

Date In: 20/03/2018 14:21	Job Description	Date & Time Completed	Done by
Ref No: XIBA/MCC/8005794	SAS e-illing		
Veh No: FBC 47843	E-mail (with photo, etc)		
P.O.A: 19/03/2018 17:00	I-Motor Claim Form	nr10986834	20/03/2018 14:44
OD / TP / Reporting Only	I-Motor VVO (with photo, etc)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VVWD		

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

TP Particulars: Yell No: () INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Constructed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 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 role of repeller.

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

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

Remarks	INC/Policy No. (6788 0016)	Date Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____

Date Time Action:

Invoice Breakdown (Chrges)	Chrges	Chrges	Chrges
1) AR: Accidental Reporting (\$30)			
2) DA: Demerit Assessment (\$100) INC (\$20)			
3) TP: Towing Fee		\$40/140	
4) PT: Follow-Through Survey		\$120	
5) PT: Follow-Through Survey (Recovery)		\$30	
*Reclaiming against INC Only (over 10 Jan 2018)			
6) TR: Repairation		\$15	
7) RT: RTV DA + SMRT Survey		\$140	
8) NTUC Additional Services			
9) OIL			
10) NI: Courtesy Car / Tpl Allowance		\$1	
11) NI: Repair Coordination		\$10	
12) NI: Post Repair Inspection		\$15	
13) NI: DY / Collision Unsettled Coordination		\$1	
14) TR (NI): TP IN (INC) against INC		\$10	
15) NI: Text Review		\$10	
Invoice Total			
Invoice Paid			

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	20/03/2018 14:21
Date Of Accident	19/03/2018 17:00
Exact Location Of Accident	AYE NEAR BUONA VISTA EXIT(TOWARDS JURONG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4784J
Insured/Policyholder	
Name Of Registered Owner	EDGAR TAN (EDGAR CHEN)
NRIC No	S7240455F
Email Address	EDGART168@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97519414
Alternative Phone No	OTHERS-97519414

Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	HD IRON 883
Exact Purpose for which vehicle was being used at time of accident	GOING 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073027885-02
Cover Note Number	

Driver

Name of Driver	EDGAR TAN (EDGAR CHEN)
NRIC No	S7240455F
Date Of Birth	08/11/1972
Occupation	INDOOR
Date Of Driving Pass	22/08/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97519414
Fax Number	
Contact Number	OTHERS-97519414
EMail Address	EDGART168@GMAIL.COM

Address	7 ONE NORTH GATEWAY #05-15
Postcode	138642
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 INJURED PERSON 1

Name	EDGAR TAN (EDGAR CHEN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG4784J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 20 MAR 2018
10:30am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

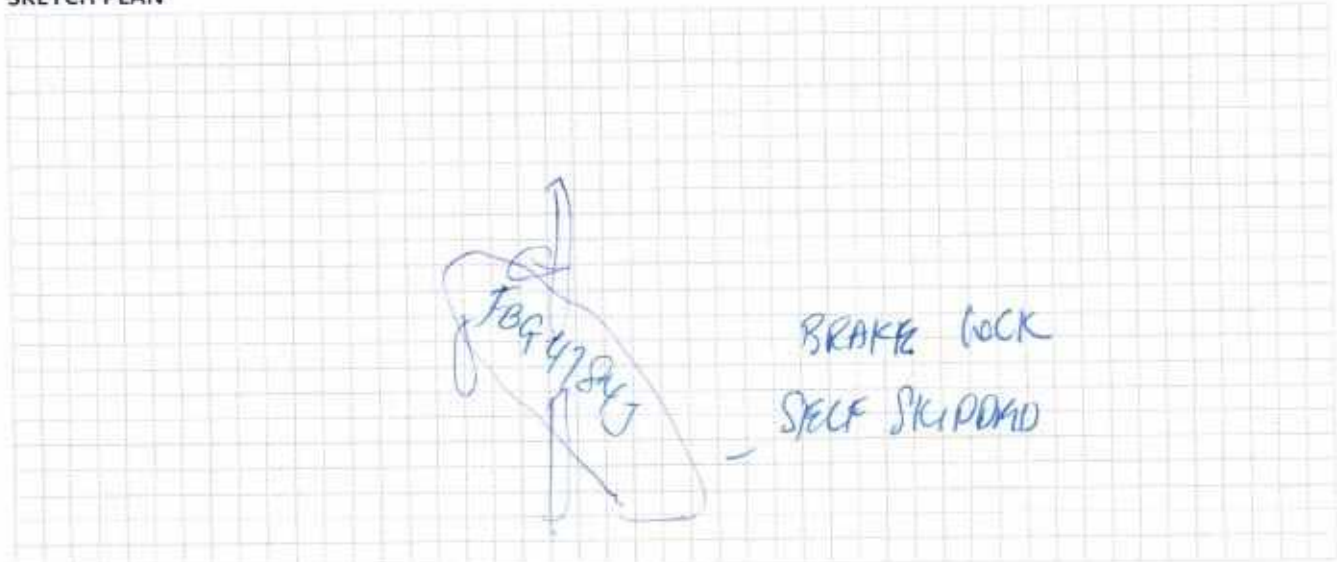


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining. I applied front and back brakes to slow down, to not get too close to rider in front of me. Secured brakes became locked, and I skidded and fell. As it was raining & traffic was moving very slowly, the fall and damage were just confined to my bike and I. ~~A rider parti~~

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 20 MAR 2018
 10:38 am.

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

 20/03/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Claim Handling

Accident MT/0986834

Policy No.	5073027885-02	Vehicle No.	FBG4784J	GST Registration No.	
Policyholder Name	EDGAR TAN	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	97519414	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		No	

Accident Details

Report Date	20/03/2018 14:42	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	19/03/2018	Time of Accident (hours)	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE NEAR BUONA VISTA EXIT(TOWARDS JURONG)				

Benefits

Excess

Own damage Excess	1,000.00	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	12 ALJUNIED ROAD	Address 2	#06-02H KH PLAZA @ ALJUNIED	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#05-15	Related Policy Number	5073027885-02		

OI Driver Info

Driver Name	EDGAR TAN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S7240455F	Driving Experience	
Register Date of Driver License	30/08/1995	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	12 ALJUNIED ROAD	Address 2	#06-02H KH PLAZA @ ALJUNIED	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#05-15	Driver Vehicle No.	FBG4784J	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	EDGAR TAN	Insured NRIC	
Contact No.(Mobile)	97519414	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	edgert168@gmail.com	OI Vehicle Number	FBG4784J	TP Vehicle Number	
Claim Description	FBG4784J / - ON 19 Mar 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	20/03/2018 14:44	Claim Close Date			
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0986834	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 14:44
Path *		Category *	Confidential
		Urgency	Normal

Please Select

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

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 14:44	Photos		Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
------------------	-------------	-----------	---	--------

19 ACCIDENT STATEMENT

ACCIDENT DATE: 20/03/2018 (DD/MM/YYYY), TIME: 17:00 (HH:MM)

LOCATION: AYE near Buam Vick exit (forward Jurong)

- 1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: FBG 4784J
 - b) INSURANCE COMPANY: NTUC Income
 - c) POLICY NUMBER: 5073027885-02
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: HD IRON 883
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: GOING 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: EDGAR TAN (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S7204567 CONTACT: 91519414
 - c) ADDRESS: 7 ONE NORTH GATEWAY #05-15

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

- 3. DATE OF DRIVING PASS _____
 - a) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
 - 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) _____
- 7. a) REPORTED TO POLICE (YES / NO) _____
- IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passenger (including driver) ()

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

No of passenger (including driver) ()

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

email = edgart168@gmail.com

fax =
video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7240455F



Name

EDGAR TAN
(EDGAR CHEN)

Race

CHINESE

Date of Birth

08-11-1972

Country of Birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7240455F

Name

EDGAR TAN
(EDGAR CHEN)

Birth Date: 08 Nov 1972

Issue Date: 01 Sep 2003



2530732



NRIC No. S7240455F



Blood Group: Date of Issue

O+ 23-11-1994

Address
7 ONE NORTH GATEWAY #05-15
SINGAPORE 138642

NRIC No: S7240455F

Date: 22/01/2011

No: 6571937

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

ISSUE DATE

Class	Description	Issue Date
Class 2B	Motorcycles <= 200 CC	20 Aug 1998
Class 2A	Motorcycles between 201 CC and 400 CC	07 Mar 1997
Class 2	Motorcycles > 400 CC	23 Aug 2003
Class 3	Motor cars <= 3000 kg with <= 7 passengers, excluding of the driver; and motor tractors/vehicles <= 2500 kg	11 Dec 1995

S / No. 9000197961

S7240455F



NP 428A

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="checkbox"/>	5073027885-03	EDGAR TAN	S7240455F	GMC	Comprehensive	FBG4784J	FBG4784J	02/08/2017	01/08/2018

Continue