

NATIONAL Assessment Centre Services

MAH/027308

Date In: 26/02/2018 15:19  
 Ref No: NBS/INC/0003597/Y  
 Veli No: FBD, T08C  
 D.O.A: 24/02/2018 12:43  
 OD / TP Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with 3hrs, AIO 2hrs)		
1-Motor Claim Form	MT/0283638-02	26/02/2018
1-Motor W/O (with 3hrs, TP 1hr)		16:07
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI ( )  
 TP Particulars: Yeli No: **SLB 3671 R** INC ( ) / Non-INC ( )  
 Owner / Driver: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % (Note: Est Status (WO): NI 0-20%; PI 21-79%; P 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 refer of repairer.  
 Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA/01289

Invoice Preparation Checks	Bill (Akd/Bill)
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$40)	
3) TP: Towing Fee (\$40/12)	
4) FT: Follow Through Survey (\$10)	
5) PT: Follow Through Survey (Resurvey) (\$10)	
Excess/limit against INC Only (waf 10 Jan 2018)	
6) TR: Mileage/Ven (\$11)	
7) NI: 1day DA + SMRT Survey (\$160)	
8) NTUC Additional Services	
9) NI: Courtesy Car / Tpl Allowance (\$1)	
10) NI: Repair Coordination (\$10)	
11) NI: Post Repair Inspection (\$11)	
12) NI/DY: Collision/Unass Coordination (\$1)	
13) TP (NI): TP (R in INC) against INC (\$10)	
14) NI: 1day Mobile (\$10)	
Invoice total	Net Charged
Insurance total	Gross Charged

Customer/Owner: \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 Damaged Portion: \_\_\_\_\_  
 Checked by (Engn-In-Charge): \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

## 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 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	26/02/2018 15:19
Date Of Accident	24/02/2018 12:45
Exact Location Of Accident	PIE TOWARDS CHANGI EXIT 16 LANE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7208C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG MING JIE
NRIC No	S9136760B
Email Address	MINGJIE_ANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81383622
Alternative Phone No	OTHERS-81383622

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200-199CC DTS-I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5093442619
Cover Note Number	

### Driver

Name of Driver	ANG MING JIE
NRIC No	S9136760B
Date Of Birth	07/10/1991
Occupation	INDOOR
Date Of Driving Pass	24/06/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81383622
Fax Number	
Contact Number	OTHERS-81383622
EMail Address	MINGJIE_ANG@HOTMAIL.COM

Address	BLK 609 BUKIT PANJANG RING ROAD #15-894
Postcode	670609
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	SLB3671R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISMANI BIN KASIMI
NRIC/Passport Number	S1125849B
Contact Number	96177756
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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: 26/2/18  
14:45

Driver's Signature

(If driver is not the policyholder)

Date & Time:



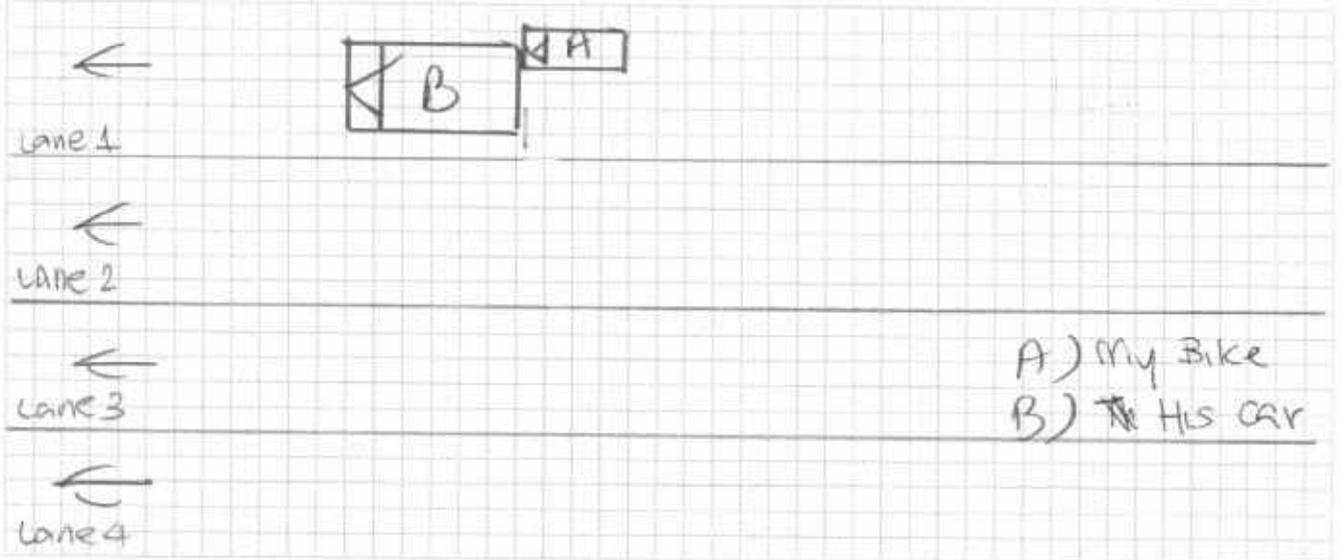
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PIE towards Changi Exit 16 Lane 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

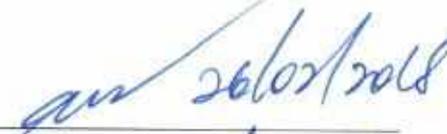
As I was travelling along PIE toward Changi at lane 1 near exit 16, I realised I was travelling around 70 to 80 km/h. The car in front of me braked and I ~~apply~~ applied brake immediately. However, when I realised the car is almost stationary, I ~~apply~~ <sup>applied</sup> more pressure to the brake and still can not stop in time ~~to~~ to prevent the accident.

DECLARATION

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

Policyholder's Signature   
 Date & Time: 26/2/18  
 14:40

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

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

**Claim Handling**

**Accident MT/0983638**

Policy No.	5093442519	Vehicle No.	FBD7208C	GST Registration No.	
Policyholder Name	ANG MING JIE	Cover Type	Third Party	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No	Private Hire			Not available

**Accident Details**

Report Date	26/02/2018 13:57	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	24/02/2018	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) AFTER TOA PAYOH EXIT				

**Benefita**

**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 609 #15-R94	Address 2	BUKIT PANJANG RING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	15-R94	Related Policy Number	5093442519		

**OJ Driver Info**

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

**Claim 002 OD-MX** New

Claim Type *	OD-MX	Insured Name	ANG MING JIE	Insured NRIC	
Contact No.(Mobile)	81383622	Contact No.(Home)		Contact No.(Office)	
Email Address	mingjie_ang@hotmail.com	OJ Vehicle Number	FBD7208C	TP Vehicle Number	
Claim Description	FBD7208C / SLB3671R ON 24 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	26/02/2018 16:07	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

**Attachment**

Accident No.	MT/0983638	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/02/2018 16:07

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

Please Select

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:03	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 26 Feb 2018 16:03	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
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24 ACCIDENT STATEMENT

ACCIDENT DATE: (24/02/2018) (DD/MM/YYYY), TIME: (12:45) (HH:MM)

LOCATION: PIE toward Changi Exit 16 - lane 1

- 1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: F8D 7208C
  - b) INSURANCE COMPANY: NTUC
  - c) POLICY NUMBER: 5093447619
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: PUSAR 200 DPTI
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
  - 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: TNG Ming Jie (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: 39136760B CONTACT: 81383622
  - c) ADDRESS: BK 609 Bukit Panjara Big Food #15-84 S(67069)

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

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

d) DATE OF BIRTH: (07/10/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) DATE OF DRIVING PASS 24/01/2013

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) owner
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_
- 5. c) 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: \_\_\_\_\_

No of passenger (including driver) (2)

- 8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SLB 3671R MODEL: CRUZE LS
  - b) DRIVER'S NAME: ISMANI BIA KASIMI
  - c) NRIC/FIN/PASSPORT: 9125849B CONTACT: 76177756

No of passenger (including driver) ( )

- 9. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = mingjie-ang@hotmail.com  
fax =  
VIDEO



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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	SD93442619	ANG MING JIE	S91367608	GMC	Third Party	FBD7208C	FBD7208C	14/08/2017	13/08/2018

Continue