Bill	Amt ($) Add Bill
1) AR: Accident Reporting ($30):			
2) DA: Damage Assessment ($100):	INC ($50)		
3) TF: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$150		
5) FT: Follow-Through Survey (Resurvey) For claims against INC Only (wef 10 Jan 2000)	$30		
6) TR: Re-Inspection	$35		
7) N1: Idea DA + SMRT Survey	$160		
8) NTUC Additional Services: OD:			
*N3: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$35		
*N8: DV / Collect Excess Coordination	$5		
TP (N11): TP (Non INC) against INC	$20		
9) N13: Idea Mobile	$0		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

2/3

MNA416004334 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 09/01/2018 15:50
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 willful misrepresentation or witholding 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	09/01/2018 15:50
Date Of Accident	09/01/2018 08:40
Exact Location Of Accident	KEPPEL FLYOVER TOWARDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM1818J
Insured/Policyholder	
Name Of Registered Owner	CHAK WENG CHEONG
NRIC No	S7123079A
Email Address	GREEKLANDER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83440114
Alternative Phone No	OTHERS-83440114
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TMAX500-499CC (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091403196
Cover Note Number	
Driver	
Name of Driver	CHAK WENG CHEONG
NRIC No	S7123079A
Date Of Birth	09/07/1971
Occupation	INDOOR
Date Of Driving Pass	13/10/1999
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83440114
Fax Number	
Contact Number	OTHERS-83440114
EMail Address	GREEKLANDER@GMAIL.COM

Address	BLK 17 MARINE TERRACE #14-80
Postcode	40017
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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	SJS7050R
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GLORIA TAN SIOW TENG
NRIC/Passport Number	S7617210B
Contact Number	97996191
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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.

9/1/18

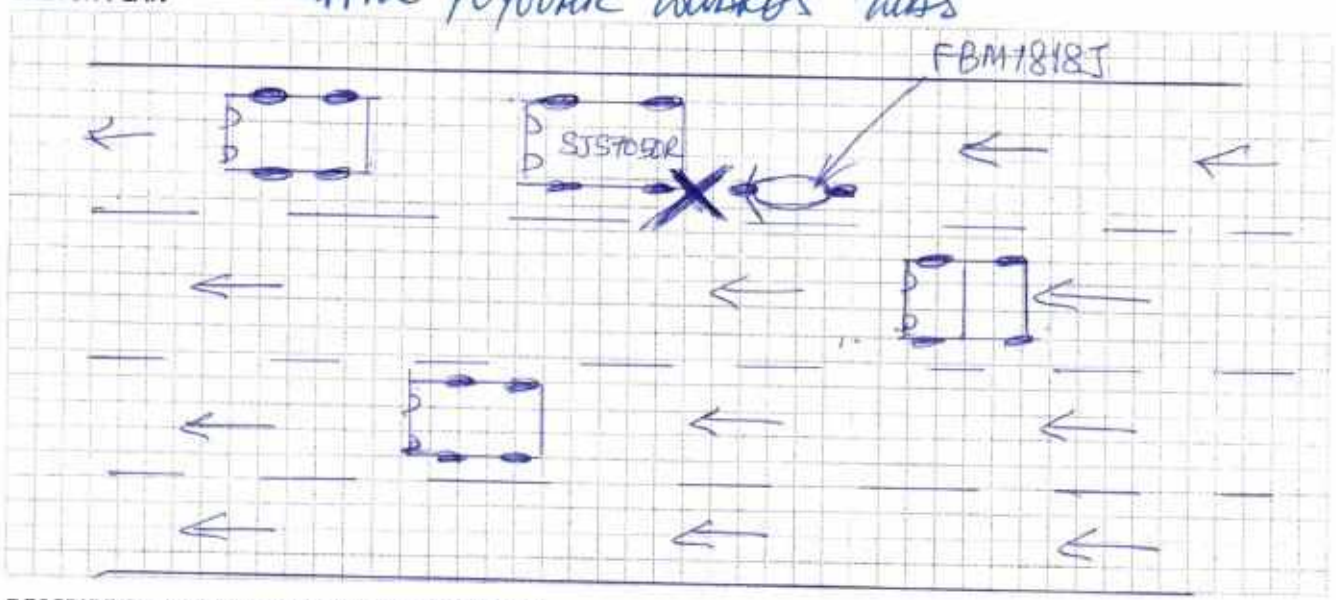
Policyholder's Signature
Date & Time:

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

09/01/2017

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

SKETCH PLAN KEPPEL FLYOVER TOWARDS TUAS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE KEPPEL FLYOVER TOWARDS TUAS AND BEHIND VEHICLE SJS7050R (AUDI A4). TRAFFIC WAS NORMAL, WEATHER WAS DRY. BUT SUDDENLY THE FRONT VEHICLE, SJS7050R JAMMED BRAKE AND I WAS NOT ABLE TO BRAKE IN TIME AND HIT HER.

DECLARATION

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

Policyholder's Signature
Date & Time: 9/1/18 14:50 hrs

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

09/01/2017

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

Claim Handling

Accident MT/0977034

Policy No.	5091403196	Vehicle No.	FBM1818J	GST Registration No.	
Policyholder Name	CHAK WENG CHEONG			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	83440114	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

Accident Details

Report Date	09/01/2018 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	09/01/2018	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KEPPEL FLYOVER TOWARDS TUAS				

Benefits

Excess

Own damage Excess	500.00	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 17 #14-80	Address 2	MARINE TERRACE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	10-310	Related Policy Number	5091403196		

OI Driver Info

Driver Name	CHAK WENG CHEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7123079A	Driver DOB	
Register Date of Driver License	15/05/1996	Driver Age	46	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 17 #14-80	Address 2	MARINE TERRACE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	10-310				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBM1818J	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	CHAK WENG CHEONG	Insured NRIC	
Contact No.(Mobile)	83440114	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	CHAKWENGCHEONG@GMAIL.CO	OI Vehicle Number	FBM1818J	TP Vehicle Number	
Claim Description	FBM1818J / SJS7050R ON 9 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.	67470770	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	09/01/2018 15:48	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0977034	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	09/01/2018 16:05		
Path *			Category *	Confidential	Urgent
Browse... Clear			Please Select		Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 16:05	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 16:02	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 15:49	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 15:49	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 15:49	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 15:49	Photos	Normal	Photc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 15:48	Photos	Normal	Photc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 15:48	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 15:48	Photos	Normal	Photc

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

Claim Handling

› Task Transfer › Exit

LOG SAL SUS

Accident MT/0977034

Policy No.	5091403196	Vehicle No.	FBM1818J	GST Registration No.	
Policyholder Name	CHAK WENG CHEONG			Policyholder NRIC	S7123079A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	83440114	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

Accident Details

Report Date	09/01/2018 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/01/2018	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	KEPPEL FLYOVER TOWARDS TUAS				

Benefits

Excess

Own damage Excess	500.00	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 17 #14-80	Address 2	MARINE TERRACE	Address 3	SINGAPORE 440017
Address 4		Address Type	Singapore address	Post Code	440017
Unit No.	10-310	Related Policy Number	5091403196		

OI Driver Info

Driver Name	CHAK WENG CHEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7123079A	Driver DOB	09/07/1971
Register Date of Driver License	15/05/1996	Driver Age	46	Driving Experience	21
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 17 #14-80	Address 2	MARINE TERRACE	Address 3	SINGAPORE 440017
Address 4		Address Type	Singapore address	Post Code	440017
Unit No.	10-310				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	FBM1818J	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	CHAK WENG CHEONG	Insured NRIC	S7123079A
Contact No.(Mobile)	83440114	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	CHAKWENGCHEONG@GMAIL.CO	OI Vehicle Number	FBM1818J	TP Vehicle Number	SJS7050R
Claim Description	FBM1818J / SJS7050R ON 9 Jan 2018			Name of Preferred Workshop	A.S. SPOON
Preferred Workshop Contact No.	67470770	Insured Liability	Fully at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop (refer below)	GIA report	Pending
Date Registered	09/01/2018 16:06	Claim Close Date		Date Received	09/01/2018 00:0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason

Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	YAMAHA	Vehicle Model	TMAX 530	Engine Capcity	
Date of Registration	26/05/2017	Classis No.	JYAS3145000003849		
Towing Required *	Yes ● No	Vehicle in IDAC *	Yes ● No	Parallel Import *	Yes ● No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-23 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	Yes ● No		
Market Value ($)		Scrape Value($)		Economical Repair Value($)	
Remark	1)UNDER BRACKET-1 UNCONFIRM(BIKE IS WITH A.S.PHOON(TOH GUAN)				

Damage Listing

Find a Part

- root
  - Not Applicable
  - ABS
  - ABSORBER
  - ACCELERATOR
  - ACTUATOR
  - ADVERTISEMENT STICKER
  - AIR BAG
  - AIR BLOWER
  - AIR BOX
  - AIR CHAMBER BOX
  - AIR CLEANER
  - AIR COMPRESSOR
  - AIR CON
  - AIR CON (VAN)
  - AIR COOLER
  - AIR DISTRIBUTOR
  - AIR FILTER

No.	Part No.	Description	Qty *	Repair Code
1	252004	FAIRING STAY	1	Replace
2	25200103	FAIRING (FRONT)	1	Replace
3	25200104	FAIRING (LEFT)	1	Replace
4	25200106	FAIRING (RIGHT)	1	Replace
5	252003	FAIRING SHIELD	1	Replace
6	27700101	HEAD LAMP (LEFT)	1	Replace
7	27700102	HEAD LAMP (RIGHT)	1	Unconfirm
8	25200101	FAIRING (BOTTOM)	1	Replace
9	38500202	SIGNAL LAMP (FRONT RIGHT)	1	Replace
10	364001	SHIELD (M/C) BEADING	1	Unconfirm
11	262004	FORK (M/C) CONE WITH BEARING	1	Unconfirm
12	317006	MIRROR COVER	1	Unconfirm

Save Submit

ASSESSMENT (Front)

By Assessor- 1) Cause of Accident:

1) Vehicle hit Vehicle: 2) Vehicle hit ??

a) Motorcar ( ) a) Pedestrian ( )

b) Motorcycle ( ) b) Animal ( )

c) Bicycle ( )

3) Vehicle hit Road Side Objects:

a) Down Property ( ) b) Road Work Object ( )
(eg: signboard, bollard, pipe etc.)

c) Private Property ( )

4) Vehicle drop into drain ( )

5) Damage due to Act of God:

a) Fallen Object ( ) b) Flood ( )

c) Other

6) Parked & Found Damaged:

a) Vandalism ( ) b) Hit by Moving Object ( )

7) Theft Case

a) Stolen ( ) b) Damage found when recovered ( )

8) Fire

a) While driving ( ) b) Parked ( )

9) Accident date more than 24hrs ( )

Remarks for internal information

Remarks to appear in Works Order & Assessment report

1) Potential Total Loss ( )

2) SRS Light on ( )

3) ABS Light on ( )

By Assessor- 1) Vehicle Information:

Veh No: FBM1818J Yr Regn: MAY 2017.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or

Make & Model: TMAX 530 (DX) Mi: 5166 MILES

Colour: BLUE Transmission Type: Auto / Manual

Eng/No: J415E001558 Sp Reading:

C/No: JYARJ14500000 03849

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm

Parallel Import: Yes / (No) Towed-In: Yes / (No)

Repair Type: LS / I.B.I Towing Required: Yes / (No)

No of Repair Days: 4 Vehicle in Idac: Yes / (No)

D.O.I. 09/01/2018 Time: 1800.

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )

e.Animal ( ) f.Down Object ( ) g.Road Work Object ( )

h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )

3) Vehicle does not seem damaged as a result of:

a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )

e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )

Time Scanned Time Completed

1) QPS

2) ABS

3) Earliest Quotation Completion Date

rsbm

From: kee kee <kee@asphoon.com>
Sent: Tuesday, 9 January, 2018 6:54 PM
To: rsbm
Subject: Re: FBM1818J

Dear Mr Rosli,

FYA ,

RE : DAMAGED PARTS.

1. FRONT FAIRING LH
2. FRONT COVER
3. FRONT FAIRING RH
4. HEADLAMP
5. STAY FRONT CENTRE FAIRING

6. FRONT SIGNAL RH
7. BACKSHIELD
8. LOWER FAIRING RH

- FRONT FORK .------- UNCONFIRM
- UNDER BRACKET -- UNCONFIRM
- COVER,MIRROR -----UNCONFIRM

-

Sincerely,

Kee Ger Ong

Motor Claim Dept

A.S.Phoon Pte Ltd

Blk 36 Toh Guan Road East

Enterprise Hub # 01-35

Singapore 608580

T : 6515 0770

F : 6515 0779

E : kee@asphoon.com

W : www.asphoon.com

On 9 January 2018 at 16:12, rsbm <rsbm@lkkauto.com> wrote:

Hi here are the report thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah

Tel: 6898 0055

Fax: 6271 8802

Email: rsbm@lkkauto.com

ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2018 (DD/MM/YYYY), TIME: 08:40 (HH:MM)

LOCATION: KEPPEL FLYOVER

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBM1818J
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: YAMAHA TMAX DX 2017
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: TO WORK
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) YES.
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
   A) NAME: CHAK WENG CHEONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7123079A CONTACT: 83440114
   c) ADDRESS: BLK 17 MARINE TERRACE #14-80 S440017.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (__/__/____) (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: SJS7050R MODEL: AUDI A4
   b) DRIVER'S NAME: GLORIA TAN SIOW TENG
   c) NRIC/FIN/PASSPORT: S7617210B CONTACT: 97996191

No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (Including driver) (__)

AUTOWISE WORKSHOP 67470770.
AS. SPOON
email = greeklander@gmail.com
fax =
VIDEO
kee@asphoon.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7123079A

Name
CHAK WENG CHEONG

羅 永 昌

Race
CHINESE

Date of birth
09-07-1971

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7123079A

Name
CHAK WENG CHEONG

Birth Date 09 Jul 1971

Issue Date 05 May 2003

0000446995A

5433483

NRIC No. S7123079A

Date of issue
17-02-2015

Address
APT BLK 17 MARINE TERRACE
#14-80
SINGAPORE 440017

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

		PASS DATE
Class 2B	Motorcycles <= 200 CC	15 May 1996
Class 2A	Motorcycles between 201 CC and 400 CC	22 Sep 1998
Class 2	Motorcycles > 400 CC	13 Oct 1999
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	13 Mar 2013

S / No. 9000170897

S7123079A

Licence No. S7123079A

NP 426A

eBaoTech GeneralClaim

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Notice of Loss

Policy Query

Policy No.

Date of Accident 09/01/2018 15:45

Vehicle No (For Motor) FBM1818J

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5001403196	CHAK WENG CHEONG	S7123079A	GMC	Comprehensive	FBM1818J	FBM1818J	26/05/2017	25/05/2018

Continue