

NATIONAL Assessment Centre Services (wef 1 Jan 2003)

Date In: 04/04/2018 14:46	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18006176/K4	SAS e-filing		
Veh No: FZ 8367G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/04/2018 16:00	i-Motor Claim Form	MT/0989048	4/4/18 17:45
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SKZ706E INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2003)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non INC) against INC \$20		
	9) NI2: Inc Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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	04/04/2018 14:46
Date Of Accident	03/04/2018 16:00
Exact Location Of Accident	HOU GANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8367G
Insured/Policyholder	
Name Of Registered Owner	SIAH MOH SENG
NRIC No	S1753131Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98658982
Alternative Phone No	OTHERS-98658982

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076848984-02
Cover Note Number	

Driver

Name of Driver	SIAH MOH SENG
NRIC No	S1753131Z
Date Of Birth	15/02/1966
Occupation	INDOOR
Date Of Driving Pass	21/11/1983
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98658982
Fax Number	
Contact Number	OTHERS-98658982
EMail Address	NOEMAIL

Address	BLK 8 HOLLAND AVENUE #12-24
Postcode	271008
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	
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKZ706E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MDM TAN
NRIC/Passport Number	
Contact Number	96886113
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

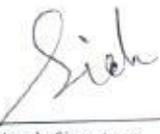
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

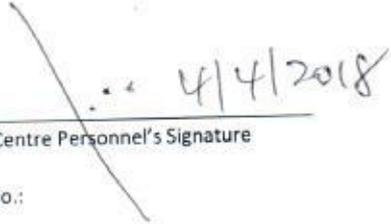
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

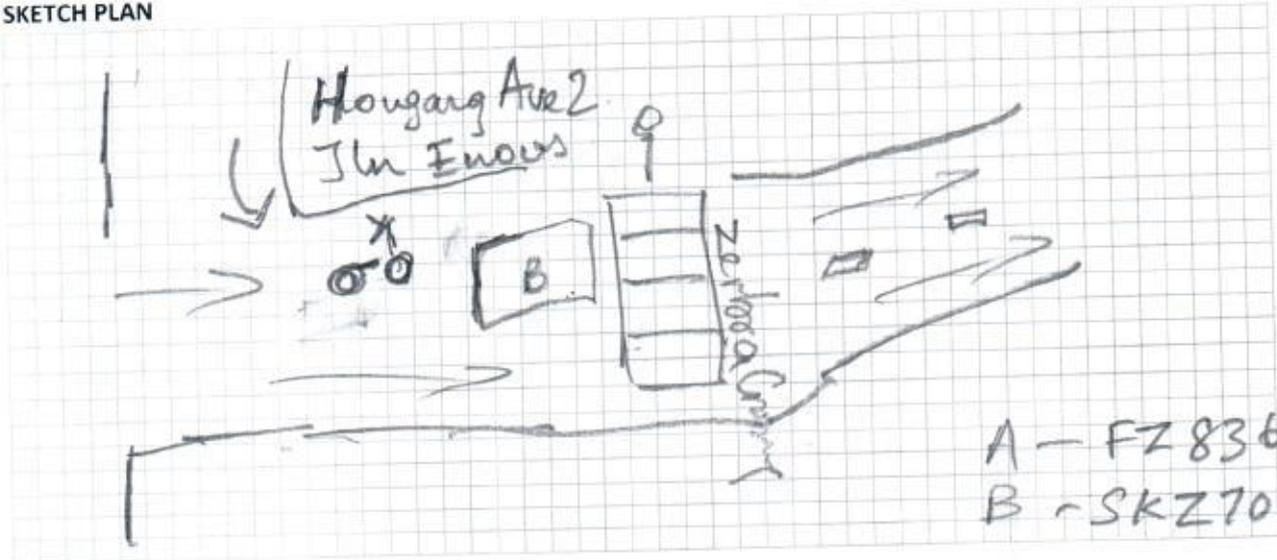


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcycle A was driving along Hongang Ave 2. In front of Vehicle B suddenly stop and Motorcycle A hit on Vehicle B rear portion

DECLARATION

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

Siah
Policyholder's Signature
Date & Time:

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

4/4/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1753131Z



Name
SIAH MOH SENG

余茂诚

Race
CHINESE

Date of Birth Sex
15-02-1966 M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1753131Z**

Name
SIAH MOH SENG

Birth Date **15 Feb 1966**

Issue Date **22 Jun 2004**




001242850J

2029267



NRIC No. **S1753131Z**



Blood Group Date of issue
B+ 16-12-1996

Address
**APT BLK B HOLLAND AVENUE
 #12-24
 SINGAPORE 271008**

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Nov 1983
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jun 1993
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	01 Sep 1987

Licence No: S1753131Z



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 : 5076848984-02 **Cover** : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FZ8367G |
| Chassis Number | : JH2NC39935M100116 |
| 2. Name of Policyholder | : SIAH MOH SENG |
| 3. Effective Date of Insurance | : 03 Jan 2018 |
| 4. Expiry Date of Insurance | : 02 Jan 2019 |
| 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)	: SIAH MOH SENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
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 : A S PHOON PTE LTD (00000571911)
Date of Issue : 03 Jan 2018 09:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5076848984-02	SIAM MOH SENG	S1753131Z	GMC	Third Party, Fire & Theft	FZ8367G	FZ8367G	03/01/2018	02/01/2019

Continue

▼ **Policy Information**

Policy No.	5076848984-02	Policyholder Name	SIAH MOH SENG	Policyholder NRIC	S1753131Z
Address	BLK 8 #12-24 HOLLAND AVENUE SINGAPORE 271008				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/01/2018	Effective Date	03/01/2018 00:00	Expiry Date	02/01/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	A S PHOON PTE LTD	Agent Tel.	67470770	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 8 #12-24	Address 2	HOLLAND AVENUE	Address 3	SINGAPORE 271008
Address 4		Address Type	Singapore address	Post Code	271008
Unit No.	12-24	Related Policy Number	5076848984-02		

▶ **Insured Object: FZ8367G**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/0989048

Policy No.	5076848984-02	Vehicle No.	FZ8367G	GST Registration No.	
Policyholder Name	SIAH MOH SENG			Policyholder NRIC	S17
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98658982	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	04/04/2018 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	03/04/2018	Time of Accident hh:mm	16:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUANG AVE 2				

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 8 #12-24	Address 2	HOLLAND AVENUE	Address 3	SIN
Address #		Address Type	Singapore address	Post Code	271
Unit No.	12-24	Related Policy Number	5076848984-02		

OI Driver Info

Driver Name	SIAH MOH SENG	Driver Type	Main Driver	Driver DOB	15/0
Unnamed driver Name		Driver NRIC	S1753131Z	Driving Experience	34
Register Date of Driver License	21/11/1983	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	98658982	Contact No.(Office)	0	Address 3	
Address 1	BLK 8	Address 2	HOLLAND AVENUE	Post Code	271
Address 4		Address Type	Singapore address		
Unit No.	#12-24				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser 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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SIAH MOH SENG	Insured NRIC	S17	
Contact No.(Mobile)	91355926	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		OI Vehicle Number	FZ8367G	TP Vehicle Number	SKZ	
Claim Description	FZ8367G / SKZ706E ON 3 Apr 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	04/0	
Date Registered	04/04/2018 17:49	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				

Print AK letter

Save Submit

Attachment

Accident No. MT/0989048 Claim No. 001
 Last Doc. Received Yes No Upload Date 04/04/2018 17:45

Path *

- No file chosen
-

Category *		Confidential	Urgency *
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:49	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:47	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:47	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 17:46	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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