

# NATIONAL Assessment Centre Services

[wef 1 Jan 02]

MUA 118048782

Date In: 12/14/18 15:29	Job description	Date & Time Completed	Done by
Ref No: MA/DAI18006768/64	SAS e-filing		
Veh No: FOX 6673 L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/14/18 18:00	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBA 863Y

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% 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:- (INC hotline: 6788 6616)	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	Actions

## Invoice Preparation Checklist

Am't (\$)

1st Bill

Am't (\$)

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref 1:

Ref 2/3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) N1: Idac DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
QI:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idac Mobile	\$0	

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	12/04/2018 15:29
Date Of Accident	10/04/2018 18:00
Exact Location Of Accident	KAKI BUKIT RD 4 OUTSIDE SYNERGY KAKI BUKIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6673L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG, MATTHEW
NRIC No	S9225720G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91015447
Alternative Phone No	OFFICE-91015447

### Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	IRON 883
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00443371
Cover Note Number	-

### Driver

Name of Driver	NG, MATTHEW
NRIC No	S9225720G
Date Of Birth	20/07/1992
Occupation	INDOOR
Date Of Driving Pass	28/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91015447
Fax Number	
Contact Number	OFFICE-91015447
EMail Address	NOEMAIL



## SKETCH PLAN


### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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:

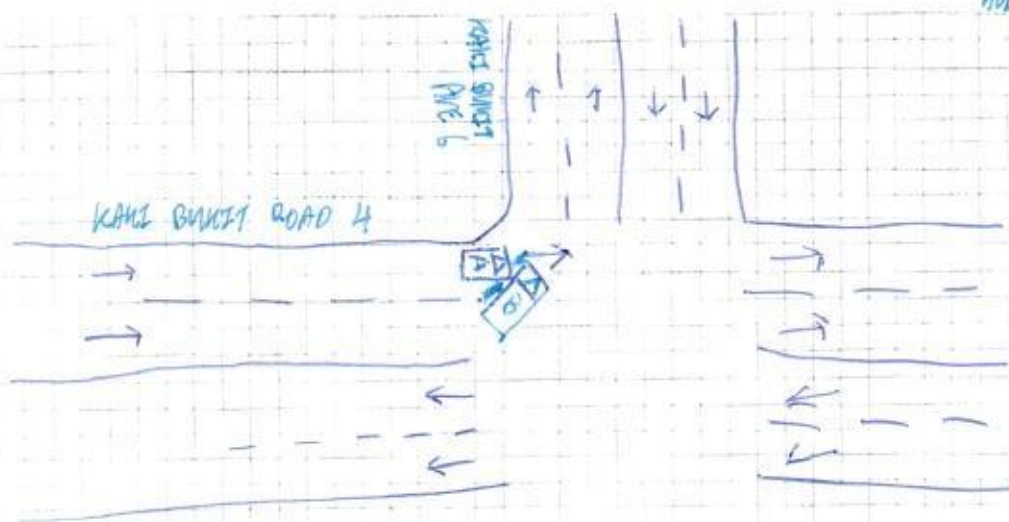
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

KAKI BUKIT ROAD 4 TOWARDS BEDOK RESERVOIR ROAD AT KAKI BUKIT ROAD 4 and KAKI BUKIT AVE 6 T-Junction

# SKETCH PLAN

A - FBK 6673L

B - GBA 863 Y.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along KAKI BUKIT ROAD 4 on the most left lane of a 2 lane dual carriage way. Suddenly, veh (B) appeared on my right making a left turn and collided into my right portion of my vehicle while I was riding straight towards bedok reservoir road.

## DECLARATION

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

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.:



<b>Vehicle No.</b>	FBK 6673 L	<b>Model / Make</b> IRON 883
<b>Date of Accident</b>	10/04/18	
<b>Time of Accident</b>	0600 PM HRS	
<b>Location of Accident</b>	ALONG ROAD 1 KAKZ BUKIT ROAD 4	
<b>Exact purpose use during accident</b>	Personnel use	
<b>Name of Owner</b>	MATTHEW NG WENZONG	
<b>Telephone No.</b>	H/P: 9101 5447	Home: Office:
<b>NRIC</b>	S9225720G	
<b>Address</b>	APT BLK 247 BUKIT BATON EAST AVENUE 5 #11-88 S(650247)	
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY	
<b>Insurance Company</b>	DIRECT ASIA	
<b>Type of Coverage</b>	Comprehensive <u>Third Party</u> Third Party / Fire / Theft	
<b>Policy No.</b>	MC100443371	
<b>Name of Driver</b>	As Above If No,	
<b>NRIC</b>	Any Passengers: NIL	
<b>Date of birth</b>		
<b>Occupation</b>	Outdoor / <u>Indoor</u>	
<b>Driving License Pass Date</b>	04/04/2015	
<b>Gender</b>	<u>Male</u> / Female	
<b>Contact No.</b>	H/P:	Home: Office:
<b>Address</b>		
<b>Driver have any own vehicle</b>	<u>No</u> , If yes, Reg No.	
<b>Relationship</b>	<u>Employee</u> , If no, state <u>OWNER</u>	
<b>Weather condition</b>	<u>Clear</u> Raining Other	
<b>Road Surface</b>	<u>Dry</u> Wet Other	
<b>Any Injuries</b>	<u>No</u> , If Yes, Who?	
<b>Name And Contact No.</b>	MATTHEW NG WENZONG	
<b>Name And Contact No.</b>		
<b>Police Report</b>	No, If Yes, Where?	BUKIT BATON N.P.C
<b>Vehicle B No.</b>	GBA 863Y	Any Passengers: NIL
<b>Name of Driver</b>	RAJENDRAN SEKAR	Contact No.: 83581961
<b>Vehicle C No.</b>		Any Passengers:
<b>Vehicle D No.</b>		Any Passengers:
<b>Vehicle E no.</b>		Any Passengers:
<b>Vehicle F No.</b>		Any Passengers:
<b>Vehicle G No.</b>		Any Passengers:
<b>Witness Name</b>	Witness Contact:	
<b>Accident Portion</b>	RIGHT PORTION	
<b>Camera Recorder</b>	Yes / <u>No</u>	
<b>Email Address</b>	matting@hotmail.com	
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		
		Yes / <u>No</u>
<b>PARTICULAR WORKSHOP</b>	MOTO 51 PTE LTD	
<b>CONTACT NO.</b>	6842 0051 / 6744 0510	
<b>CONTACT PERSON</b>	JUN MENGA	
<b>FAX NO</b>	6741 0510	
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg	





# SINGAPORE POLICE FORCE



T/20180411/2154

1 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No: T/20180411/2154

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/04/2018 19:36	Vide Report No.: T/20180410/2176	Station Diary No.: 86
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**Informant's Particulars**

Name of Informant: MATTHEW NG WENZONG			Address: APT BLK 247 BUKIT BATOK EAST AVENUE 5 #11-88 SINGAPORE 650247		
ID Type / ID No.: NRIC NO / S9225720G			Contact No.: Home/Office: Mobile: 91015447		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 20/07/1992	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Technical Supervisor			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2018 18:00	Type of Location:
Location: Along Road 1 KAKI BUKIT ROAD 4  OUTSIDE SYNERGY KAKI BUKIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6673L	Motorcycle	HARLEY DAVIDSON	IRON 883	Green	Seriously Damaged	0
GBA863Y	Lorry				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6673L	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00443371	29/12/2017	28/12/2018



**SINGAPORE  
POLICE FORCE**



T/20180411/2154

2 of 3

Report No. T/20180411/2154

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MATTHEW NG WENZONG	ID No.	S9225720G
Related Vehicle	FBK6673L (Motorcycle)	Contact No.	91015447
Hospital/Clinic	FIRST LIGHT FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/04/2018	Date Discharge	10/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	RAJENDRAN SEKAR	ID No.	G8316618K
Related Vehicle	GBA863Y (Lorry)	Contact No.	83581961
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 13/05/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

With reference to report T/20180410/2176, I wish to amend that I was traveling on the left beside the lorry bearing the registration plate number of GBA863Y, prior to the collision between the lorry and the motorcycle I was riding on. I was riding on the left lane while the lorry was traveling on the middle of the two lanes on the carriageway.





**SINGAPORE  
POLICE FORCE**



T/20180411/2154

3 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20180411/2154

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /  
ANG JUN MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Signature Of Informant:

Date/Time:

11/04/2018 19:36

Classification Of Case:

SN 114

Authentication Stamp

NP168



Police Force



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


Licence Number: **S9225720G**

Name: **MATTHEW NG WENZONG**

Birth Date: **20 Jul 1992**

Issue Date: **15 Jan 2016**

002519192D

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S9225720G**

Name: **MATTHEW NG WENZONG**

伍文宗


Race: **CHINESE**

Date of birth: **20-07-1992**

Sex: **M**

Country of birth: **SINGAPORE**

4081020

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	04 Apr 2015
Class 2A	Motorcycles between 201 CC and 400 CC	08 Sep 2016
Class 1	Motorcycles > 400 CC	28 Nov 2017
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	15 Jan 2016

S9225720G

S / No. 9000311471

NP 428A

Licence No: S9225720G



4081020

NRIC No: **S9225720G**

Date of issue: **06-08-2007**

Address: **APT BLK 247 BUKIT BATOK EAST AVENUE 5 #11-88 SINGAPORE 650247**



## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	:	MC/00443371
<b>Type of Coverage</b>	:	Third-Party Only Cover
<b>1) Vehicle Registration No.</b>	:	FBK6673L
<b>Chassis No.</b>	:	5HD4LE2C2GC401112
<b>2) Name of Policy Holder</b>	:	NG, MATTHEW
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	:	29/12/2017
<b>4) Date of Expiry of Insurance</b>	:	28/12/2018
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) The Insured		
(b) A named driver who is driving on the Insured's order or with his permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
<b>6) Limitations as to use*</b>		
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
<b>Sum Insured</b>	:	Market Value
<b>Policy Excess</b>	:	S\$ 0.00
<b>Main driver</b>	:	NG, MATTHEW
<b>Important Note:</b> The policy only cover the main driver and the following named driver: No named driver declared		
<b>Finance Company / Hire Purchase</b>	:	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 29/12/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
Chief Underwriting Officer