

NATIONAL Assessment Centre Services

| | | | |
|----------------------------------|---|-------------------------|---------|
| Date In: 25/04/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18007601/13 | SAS e-filing | | |
| Veh No: FBF1607M | E-mail (within 8hrs, A/C 2hrs) | | |
| D O A: 25/04/18 0730 | i-Motor Claim Form | MT/0991829 - 001 | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (MOJO SI) | Tel: | Fax: |
| TP Particulars: | Veh No: SKQ3145B | 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 () / Towel-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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|-----------------------------|-----------------------------|
| NA1802606 | Invoice Preparation Checklist | Amt (\$) 1st 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 | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) NI : Idac 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: Idac Mobile \$30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments :- | Invoice dated | Fee Charged | |
| Cat 1: | | | |
| Cat 2 / 3: | | | |

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 25/04/2018 12:57
 Date Of Accident 25/04/2018 07:30
 Exact Location Of Accident ALONG YISHUN ST 31
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF1607M
Insured/Policyholder
 Name Of Registered Owner SITTIK THONG JUN HAO
 NRIC No S9339204C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-92963964
 Alternative Phone No OTHERS-92963964

Vehicle Particulars

Manufacturer SUZUKI
 Model GSX1300RL0
 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 THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5095278582
 Cover Note Number

Driver

Name of Driver SITTIK THONG JUN HAO
 NRIC No S9339204C
 Date Of Birth 26/10/1993
 Occupation OUTDOOR
 Date Of Driving Pass 15/09/2012
 Driving Experience 5 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92963964
 Fax Number
 Contact Number OTHERS-92963964
 EMail Address NOEMAIL

| | |
|---|--------------------------------------|
| Address | BLK 362 YISHUN RING ROAD #09-1610 |
| Postcode | 760362 |
| 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 - CHANGE/CROSS LANE |
| 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? | YES |
| 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

I WAS TRAVELLING STRAIGHT ALONG YISHUN ST 31, SUDDENLY VEH(B) BEARING REG NO SKQ3145B FROM MY RIGHT SIDE MAKE A LEFT TURN ABRUPTLY AND I HORN AT HIM CONTINUOUSLY AND HE KEEP ON CONTINUE TO MOVE AND GRAZED ONTO MY RIGHT SIDE PORTION OF MY MOTORCYCLE AND DRAG MY MOTORCYCLE. I HAD TAKE A VIDEO OF THE VEH B THE WINDOW COVERED WITH THE CURTAIN THAT'S MAKE HIM CAN'T SEE MY MOTORCYCLE FROM HIS BLIND SPOT.

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 | SKQ3145B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIN QING |
| NRIC/Passport Number | S6864538G |
| Contact Number | 90239267 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|----------------------|
| Name | SITTIK THONG JUN HAO |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | FBF1607M |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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:

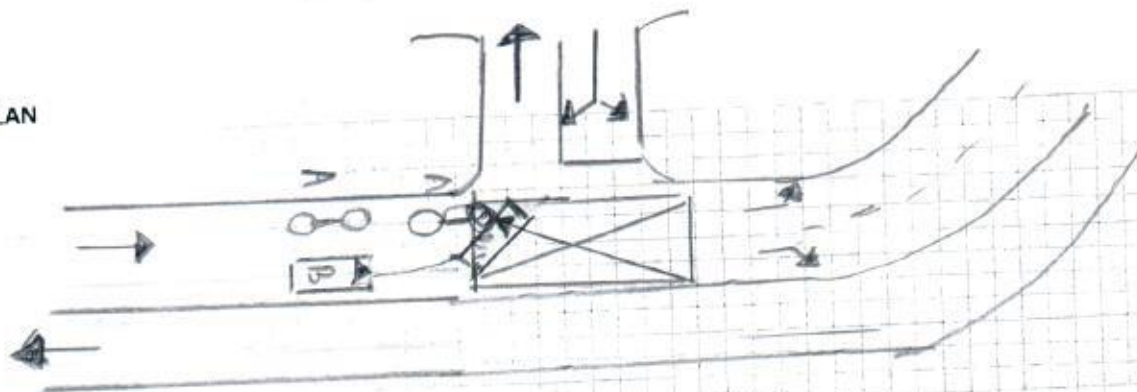
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A - FBF1607M YISHUN ST 31
B - SKQ3145B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the 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
IDENTITY CARD NO. **S9339204C**



Name
SITTIK THONG JUN HAO

唐俊豪

Race
CHINESE

Date of birth
26-10-1993

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9339204C**

SITTIK THONG JUN HAO

Birth Date: **26 Oct 1993**
Issue Date: **28 Feb 2015**




4326161



NRIC No. **S9339204C**



Date of issue
23-12-2008

Address
**APT BLK 362 YISHUN RING ROAD
#09-1610
SINGAPORE 760362**

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

EFFECTIVE DATE

| | | |
|----------|---|-------------|
| Class 2B | Motorcycles ≤ 200 cc | 15 Sep 2012 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 05 Feb 2014 |
| Class 2 | Motorcycles > 400 cc | 11 Aug 2015 |
| Class 3 | Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg | 18 Jan 2016 |

NP 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

25/04/2018 07:30

Vehicle No. (For Motor)

FBF1607M

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|----------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5095278582 | SITTIK THONG JUN HAO | S9339204C | GMC | Third Party, Fire & Theft | FBF1607M | FBF1607M | 09/11/2017 | 08/11/2018 |

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|----------------------|-------------------|------------------|
| Policy No. | 5095278582 | Policyholder Name | SITTIK THONG JUN HAO | Policyholder NRIC | S9339204C |
| Address | BLK 362 #09-1610 YISHUN RING ROAD YISHUN GLORY SINGAPORE 760362 | | | | |
| Product Name | MOTORCYCLE INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 23/10/2017 | Effective Date | 09/11/2017 00:00 | Expiry Date | 08/11/2018 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 | TELESALES-DIRECT MARKETING Agent Tel. | | | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|--------------|
| Address 1 | BLK 362 #09-1610 | Address 2 | YISHUN RING ROAD | Address 3 | YISHUN GLORY |
| Address 4 | SINGAPORE 760362 | Address Type | Singapore address | Post Code | 760362 |
| Unit No. | 09-1610 | Related Policy Number | 5095278582 | | |

▶ Insured Object: FBF1607M

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

Accident MT/0991829

| | | | | | |
|---|--|-------------------------------|--|------------------------|----------------------------|
| Policy No. | 5095278582 | Vehicle No. | FBF1607M | GST Registration No. | |
| Policyholder Name | SITTIK THONG JUN HAO | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | S9339204C |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | 0 | Loading | 0 |
| Contact No.(Mobile) | 92963964 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 25/04/2018 15:47 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross |
| Date of Accident | 25/04/2018 | Time of Accident hh:mm | 07:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG YISHUN ST 31 | | | | |
| 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 Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 362 #09-1610 | Address 2 | YISHUN RING ROAD | Address 3 | YISHUN GLORY |
| Address 4 | SINGAPORE 760362 | Address Type | Singapore address | Post Code | 760362 |
| Unit No. | 09-1610 | Related Policy Number | 5095278582 | | |
| OI Driver Info | | | | | |
| Driver Name | SITTIK THONG JUN HAO | Driver Type | Main Driver | Driver DOB | 26/10/1993 |
| Unnamed driver Name | | Driver NRIC | S9339204C | Driving Experience | 5 |
| Register Date of Driver License | 15/09/2012 | Driver Age | 24 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 92963964 | Contact No.(Office) | 0 | Address 3 | YISHUN GLORY |
| Address 1 | BLK 362 | Address 2 | YISHUN RING ROAD | Post Code | 760362 |
| Address 4 | SINGAPORE 760362 | Address Type | Singapore address | | |
| Unit No. | #09-1610 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input type="radio"/> | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 OD-MX **New**

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | SITTIK THONG JUN HAO | Insured NRIC | S9339204C |
| Contact No.(Mobile) | 92963964 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | SITTIKTHONG@GMAIL.COM | OI Vehicle Number | FBF1607M | TP Vehicle Number | SKQ3145B |
| Claim Description | FBF1607M / SKQ3145B ON 25 Apr 2018 | | | Name of Preferred Workshop | MOTO 51 |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop (refer below) | Date Received | 25/04/2018 00:00 |
| Date Registered | 25/04/2018 15:53 | Claim Close Date | | Total Loss but Repaired | |
| Report Taken By | ROSINDA | Workshop Repairer | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|----------------------------|---|-------------|------------------|
| Accident No. | MT/0991829 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 25/04/2018 00:00 |
| Path * | | Category * | Confidential |
| Choose File No file chosen | | Urgency * | Normal |
| Choose File No file chosen | | | |
| Choose File No file chosen | | | |

Choose File No file chosen

Choose File No file chosen























Choose File No file chosen

Message Read

| | | | | |
|-------|---------------|----|--------|--|
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |

Sen

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:53 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:53 | SAS | Normal | SAS 2018-4-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:53 | Photos | Normal | Photos 2018-4-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:52 | Photos | Normal | Photos 2018-4-25 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:51 | Photos | Normal | Photos 2018-4-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:51 | Photos | Normal | Photos 2018-4-25 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:51 | Photos | Normal | Photos 2018-4-25 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading