

NATIONAL Assessment Centre Services.

(wef 1 Jan 09) **MNA118053871**

Date In: 24/4/18-12:37	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007514/24	SAS e-filing		
Veh No: FM2222 Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A.: 23/4/18-13:00	i-Motor Claim Form	MT/0991637-001	20/4/18 13:52
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SHA1000T** 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:-	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	Amt (\$) for Bill	Amt (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2009)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idao 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	24/04/2018 12:37
Date Of Accident	23/04/2018 13:00
Exact Location Of Accident	BUKIT TIMAH RD TWDS DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FM2222Z
Insured/Policyholder	
Name Of Registered Owner	CHAN SZE ON HARDY
NRIC No	S2202042J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98382960
Alternative Phone No	OFFICE-98382960

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GTS SUPER/SUPERSPORT 300 E4
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099033230
Cover Note Number	

Driver

Name of Driver	CHAN SZE ON HARDY
NRIC No	S2202042J
Date Of Birth	23/12/1948
Occupation	INDOOR
Date Of Driving Pass	04/11/1981
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98382960
Fax Number	
Contact Number	OFFICE-98382960
EEmail Address	NOEMAIL

Address	95 WATTEN ESTATE ROAD
Postcode	287580
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE AS THERE WAS INCOMING VEHICLE ALONG DUNEARN RD. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	SHA1000T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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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.
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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.



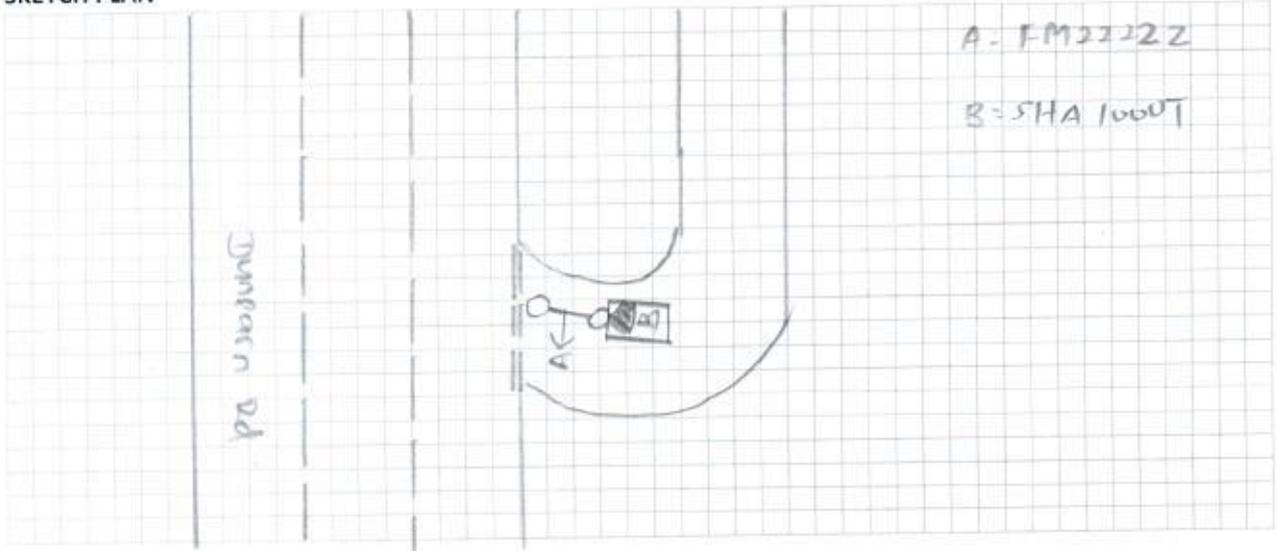
Policyholder's Signature
Date & Time:

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

refer to statement.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2202042J**

Name: **CHAN SZE ON HARDY**

Birth Date: **23 Dec 1948**

Issue Date: **17 Jun 2009**

001753548A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2202042J**

Name: **CHAN SZE ON HARDY**

陳 恩 安

Race: **CHINESE**

Date of Birth: **23-12-1948** Sex: **M**

Country of Birth: **MACAO**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid From	Valid Until
Class 2B	Motorcycles <= 200 cc	04 Nov 1981	04 Nov 1981
Class 2A	Motorcycles between 201 cc and 400 cc	04 Nov 1981	04 Nov 1981
Class 2	Motorcycles > 400 cc	04 Nov 1981	04 Nov 1981
Class 3	Motor cars <= 3000kg with <= 7 passengers, exclusive of a driver; and other motor vehicles <= 2500kg	04 Nov 1981	04 Nov 1981

Licence No: **S2202042J**

N^o 4285

A0056213

S2202042J

NRIC No. **S2202042J**

Blood Group: **A+** Date of issue: **03-09-2001**

Address: **95 WATTEN ESTATE ROAD
SINGAPORE 287580**




Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099033230	CHAN SZE ON HARDY	S2202042J	GMC	Comprehensive	FM2222Z	FM2222Z	16/03/2018	15/03/2019

Policy Information

Policy No.	5099033230	Policyholder Name	CHAN SZE ON HARDY	Policyholder NRIC	S2202042J
Address	95 WATTEN ESTATE ROAD SINGAPORE 287580				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/03/2018	Effective Date	16/03/2018 00:00	Expiry Date	15/03/2019 23:59
Third Party Excess	0	Own damage Excess	500	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	95 WATTEN ESTATE ROAD	Address 2	SINGAPORE 287580	Address 3	
Address 4		Address Type	Singapore address	Post Code	287580
Unit No.		Related Policy Number	5099033230		

Insured Object: FM2222Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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EXIT

Claim Handling

Accident MT/0991637

Policy No.	S099033230	Vehicle No.	FM2222Z	GST Registration No.	
Policyholder Name	CHAN SZE ON HARDY			Policyholder NRIC	S2202042J
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98382960	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	24/04/2018 13:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/04/2018	Time of Accident (hh:mm)	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD TWOS DUNELRN RD				

Benefits

Excess

Own damage Excess	500.00	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	95 WATTEN ESTATE ROAD	Address 2	SINGAPORE 287580	Address 3	
Address 4		Address Type	Singapore address	Post Code	287580
Unit No.		Related Policy Number	S099033230		

OI Driver Info

Driver Name	CHAN SZE ON HARDY	Driver Type	Main Driver	Driver DOB	23/12/1948
Unnamed driver Name		Driver NRIC	S2202042J	Driving Experience	36
Register Date of Driver License	04/11/1981	Driver Age	69	Contact No.(Home)	0
Contact No.(Mobile)	98382960	Contact No.(Office)	0	Address 1	
Address 1	95 WATTEN ESTATE ROAD	Address 2	SINGAPORE 287580	Address 3	
Address 4		Address Type	Singapore address	Post Code	287580
Unit No.					
Does he own & Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 **New**

Claim Type *	OD-MX	Insured Name	CHAN SZE ON HARDY	Insured NRIC	S2202042J
Contact No.(Mobile)	98382960	Contact No.(Home)	94692014	Contact No.(Office)	65537177
Email Address	chanszeonhardy@gmail.com	OI Vehicle Number	FM2222Z	TP Vehicle Number	SHA1000T
Claim Description	FM2222Z / SHA1000T DN 23 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/04/2018 13:52	Claim Close Date		Date Received	24/04/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/0991637	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/04/2018 13:52

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	

Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	?	urgency	Description	Msg Sent? Actual (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 13:52	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 13:52	SAS		Normal	SAS 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 13:52	Photos		Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 13:52	Photos		Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 13:52	Photos		Normal	Photos 2018-4-24	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 13:52	Photos		Normal	Photos 2018-4-24	Edit

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
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