NATIONAL Assessment Centre Services [redacted] MNIA1418044584

Date In: 03/04/2018 17:24	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1800612414	SAS e-filing		
Veh No: FBJ 3025H	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 03/04/2018 08:50	I-Motor Claim Form	m7108888605	03/04/2018 17:59
OD / TP / Reporting Only	I-Motor W/O (within OD 3hrs, 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: SJL5931Z 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%, 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 (NC 6788 0000)	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	Action

NA1802131

Owner's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

Invoice Preparation Checklist			
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC ($0)		
3) TF: Towing Fee	$40/$50		
4) FT: Follow-Through Survey	$120		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claims registered INC Only (w.e.f 10 Jun 2001)			
6) TR: Re-Inspection	$15		
7) NI: New DA + SMART Survey	$160		
8) NTUC Additional Services:			
QIII			
NI: Courtesy Car / Tpt Allowance	$5		
NI: Repair Coordination	$10		
NI: Post Repair Inspection	$15		
NI: OY / Collect Excess Coordination	$5		
TP (NI) / TP (Non INC) Towing INC	$30		
9) NI: Hotline Mobile	$10		
Invoice dated	Net 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	03/04/2018 17:24
Date Of Accident	03/04/2018 08:50
Exact Location Of Accident	HAVELOCK ROAD / CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3025H

Insured/Policyholder

Name Of Registered Owner	NIAN DING CHAO
NRIC No	S9604135G
Email Address	DINGCHAO04@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96414398
Alternative Phone No	OTHERS-96414398

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	HEADING 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
Fleet Policy	NO
Policy Number	5099384983
Cover Note Number	

Driver

Name of Driver	NIAN DING CHAO
NRIC No	S9604135G
Date Of Birth	01/02/1996
Occupation	INDOOR
Date Of Driving Pass	08/03/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96414398
Fax Number	
Contact Number	OTHERS-96414398
EMail Address	DINGCHAO04@HOTMAIL.COM

Address	BLK 305 YISHUN CENTRAL #08-175
Postcode	760305
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	SIDE SWIPE
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	SJL5931Z
Vehicle Make/Model/Colour	HONDA CR-V
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO ZHE WEI ,DERICK
NRIC/Passport Number	S8943827F
Contact Number	98430568
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.

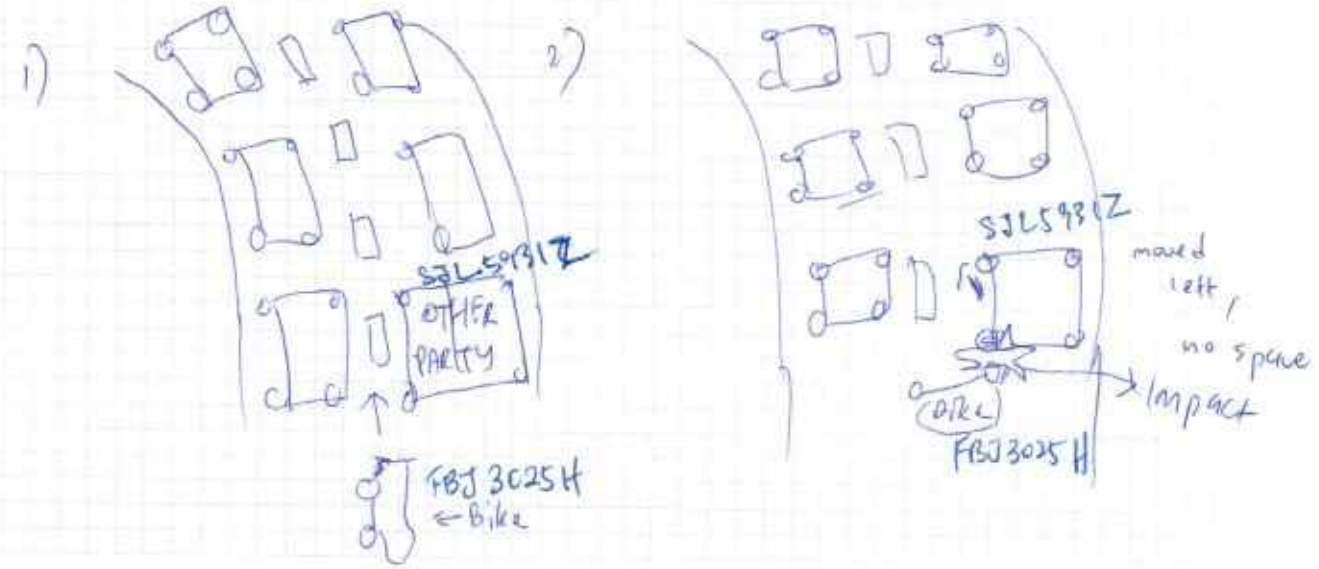
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 03/04/18 2:43pm	Driver's Signature (If driver is not the policyholder) Date & Time: 03/04/18 2:43pm	03/04/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding into the CTE tunnel and was going to exit into Havelock Road, it was a two-lane exit, ~~[illegible]~~ I was going about 50 - 60 km/h and noticed the traffic slowing down so I ~~[illegible]~~ lane-split and the car I hit move a little to the ~~right~~ left (car was on right lane of the 2 lanes), so I jam my brakes hard and fell with my front of my bike hitting the left rear of the Honda CR-V.

DECLARATION

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

Policyholder's Signature
Date & Time: 03/04/18 2:50pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 03/04/18 2:50pm

03/04/2018

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

Claim Handling

- Exit

Accident MT/0988865

Policy No.	S099384983	Vehicle No.	FBJ3025H	GST Registration No.	
Policyholder Name	NIAN DING CHAO			Policyholder NRIC	S9604133G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96414398	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFE	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	03/04/2018 17:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/04/2018	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HAVELOCK ROAD / CTE EXIT				

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 305 #08-175	Address 2	YISHUN CENTRAL	Address 3	SINGAPORE 760305
Address 4		Address Type	Singapore address	Post Code	760305
Unit No.	#08-175	Related Policy Number	S099384983		

OI Driver Info

Driver Name	NIAN DING CHAO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9604133G	Driver DOB	01/02/1996
Register Date of Driver License	01/01/2018	Driver Age	22	Driving Experience	0
Contact No.(Mobile)	96414398	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 305 #08-175	Address 2	YISHUN CENTRAL	Address 3	SINGAPORE 760305
Address 4		Address Type	Singapore address	Post Code	760305
Unit No.	#08-175				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBJ3025H	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NIAN DING CHAO	Insured NRIC	S9604133G
Contact No.(Mobile)	96414398	Contact No.(Home)		Contact No.(Office)	
Email Address	dingchao24@hotmail.com	OI Vehicle Number	FBJ3025H	TP Vehicle Number	SJL5931Z
Claim Description	FBJ3025H / SJL5931Z ON 3 Apr 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	Received
Date Registered	03/04/2018 17:57	Claim Close Date		Date Received	03/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0988865	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/04/2018 17:59

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:56	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:58	SAS	Normal	SAS 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 04 / 2018 (DD/MM/YYYY), TIME: (08 , 50) (HH:MM)

LOCATION: Havelock Road / CTE EXIT

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBJ3025H
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5099384983
   d) POLICY TYPE: (COMPREHENSIVE / (THIRD PARTY) / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Pulsar NS200
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE))
   h) PURPOSE OF USING AT ACCIDENT TIME: Heading 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: NIAN DING CHAO (MALE) / FEMALE)
   b) NRIC/FIN/PASSPORT: S9604135H CONTACT: 96114398
   c) ADDRESS: 305 Yishun Central #08-175 760305

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

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

DRIVER
   a) NAME: ~~NIAN DING~~ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (01 / 02 / 1996) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR) / OUTDOOR)
   f) DATE OF DRIVING PASS 08/03/18

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
   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
   a) VEHICLE NUMBER: SJL5931Z MODEL: HONDA CR-V
   b) DRIVER'S NAME: TEO ZHE WEI, DERICK
   c) NRIC/FIN/PASSPORT: S8143827F CONTACT: 9843 0568

(No of passenger (Including driver) (2))

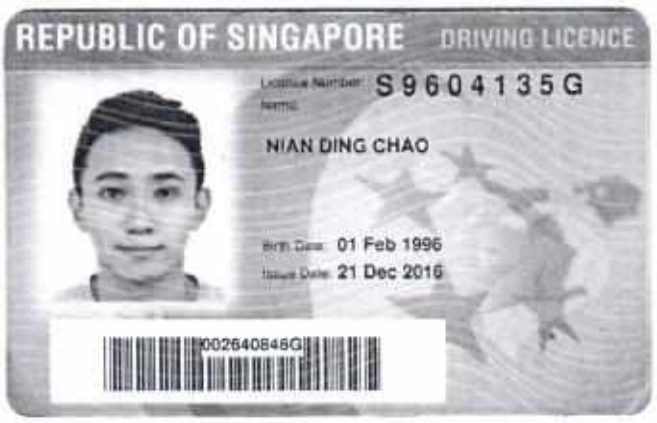
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME: CONTACT:
   f) NRIC/FIN/PASSPORT:

(No of passenger (Including driver) (__))

email = dingchao04@hotmail.com

fax =

video



D.O.B :
01/02/1996

Race:
CHINESE

Issue Date:
12/07/2016

Address:
Blk 305 Yishun Central #08-175
Singapore 760305

Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited.
Any person finding this card is requested to forward it without delay to Singapore Civil Defence Force or any Police Station or SPC

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

· My Desktop
Notice of Loss

Policy Query

Policy No. 5099384983 Date of Accident 03/04/2018 15:11

Vehicle No.(For Motor) FBJ3025H

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5099384983	NIAN DING CHAO	S9604135G	GMC	Third Party	FBJ3025H	FBJ3025H	28/03/2018	27/03/2019

Continue