

N/A 1800789		Invoice Pre-Damage Check		Bill	Adj. Bill
Human's Particulars		1) AR: Accident Reporting (3300)			
Driver/Owner:		2) DA: Damage Assessment (3100)	INC (330)		
Police No:		3) TP: Towing Fee	\$675		
Damaged Portion:		4) FT: Follow-Through Survey	\$150		
		5) XT: Follow-Through Survey (R survey)	\$150		
		For claimant against INC Only (w/ or w/o Jan 2005)			
		6) TR: Re-inspection	\$150		
		7) NT: 140 DA + SMRT Survey			
		8) NTUC Additional Services			
		9) NTUC			
		NT: Courtesy Car / Trip Allowance	\$150		
		NT: Repair Coordination	\$150		
		NT: Post Repair Inspection	\$150		
		NT: BY / Collision Update Coordination	\$150		
		TP (NT) / TP (N/A) INC against INC	\$150		
		NT: NTUC Mobile			
		Invoice dated	Per Charged		
		Invoice total	Per 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 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	05/02/2018 14:53
Date Of Accident	05/02/2018 07:10
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7548K
Insured/Policyholder	
Name Of Registered Owner	CHUA LEONG HENG (CAI LONGXING)
NRIC No	S7902158Z
Email Address	DESMOND.CHUALH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81133242
Alternative Phone No	OTHERS-81133242

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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?	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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5056679287-05
Cover Note Number	

Driver

Name of Driver	CHUA LEONG HENG (CAI LONGXING)
NRIC No	S7902158Z
Date Of Birth	29/01/1979
Occupation	INDOOR
Date Of Driving Pass	22/11/2001
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81133242
Fax Number	
Contact Number	OTHERS-81133242
Email Address	DESMOND.CHUALH@HOTMAIL.COM

Address	BLK 442 YISHUN AVENUE 11 #10-14
Postcode	760442
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	SGX3969B
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN

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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:

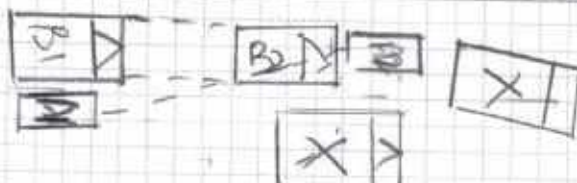
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 05/02/2018

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


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

SKETCH PLAN ALONG A19 MO KIO AVE 1 TOWARDS BISHAM



A) \$BF 7548X

B1 SGX 3969B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 05/20/2018 AT ABOUT 07:10HRS I WAS TRAVELLING ALONG
ALONG MW KIO AVENUE | TOWARDS BISHOP TRAFFIC WAS HEAVY. ON
MY LEFT WAS A CAR SGX3969B WHICH WAS STATIONARY SO I GAVE
A LEFT SIGNAL & PROCEEDED TO LANE CH. & STOP. AFTER A FEW SECONDS
I FELT A JARIC FROM MY REAR I LOOK BACK & SAW A CAR
SGX3969B BANG ON THE REAR OF MY BIKE F8B754PK. SO
I CAME DOWN & WHEN TO THE CAR & HEARD ME GOT INJURY &
WE EXCHANGE CONTACT. I MOVED OFF UPON CONTACTING TO MY WORKING
AREA HE CALL ME & SAY THAT HIS CAR NUMBER PLATE BENT. &
I TOLD THAT AFTER MY BOARD MAKING I WILL CONTACT HIM
BACK. THEN WHEN I CALL HIM, HE TOLD ME THAT HE WANTED TO
CLAIM AGAINST ME BECAUSE I SWIRLED CARIN. THAT ALL

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

05/02/2018

Driver's Signature

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Claim Handling

Accident MT/0981064

Policy No.	5056679287-05	Vehicle No.	FBF7548K	GST Registration No.	
Policyholder Name	CHUA LEONG HENG (CAI LONGXING)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	MOTDR/CYCLE INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	81133242	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		

Accident Details

Report Date	05/02/2018 19:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	05/02/2018	Time of Accident hh:mm	07:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ANG MO KIO AVENUE 1				

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	33 YISHUN STREET 51	Address 2	#06-27 SIGNATURE AT YISHUN	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5056679287-05		

OI Driver Info

Driver Name	CHUA LEONG HENG (CAI LONGXING)	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S78021592	Driving Experience	
Register Date of Driver License	02/02/1998	Driver Age	29	Contact No. (Home)	
Contact No. (Mobile)	81133242	Contact No. (Office)		Address 3	
Address 1	33 YISHUN STREET 51	Address 2	#06-27 SIGNATURE AT YISHUN	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FBF7548K	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

Breathalyzer 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	CHUA LEONG HENG (CAI LONGXING)	Insured NRIC	
Contact No. (Mobile)	81133242	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	pohtheresa.rmg@gmail.com	OI Vehicle Number	FBF7548K	TP Vehicle Number	
Claim Description	FBF7548K / SQX3869B ON 5 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	05/02/2018 19:04	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0981064	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2018 19:05
Path *		Category *	Confidential
			Urgency
			Normal

Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NAC"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Date
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 19:04	SAS	Normal	SAS

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: 05/02/2018 (DD/MM/YYYY), TIME: 07:10 (HH:MM)
LOCATION: Along ALEX RD KIP I TOWARDS BISHAM

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBF 7548 K
b) INSURANCE COMPANY: MTU
c) POLICY NUMBER: 5056679287-05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA SPARK 135
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
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: CHUA WEN HANG (CAI LONG XIN) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7902158 Z CONTACT: 81133242
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

1/4 No of passenger
(including driver)
(1)

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

d) DATE OF BIRTH: 29/01/1979 (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

1/4 No of passenger
(including driver)
(1)

a) VEHICLE NUMBER: SGX 3969 B MODEL: HONDA
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

1/4 No of passenger
(including driver)
()

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: desmond.chua2h@hotmail.com

fax: _____

video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7902158Z



Name

CHUA LEONG HENG
(CAI LONGXING)

蔡隆兴

Race

CHINESE

Date of birth

29-01-1979

Sex

M

Country of birth

SINGAPORE



4899258



NRIC No. S7902158Z

Date of issue

08-10-2012

Address

APT BLK 442 YISHUN AVENUE 11
#10-14
SINGAPORE 760442

Land Transport  Authority

VOCATIONAL LICENCE



Licence No : S7902158Z

Name : CHUA LEONG HENG

Issue Date : 3/9/2010

Please visit www.lta.gov.sg to check
the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7902158Z**

Name

**CHUA LEONG HENG (CAI
LONGXING)**

Birth Date: 29 Jan 1979

Issue Date: 27 Feb 2003



000237076K

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	04/09/2008
02	TAXI VL	03/09/2010
04	BUS ATTENDANT	04/09/2008



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

	PASS DATE
Class 2B Motorcycles \leq 200 CC	22 Nov 2001
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	22 Feb 2002
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	04 Apr 2006
Class 5 Motor vehicles $>$ 7250 kg not constructed to carry any load	25 Aug 2006

S / No. 9000049718

S7902158Z

Licence No: S7902158Z



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.	<input type="text"/>	Date of Accident	<input type="text" value="05/02/2018 10:12"/>						
Vehicle No. (For Motor)	<input type="text" value="FBF7548K"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5056679287-05	CHUA LEONG HENG (CAI LONGXING)	57902158Z	GMC	Third Party, Fire & Theft	FBF7548K	F8F7548K	08/11/2017	07/11/2018
<input type="button" value="Continue"/>									