

NATIONAL Assessment Centre Services

MANA/8086580

Date In: 05/07/2018 11:47	Job description	Date & Time Completed	Done by
Ref No: MPA/200801224/4	SAS e-filing		
Veh No: FBK 5635D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/07/2018 21:20	i-Motor Claim Form	MT/1001750-001	05/07/2018
OD <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:14
	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: STR 41915

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

MANA/804249

Invoice Preparation Checklist

Amt (\$)
1st Bill

Amt (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 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:-
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

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	05/07/2018 11:47
Date Of Accident	04/07/2018 21:20
Exact Location Of Accident	ALONG JALAN PELEPAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5635D
Insured/Policyholder	
Name Of Registered Owner	WONG WAI KIN
NRIC No	S7935813D
Email Address	WEIJIAN03@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86061465
Alternative Phone No	OTHERS-86061465

Vehicle Particulars

Manufacturer	BMW
Model	R1200 GSA-1.2
Exact Purpose for which vehicle was being used at time of accident	DOING GRABFOOD
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
Fleet Policy	NO
Policy Number	5085649846-01
Cover Note Number	

Driver

Name of Driver	WONG WAI KIN
NRIC No	S7935813D
Date Of Birth	04/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86061465
Fax Number	
Contact Number	OTHERS-86061465
Email Address	WEIJIAN03@YAHOO.COM

Address	BLK 644 YISHUN STREET 61 #06-304
Postcode	760644
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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

PLEASE REFER TO SKETCH PLAN

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	SJR4191S
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD KHAIRUL BIN ABDUL SAMAD
NRIC/Passport Number	S9114775J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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: 5/7/18
10:35am

Driver's Signature

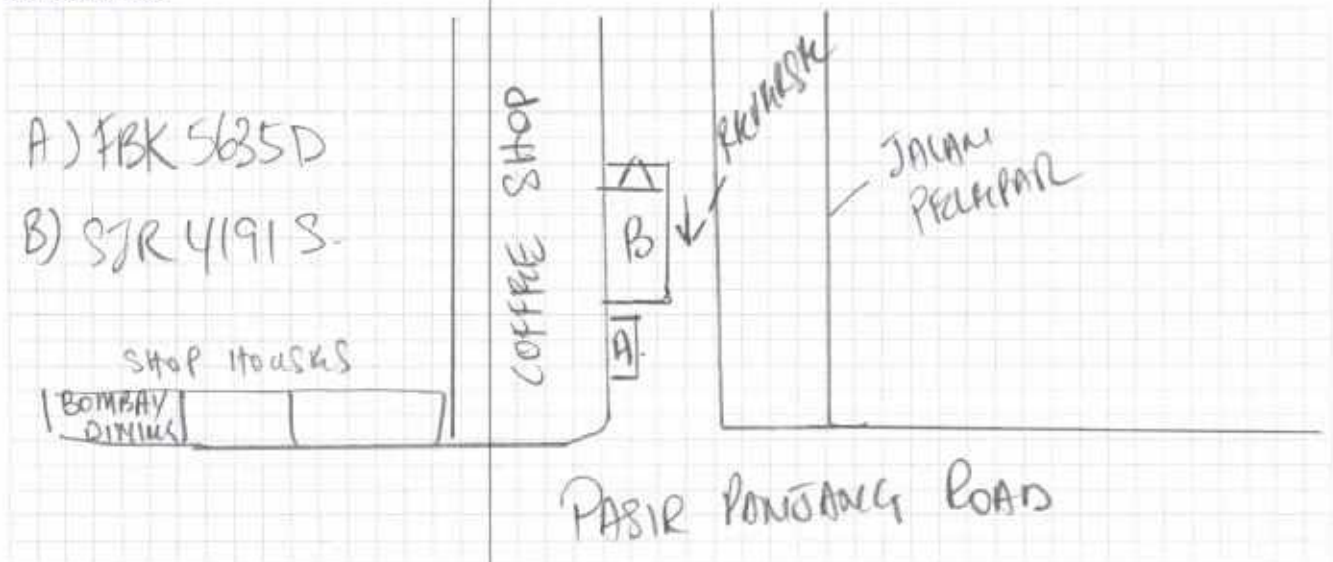
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/07/2018 AT ABOUT 21:20HRS I WAS AT PASIR PONTANG ROAD & STOP AT JALAN PELEPAH TO COLLECT THE FOOD TO DELIVER TO MY CUSTOMER AT THE BOMBAY DINING. WHEN I CAME BACK TO MY BIKE JUST WHEN I WANTED TO PUT THE FOOD AT MY BIKE FBK 5635D, SUDDENLY A CAR SJR 4191S REVERSE & HIT MY BIKE & ALSO MY BIKE FALL ON THE GROUND. AND WE EXCHANGE PARTICULARS THAT ALL.

DECLARATION

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

Policyholder's Signature

Date & Time: 5/7/18 10:49am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1001750

Policy No.	9065649846-01	Vehicle No.	FBK5635D	GST Registration No.	
Policyholder Name	WONG WAI KIN			Policyholder NRIC	S7935813D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	86081465	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
NFE	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	05/07/2018 12:00	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/07/2018	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN PELEPAH				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.000	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 644 #06-304	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760644
Address 4		Address Type	Singapore address	Post Code	760644
Unit No.	#06-304	Related Policy Number	5085649846-01		

OI Driver Info

Driver Name	Wong Wai Kin	Driver Type	Main Driver	Driver DOB	04/11/1979
Unnamed driver Name		Driver NRIC	S7935813D	Driving Experience	3
Register Date of Driver License	05/02/2015	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 2	SINGAPORE 760644
Address 1	BLK 644 #06-304	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760644
Address 4		Address Type	Singapore address	Post Code	760644
Unit No.	#06-304				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBK5635D	Driver Insurer Company	NTUC

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	WONG WAI KIN	Insured NRIC	S7935813D
Contact No.(Mobile)	86202825	Contact No.(Home)	86226388	Contact No.(Office)	
Email Address	wk@ntu.com.sg	OI Vehicle Number	FBK5635D	TP Vehicle Number	SIN4191S
Claim Description	FBK5635D / SIN4191S ON 4 Jul 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	05/07/2018 12:13	Claim Close Date		Date Received	05/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1001750	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/07/2018 12:14

Path *

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
Choose File	No file chosen
Message Read	

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676X NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 05 Jul 2018 12:14	Photos	Normal	Photos 2018-7-5		Edit
	NAC_BUKIT_MERAH_800676X NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 05 Jul 2018 12:14	Photos	Normal	Photos 2018-7-5		Edit
	NAC_BUKIT_MERAH_800676X NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 05 Jul 2018 12:14	Photos	Normal	Photos 2018-7-5		Edit

Send Message Upload

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:14	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:14	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	Photos	Normal	Photos 2018-7-5	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	Photos	Normal	Photos 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	SAS	Normal	SAS 2018-7-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Jul 2018 12:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-5	Edit
Video List					
uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 07 / 2018 (DD/MM/YYYY), TIME: 21 : 20 (HH:MM)

LOCATION: Jalan Pelepah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 5635 D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW R1200GSALC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: WONG WAI KIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S79358130 CONTACT: 86061465 (sms)
c) ADDRESS: Blk 644 Yishun St 61
#06-304 S(760644)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ADOK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 04 / 11 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/02/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
b) ROAD SURFACE: DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJR 41918 MODEL: HONDA STREAM
b) DRIVER'S NAME: Muhammad Khairul Bin A Abdul Samad
c) NRIC/FIN/PASSPORT: S91147755 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = weijian03@yahoo.com

VIDEO = NIL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7935813D



Name

WONG WAI KIN
(HUANG WEIJIAN)

黄伟坚

Race

CHINESE

Date of birth

04-11-1979

Country/Place of birth

SINGAPORE

Sex

M



NRIC No. S7935813D



86061465

Date of issue

20-12-2016

Address

APT BLK 644 YISHUN STREET 61
#06-304
SINGAPORE 760644

5681606

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7935813D

WONG WAI KIN
(HUANG WEIJIAN)

Birth Date: 04 Nov 1979

Issue Date: 09 Dec 2016



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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc

31 Jul 2006
10 Mar 2009
05 Feb 2015

NP 428A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

04/07/2018 10:30

Vehicle No.(For Motor)

FBK5635D

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085649846-01	WONG WAI KIN	S7935813D	GMC	Third Party	FBK5635D	FBK5635D	02/11/2017	01/11/2018