

# NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: <b>05/05/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18008229/13</b>	SAS e-filing		
Veh No: <b>FBL6398B</b>	E-mail (w/thin 8hrs, A/C 2hrs)		
D.O.A: <b>12/02/2018 0650</b>	i-Motor Claim Form	<b>MT/0993102-001</b>	
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SKQ8506K</b>	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

<b>NA1802817</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
	OD*		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Cat. 2 / 3:</b>	9) N12: Idac Mobile 30		
	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 05/05/2018 14:05  
 Date Of Accident 12/02/2018 06:50  
 Exact Location Of Accident 850A HOUGANG CENTRAL  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL6398B  
**Insured/Policyholder**  
 Name Of Registered Owner BENJAMIN LOK KE MING  
 NRIC No S9008335Z  
 Email Address BENLOKKEMING@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-92328925  
 Alternative Phone No OTHERS-92328925

### Vehicle Particulars

Manufacturer HONDA  
 Model NC750X  
 Exact Purpose for which vehicle was being used at time of accident PARKED VEH  
 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 5087520433-01  
 Cover Note Number

### Driver

Name of Driver BENJAMIN LOK KE MING  
 NRIC No S9008335Z  
 Date Of Birth 06/03/1990  
 Occupation INDOOR  
 Date Of Driving Pass 09/01/2017  
 Driving Experience 1 YEAR AND 1 MONTH  
 Gender MALE  
 Mobile Number (LOCAL) +65-92328925  
 Fax Number  
 Contact Number OTHERS-92328925  
 EMail Address BENLOKKEMING@GMAIL.COM

Address	BLK 852 HOUGANG CENTRAL #14-13
Postcode	530852
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	COLLIDED INTO PARKED VEHICLE
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)	0

#### 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	SKQ8506K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBL6408G
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

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.

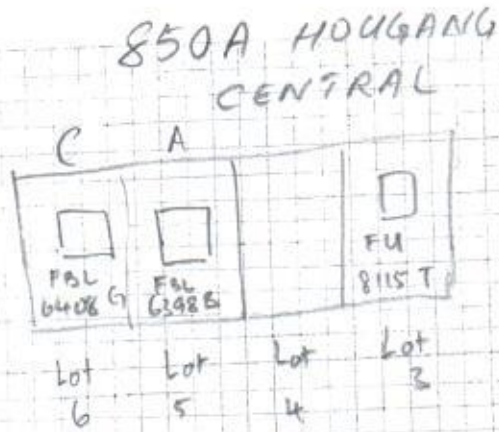
 5/5/18  
Policyholder's Signature  
Date & Time:

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

 05/05/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A - FBL6398B  
 B - SKQ8506K  
 C - FBL6408G




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Vehicle was parked in lot 5 on 11/02/18 at about 2030 hrs.  
 - Before to proceeded to work in the morning of 12/02/18 at about ~~08~~ 0820 hrs,  
 vehicle FBL ~~6398~~ 6398 B (A) and FBL 6408 G (C) was found toppled.

DECLARATION

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

 5/5/18  
 Policyholder's Signature  
 Date & Time:

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

 05/05/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9008335Z**

Name: **BENJAMIN LOK KE MING**

Birth Date: **06 Mar 1990**

Issue Date: **05 Oct 2015**

002480033H

SG 50

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9008335Z**

Name: **BENJAMIN LOK KE MING**

骆克明

Race: **CHINESE**

Date of birth: **06-03-1990**

Sex: **M**

Country of birth: **SINGAPORE**

S9008335Z

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

		EFFECTIVE DATE	
Class 2B	Motorcycles ≤ 100 CC	28 May 2014	4
Class 2A	Motorcycles between 201 CC and 400 CC	05 Oct 2015	5
Class 2	Motorcycles > 400 CC	09 Jan 2017	8
Class 3	Motor cars ≤ 1000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg	15 Dec 2008	

S / No. 9000237849

S9008335Z

NP 428A

Licence No: S9008335Z

5687198

S9008335Z

HRIC No. **S9008335Z**

Date of issue: **14-03-2005**

Address: **APT BLK 852 HOUGANG CENTRAL #14-13 SINGAPORE 530852**

Hello, NAC\_BUKIT\_MERAH\_800676

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

## 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="checkbox"/>	5087520433-01	BENJAMIN LOK KE MING	S9008335Z	GMC	Third Party, Fire & Theft	FBL6398B	FBL6398B	14/01/2018	13/01/2019



## Claim Handling

Accident MT/0993102

Policy No.	5087520433-01	Vehicle No.	FBL63988	GST Registration No.	
Policyholder Name	BENJAMIN LOK KE MING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	59008335Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92328925	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(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	05/05/2018 14:43	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	12/02/2018	Time of Accident hh:mm	06:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	850A HOUGANG CENTRAL				
<b>Benefits</b>					
<b>Excess</b>					
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			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 852 #14-13	Address 2	HOUGANG CENTRAL	Address 3	SINGAPORE 530852
Address 4		Address Type	Singapore address	Post Code	530852
Unit No.	14-13	Related Policy Number	5087520433-01		
<b>OI Driver Info</b>					
Driver Name	BENJAMIN LOK KE MING	Driver Type	Main Driver	Driver DOB	06/03/1990
Unnamed driver Name		Driver NRIC	S9008335Z	Driving Experience	3
Register Date of Driver License	28/05/2014	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	92328925	Contact No.(Office)	0	Address 3	SINGAPORE 530852
Address 1	BLK 852	Address 2	HOUGANG CENTRAL	Post Code	530852
Address 4		Address Type	Singapore address		
Unit No.	#14-13				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX ▼	Insured Name	BENJAMIN LOK KE MING	Insured NRIC	S9008335Z
Contact No.(Mobile)	92328925	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	benlokkeming@gmail.com	OI Vehicle Number	FBL63988	TP Vehicle Number	SKQ8506K
Claim Description	FBL63988 / SKQ8506K ON 12 Feb 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	05/05/2018 14:46	Claim Close Date		Date Received	05/05/2018 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0993102	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/05/2018 09:00		
Path *		Category *	Confidential	Urgency *	Descr
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 ▼

5/5/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

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	

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:46	SAS	Normal	SAS 2018-5-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:46	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:46	Photos	Normal	Photos 2018-5-5
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:46	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:45	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:45	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:45	Photos	Normal	Photos 2018-5-5
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:45	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 14:45	Photos	Normal	Photos 2018-5-5

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading