

NATIONAL Assessment Centre Services

Date In: 27/06/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18011739/13	E-mail (within 8hrs, AIC 2hrs):		
Veh No: FBK7823P	i-Motor Claim Form: MT/1000609-001		
D.O.A: 18/06/18 1300	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD TP: <u>Reporting Only</u>	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

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

TP Particulars:	Veh No: SKIDAE5	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

NA1804035	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
Auditors' Comments :-	8) NTUC Additional Services:-			
	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Cat. 1:	*N8: DV / Collect Excess Coordination \$5			
Cat. 2 / 3:	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac 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	27/06/2018 17:15
Date Of Accident	18/06/2018 13:00
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7823P
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	

Driver

Name of Driver	TAN CHIN LIAN(CHEN ZHILIAN)
NRIC No	S7931186C
Date Of Birth	19/10/1979
Occupation	INDOOR
Date Of Driving Pass	18/06/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82892892
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 675C YISHUN AVE 4 #09-802
Postcode	763675
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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 INJURED PERSON 1

Name	TAN CHIN LIAN(CHEN ZHILIAN)
Approximate Age	
Injuries Sustain	BOTH HAND & RIGHT LEG
Injured person in which vehicle?	FBK7823P
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 late 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/are 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.

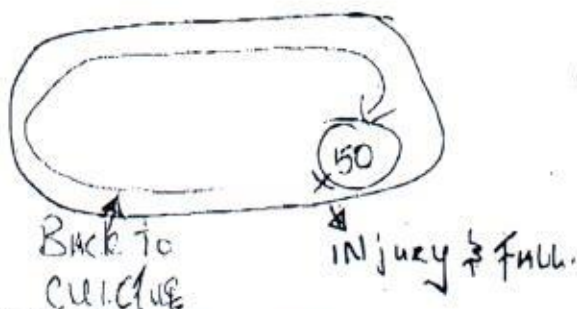
BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20.06.2018
14.06pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18.06.2018 MONDAY HAVING PRACTICAL LESSON, THAT
 DAY + HAVING HEAVY RAIN WHILE I'M RIDING THE BIKE
 INTO THE CURVE SO LOSE CONTROL & SKID SO INJURY
 BOTH HANDS & RIGHT LEG. STARTING TRAINING 11.30AM TO
 13.10PM.

BUKIT BATOK DRIVING CENTRE
 815, BUKIT BATOK WEST AVENUE
 SINGAPORE 659085
 TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20.06.2018
 14.06PM

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

27/06/18

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7931186C



Name

TAN CHIH LIAN
(CHEN ZHILIAN)

陈 志 联

Race

CHINESE

Date of birth

19-10-1979

Sex

M

Country of birth

SINGAPORE

S7931186C



NRIC No. S7931186C



Date of issue

06-07-2010

APT BLK 875C YISHUN AVENUE 4 #09-802
SINGAPORE 783675

NRIC No. S7931186C

Date: 02/01/2018

ACCIDENT STATEMENT

☐ Owner
☐ Driver

Date of Accident
18/6/18

Time
1300

Location of Accident
Bukit Batok Driving Centre

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number
Name of Policyholder
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
Address
Contact Number
Occupation

FBK 7823P

Tel: Hp:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model
Type of Vehicle
Exact Purpose for which vehicle was being used at the time of accident.

Honda GLA 25L
Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others:

Are you claiming under your own insurance policy?

☐ Yes ☐ No Remarks:
☐ Private ☐ Commercial ☐ Motorcycle

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
Type of Policy
Fiscal Policy
Policy Number

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☒ Yes ☐ No

DRIVER

Name of Driver TAN CHIH LIAN
NRIC/ FIN/ Passport S798186-C
Date of Birth 19-10-1979
Occupation 2B CREW

Driving Pass Date

Gender MALE

Contact Number

Address BLK 676C YISHUN AVE 4 #109-802 S763675

Email Address

Was driver an employee of the insured's Company?

☒ Male ☐ Female

Tel: Hp: 82892892

If No, relationship of Driver with the Insured.

☒ Yes ☐ No

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (e.g. Chain Collision, Head-On, etc)

Weather Conditions

Road Surface

Damage Area

Approximate Speed

☐ Clear ☒ Raining ☐ Others
☒ Wet ☐ Dry ☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No ☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No ☐ Yes

Was any other vehicle(s) or property damaged?

☒ No ☐ Yes

Was there any camera video footage (in car)?

☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No ☐ Yes

If Yes, please state which police station & Report No

Was notice of Intended Prosecution given?

☒ No ☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name TAN CHIH LIN

NRIC/ FIN/ Passport S7831186-C

Address BLK 675 C YISHUN AVE 4 #09-B02 S763675

Approximate Age 29

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☒ No

☐ Yes

☒ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

DECLARATION

815 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659065

TEL: 6561 1233 FAX: 6569 0777

We declare that the above information provided above are true in every aspect.

Signature of Policy Holder

(Company Chop if applicable)

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)

Date & Time

Date & Time

10.06.2018

14.06.2018 PM

Transaction ref 20160201104408441639

The owner and vehicle particulars for Vehicle No. FBK7823P as at 01 Feb 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBK7823P
8.	Effective Date of Ownership	: 01 Feb 2016
9.	Original Registration Date	: 01 Feb 2016
10.	First Registration Date	: 01 Feb 2016
11.	Vehicle Type	: P01 - Passenger Scooter
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: GLR125LWH
18.	Year of Manufacture	: 2015
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JC641000313 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC64E1000312 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 124 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 131
28.	Maximum Laden Weight(kg)	: 289
29.	Open Market Value	: \$3,464.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016020106000235K
35.	COE Expiry Date	: 31 Jan 2026
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,889.00
38.	Actual Quota Premium/PQP Paid	: \$6,889.00
39.	Actual ARF Paid	: \$520.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$45.00
46.	Road Tax Start Date	: 01 Feb 2016
47.	Road Tax End Date	: 31 Jan 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1000609

Policy No.	0073451220-14	Vehicle No.	FBK7823P	GST Registration No.	M200805321
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
KFK	☐ No ☐ Yes	TCA	☐ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	27/06/2018 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	18/06/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK DRIVING CENTRE				

▼ 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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5072565215-03		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/10/1979
Unnamed driver Name	TAN CHIN LIAN(CHEN ZHELIAN)	Driver NRIC	S7931186C	Driving Experience	0
Register Date of Driver License	18/06/2018	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	82892892	Contact No.(Office)	0	Address 3	FERN GROVE @ YISHUN
Address 1	BLK 675C	Address 2	YISHUN AVENUE 4	Post Code	763675
Address 4	SINGAPORE 763675	Address Type	Singapore address		
Unit No.	#09-802				
Does he own a Singapore Registered car?	Yes ☐ No ☐	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX ▼	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65943506
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBK7823P	TP Vehicle Number	
Claim Description	FBK7823P ON 18 Jun 2018			Name of Preferred Workshop	KIM KEAT(BBDC)
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop (refer below) ▼	Date Received	27/06/2018 00:00
Date Registered	27/06/2018 17:47	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.		MT/1000609		Claim No.		001						
Last Doc. Received		☒ Yes ☐ No		Upload Date		27/06/2018 00:00						
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		

No file chosen No file chosen No file chosen

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 27 Jun 2018 17:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:47	SAS	Normal	SAS 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:47	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:47	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:47	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:47	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:47	Photos	Normal	Photos 2018-6-27

Video List

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