

NATIONAL Assessment Centre Services

(Unit 1 1/1/2009)

MA80043547

Date In: 02/09/2018 14:05
Ref No: N/A/MA80043547
Veh No: FB 5790
D.O.A: 01/04/2018 16:10
OD / TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (with photo, AOD etc)		
Motor Claim Form	MA80043547	02/09/2018 14:25
Motor W/O (with photo, AOD etc)		
Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: Yeh No: UNKNOWN CAR INC () / Non-INC ()
Owner / Driver: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: ()
Insured/Driver Liability: () % (Note: BIL Start (WO): NI 0.20%, PI 21.79%, P 30.100%)
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: () No on-line 6788 0016
1) Apply for Transition Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
Date/Time: () Action: ()

Human Particulars	Invoice Preparation/Check/UL's	Done by
Driver/Owner	1) AR: Accident Reporting (330)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (330)
Assigned Pardon:	3) TP: Towing Fee (\$40/24)	
	4) PT: Follow-Through Survey (\$100)	
	5) PT: Follow-Through Survey (Recovery) (\$10)	
	6) TR: Anti-lag/Don (\$10)	
	7) NI: 124 DA + SMART Survey (\$100)	
	8) NTUC Additional Survey (\$10)	
	9) NI: 124 DA + SMART Survey (\$100)	
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	99) NI: 124 DA + SMART Survey (\$100)	
	100) NTUC Additional Survey (\$10)	

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	02/04/2018 14:05
Date Of Accident	01/04/2018 16:10
Exact Location Of Accident	SLE TOWARDS YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5279D
Insured/Policyholder	
Name Of Registered Owner	GARY TAN
NRIC No	S8029032B
Email Address	IRONGARYZEKE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98469856
Alternative Phone No	OTHERS-98469856

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092293774
Cover Note Number	

Driver

Name of Driver	GARY TAN
NRIC No	S8029032B
Date Of Birth	25/09/1980
Occupation	INDOOR
Date Of Driving Pass	16/12/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98469856
Fax Number	
Contact Number	OTHERS-98469856
Email Address	IRONGARYZEKE@GMAIL.COM

Address	168 LENTOR LOOP #09-04
Postcode	789098
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	RAINING
Road Surface	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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

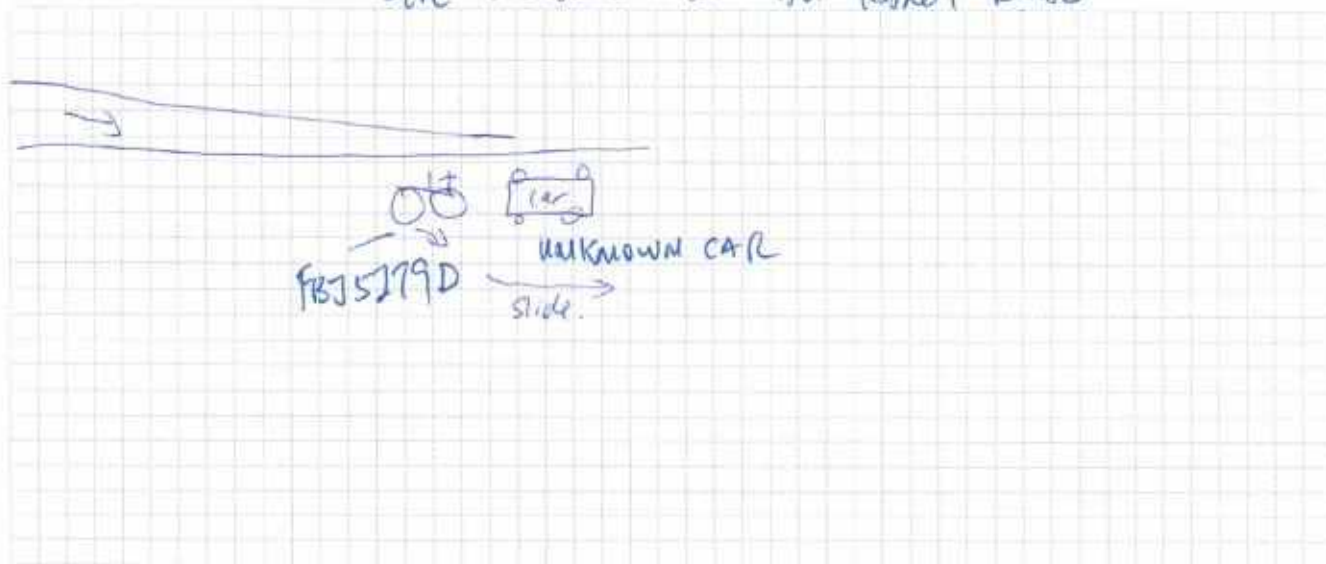
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Site towards Yio Chu Kang Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 4.10pm, I was going home from woodlands checkpoint. After the TPE/SCE exit towards yio chu kang. I was filtering right to the right lane. When i look infront the car was near me. I brake and slid about 10m. I got up, 2 motor cyclist help me to lift my bike up in the road. At the road shoulder, the driver took picture of the bike and ask me for my mobile number. I gave him and i didnt get his contact at that point. I did not take picture of his car plate number as well.

DECLARATION

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

[Signature] 2/4/18

Policyholder's Signature
Date & Time:

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

[Signature] 02/04/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 14:25	Photos	Normal	Photos 2018-4-2	Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 1 / 4 / 2018 (DD/MM/YYYY), TIME: 4:10pm (HH:MM)

LOCATION: SLE towards YCK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBT 5219D
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5092293774
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CB400X
 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GARY TAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6028032B CONTACT: 93469856
 c) ADDRESS: 16 Lenton Loop #09-04 S(769043)

* 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: 25 / 09 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 dec 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
 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) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)

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

9. THIRD PARTY VEHICLE

No of passenger
(including driver)

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

Email: irongaryzeke@gmail.com

Fax: _____

Video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8029032B



Name

GARY TAN

陈佳利

Race

CHINESE

Date of Birth

25-09-1980

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S802903-D

Name

GARY TAN

Birth Date 25 Sep 1980

Issue Date 16 Jun 2003



0304750



NRIC No. S8029032B



Blood Group

O+

Date of Issue

07-04-1992

YES LENTOR LOOP 809-04
SINGAPORE 2078

NRIC No: S8029032B

Date: 29-04-1992

No: 0267115

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B Motorcycles up to 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor cars up to 3500 kg with or without trailer, exclusive of the driver; and motor tractors up to 1400 kg

21 May 2012

18 Dec 2010

18 Jan 2005

S8029032B

S / No. 9000254902



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5092293774

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBJ5279D

Chassis Number

: NC471004764

2. Name of Policyholder

: GARY TAN

3. Effective Date of Insurance

: 29 Jun 2017

4. Expiry Date of Insurance

: 13 Jul 2018

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only:

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: GARY TAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 29 Jun 2017 10:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive