NATIONAL Assessment Centre Services. (ref no) MNA418011598

Date In: 23/01/2018 17:16	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/18001392/Y	SAS e-filing		
Veh No: FZ 3729 E	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 22/01/2018 17:20	i-Motor Claim Form	MT1097924-002 24/01/2018 11:40	
OD / TP Reporting Only	i-Motor W/O (within OD 2hrs, TP 1hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SJG 5798 T 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 : 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	Actions

NA1800563

Outstanding Enquiries

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation Checklist		Bill	Add Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC ($30)		
3) TP: Towing Fee			
4) FT: Follow-Through Survey	$120		
5) FT: Follow-Through Survey (Resurvey)	$70		
For claims against INC Only (wef 10 Jan 2009)			
6) TR: Re-Inspection	$35		
7) N1: New DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OD:			
*N: Courtesy Car / Tpt Allowance			
*N: Repair Co-ordination	$10		
*N: Post Repair Inspection	$35		
*N: DVY Collect Excess Coordination			
TP (N1): TP (Non INC) against INC	$30		
9) N1: New Mobile			
Invoice date	Not Charged		
Invoice Print			

MNA416011598 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 23/01/2018 17:16
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 wilful 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 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	23/01/2018 17:16
Date Of Accident	22/01/2018 17:20
Exact Location Of Accident	CHIN SWEE ROAD LEFT TURN JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FZ3229E
Insured/Policyholder	
Name Of Registered Owner	KOH SWEE THIAM, DAN
NRIC No	S6801949D
Email Address	KOH_DAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98363617
Alternative Phone No	OTHERS-98363617
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5051261703-06
Cover Note Number	
Driver	
Name of Driver	KOH SWEE THIAM, DAN
NRIC No	S6801949D
Date Of Birth	14/01/1968
Occupation	INDOOR
Date Of Driving Pass	14/05/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98363617
Fax Number	
Contact Number	OTHERS-98363617
EMail Address	KOH_DAN@YAHOO.COM

Address	BLK 232 BAIN STREET #09-19
Postcode	180232
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	AFTER RAIN
Road Surface	SLIGHT WET

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	SJG5798T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RASHEED MOHAMED JEHABAR
NRIC/Passport Number	S7182098Z
Contact Number	90618450
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning left from upper Cross Street there was a vehicle in front of me also turned left. I checked my right and there was no vehicle along Chin Swee Road so I thought the car infront would have moved on. However the car stopped. As the left turn was only a short distance I couldn't brake my bike on time and it banged onto the back of the car infront. Because I was trying to sway to the left to avoid the collision my bike handle broke the left back light of the car. My brake crutch was stucked under the bumper of the car. In the process of trying to pull out my bike, the bumper came off. Please refer to the 3 pictures I've taken for the damage of the car.

DECLARATION

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

Policyholder's Signature
Date & Time: 23/01/18 4.55 pm

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

23/01/2018
Reporting Centre Personnel's Signature
Name: RAZI WAHAB
NRIC/FIN 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 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: 23/01/18 4.50 pm.

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

23/01/2018
Reporting Centre Personnel's Signature
Name: Rosli Wahab
NRIC/FIN No.:

Claim Handling

Accident MT/0979248

Policy No.	5051261703-06	Vehicle No.	FZ3229E	GST Registration No.	
Policyholder Name	KOH SWEE THIAM, DAN			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	98363617	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	No

Accident Details

Report Date	24/01/2018 11:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	22/01/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHIN SWEE ROAD LEFT TURN JUNCTION				

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 232 #09-19	Address 2	BAIN STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5051261703-06		

OI Driver Info

Driver Name	KOH SWEE THIAM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6801949D	Driver DOB	
Register Date of Driver License	01/01/2003	Driver Age	50	Driving Experience	
Contact No.(Mobile)	98363617	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 232 #09-19	Address 2	BAIN STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
Modification History					

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	KOH SWEE THIAM, DAN	Insured NRIC	
Contact No.(Mobile)	98363617	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	koh_dan@yahoo.com	OI Vehicle Number	FZ3229E	TP Vehicle Number	
Claim Description	FZ3229E / SJG5798T ON 22 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	24/01/2018 11:39	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/0979248	Claim No.	002			
Last Doc. Received	Yes No	Upload Date	24/01/2018 11:40			
Path *			Category *	Confidential	Urgency	
Browse... Clear			Please Select	No	Normal	

Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:40	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:39	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:39	SAS	Normal	SAS

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 01 2018) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: CHIN SWEE ROAD LEFT TURN JUNCTION

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FZ 3229G
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: PHANTOM HONDA
   f) TYPE: (~~SALOON / COUPE / MPV / VAN / LORRY~~ / MOTORCYCLE / ~~OTHERS~~)
   g) VEHICLE CATEGORY: (~~PRIVATE / COMMERCIAL~~ / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: ON MY WAY HOME
   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: KOH SWEE THIAM DAN (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S6801949D CONTACT: 98363617
   c) ADDRESS: BIK 232 BAIN STREET # 09-19
   82180232)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (Including driver) ( )

3. DRIVER
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (14 / 01 / 1968) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS : 14/05/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AFTER RAIN)
   b) ROAD SURFACE: (DRY / WET / OTHERS SLIGHT WET)
6. WAS ANYBODY INJURED (~~YES~~ / NO)
7. a) REPORTED TO POLICE (~~YES~~ / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

\# No of passenger (Including driver) (1)

   a) VEHICLE NUMBER: SJG 5798T MODEL:
   b) DRIVER'S NAME: ~~MR JAFFAR~~ ABDUL KASHEEP MOHOMED JEHABAR SADHIK
   c) NRIC/FIN/PASSPORT: S7182098Z CONTACT: 90618450

9. THIRD PARTY VEHICLE

\# No of passenger (Including driver) ( )

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

email = kdh_dan@yahoo.com.

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6801949D

Name
KOH SWEE THIAM, DAN

許 瑞 添

Race
CHINESE

Date of Birth
14-01-1968

Sex
M

Country of Birth
SINGAPORE

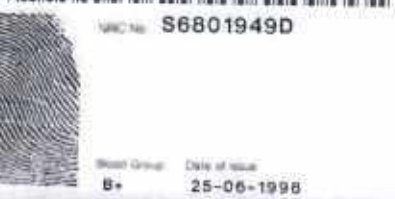
REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6801949D
Name
KOH SWEE THIAM, DAN

Birth Date 14 Jan 1968
Issue Date 14 May 2003

000477866A

3032342



NRIC No S6801949D

Blood Group B+
Date of Issue 25-06-1998

APT BLK 232 BAIN STREET #09-19
SINGAPORE 180232
NRIC No: S6801949D Date: 07/06/2012 No: 7063468

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

		14 May 2003
Class 2B	Motorcycles =< 200 CC	11 Jan 2010
Class 3A	Motor cars without clutch pedals =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals =< 2500 kg	

S / No. 9000095346

S6801949D

Licence No: S6801949D

NP 425A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

› Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) FZ3229E

Date of Accident 22/01/2018 17:05

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5051261703-06	KOH SWEE THIAM, DAN	S6801949O	GMC	Third Party	FZ3229E	FZ3229E	11/12/2017	10/12/2018

Continue