

# NATIONAL Assessment Centre Services

Date In: 19/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013101/13	SAS e-filing		
Veh No: FBH8138T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/07/18 1600	i-Motor Claim Form	MT/1003677-001	
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 Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: 5CX8283D	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

NA1804547

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Sat. 1:

Sat. 2 / 3:

## Invoice Preparation Checklist

- |   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|---|----------------------|----------------------|
| 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:-                   |                      |                      |
| ON*   |                      |                      |
| *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

Invoice dated

Fee Charged

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	19/07/2018 10:30
Date Of Accident	18/07/2018 16:00
Exact Location Of Accident	DEPOT RD INFRT OF CMPB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8138T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGUYEN HUU THANH
NRIC No	G3352854Q
Email Address	NGUYENHUUTHANH038@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97881465
Alternative Phone No	OTHERS-97881465

### Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5088539294-01
Cover Note Number	

### Driver

Name of Driver	NGUYEN HUU THANH
NRIC No	G3352854Q
Date Of Birth	17/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97881465
Fax Number	
Contact Number	OTHERS-97881465
Email Address	NGUYENHUUTHANH038@GMAIL.COM



Address	BLK 122 BEDOK NORTH ST 2 #02-102
Postcode	460122
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180718-2146

#### 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	SLX8283D
Vehicle Make/Model/Colour	AUDI A6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH ZHI YONG KENNY
NRIC/Passport Number	S8118517D
Contact Number	98338187
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.

Policyholder's Signature  
Date & Time:

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

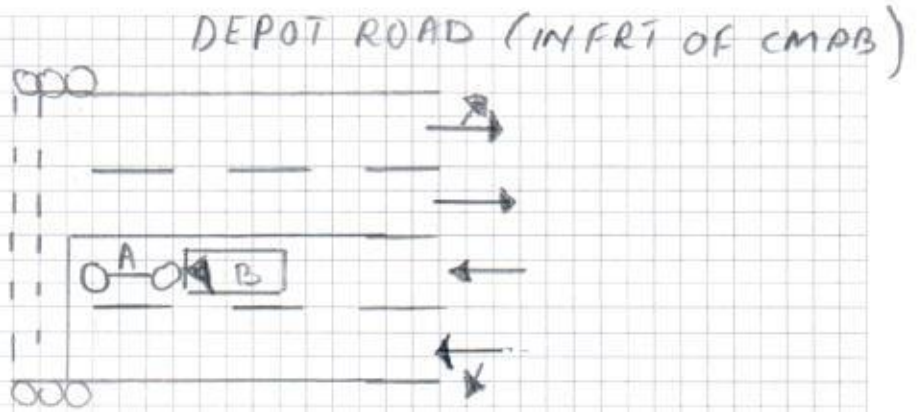
19/07/18

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



# SKETCH PLAN

A - FBH8138T  
B - SLX8283D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180718/2146

## 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.:





**SINGAPORE  
POLICE FORCE**



T/20180718/2146

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180718/2146

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2018 19:55	Vide Report No.:	Station Diary No.: 111
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**Informant's Particulars**

Name of Informant: NGUYEN HUU THANH			Address: APT BLK 623 BEDOK RESERVOIR ROAD #08-1532 SINGAPORE 470623		
ID Type / ID No.: FIN NO / G3352854Q			Contact No.: Home/Office: Mobile: 97881465		
Nationality: VIETNAMESE			Email:		
Sex: Male	Age: 24	Date of Birth: 17/08/1993	Type of Informant: Rider		
Race: Others			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/07/2018 16:00	Type of Location: T-Junction
Location: Along Road 1 DEPOT ROAD  In Front of CMPB				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8138T	Motorcycle	HONDA	ANF125MSS A	White	Seriously Damaged	0
SLX8283D	Car	AUDI	A6	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8138T	NTUC Income Insurance Co-Operative Limited	5088539294-01	13/03/2018	12/03/2019





**SINGAPORE  
POLICE FORCE**



T/20180718/2146

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20180718/2146

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NGUYEN HUU THANH	ID No.	G3352854Q
Related Vehicle	FBH8138T (Motorcycle)	Contact No.	97881465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KOH ZHI YONG, KENNY	ID No.	S8118517D
Related Vehicle	SLX8283D (Car)	Contact No.	98338187
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/7/2018 at about 4.00pm, I was riding my white motorcycle (FBH8138T) along Depot Road on lane 1 of a 2 lane road. As I was approaching the junction of CMPB, I came to a stop as it was red light. While stationary, a silver car (SLX8283D) collided onto the rear of my motorcycle. My motorcycle got stuck to the middle divider of the road. I got off my motorcycle to make a check. My rear tail section is seriously damaged with dents and the tail light is broken. The rack for the box is also damaged. The car front right bumper was also dented and the front right headlight damaged. The middle divider reflective pole was also damaged as the impact pushed my motorcycle towards it. There were no injuries to both parties. We exchanged particulars and I am lodging this report for insurance claim purposes.

I wish to state that I am staying at a new address, Blk 122 Bedok North Street 2 #02-102.





**SINGAPORE  
POLICE FORCE**



T/20180718/2146

3 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180718/2146

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 MUHAMMAD SHAHZELEEMI BIN  
MOHAMAD DANEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/07/2018 19:55

Classification Of Case:



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD**

Sector: **SERVICE**

Name  
**NGUYEN HUU THANH**

Occupation  
**COURIER (DESPATCH)**

SrPass No.  
**0 94029872**

Date of Application  
**07-02-2017**

Date of Issue  
**02-03-2017**

Date of Expiry  
**02-03-2019**

**L7690197**




**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number **G3352854Q**

Name  
**NGUYEN HUU THANH**

Birth Date: **17 Aug 1993**

Issue Date: **17 Jun 2017**

Valid Till: **16/06/2022**

**002695028H**




**VISIT PASS**  
Immigration Regulations

Name  
**NGUYEN HUU THANH**

**9788 1465**

Date of Birth: **17-08-1993** Sex: **M** Nationality: **VIETNAMESE**

File: **G3352854Q** Date of Issue: **02-03-2017** Date of Expiry: **02-03-2019**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**




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

**EFFECTIVE DATE**  
**17 Jun 2017**

**Class 2B Motorcycles <= 200 cc**

**NP 428A**

**Licence No: G3352854Q**





Hello, NAC\_PAYA\_UBI\_800601

[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="radio"/>	5088539294-01	NGUYEN HUU THANH	G3352854Q	GMC	Thlrd Party	FBH8138T	FBH8138T	13/03/2018	12/03/2019



## Claim Handling

Accident MT/1003677

Policy No.	5088539294-01	Vehicle No.	FBH8138T	GST Registration No.	
Policyholder Name	NGUYEN HUU THANH			Policyholder NRIC	G3352854Q
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97881465	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## ▼ Accident Details

Report Date	19/07/2018 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/07/2018	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DEPOT RD INFRT OF CMPB				

## ▼ 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 Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	215 HENDERSON ROAD	Address 2	#04-03 HENDERSON INDUSTRIAL	Address 3	SINGAPORE 159554
Address 4		Address Type	Singapore address	Post Code	159554
Unit No.	04-03	Related Policy Number	5088539294-01		

## ▼ 01 Driver Info

Driver Name	NGUYEN HUU THANH	Driver Type	Main Driver	Driver DOB	17/08/1993
Unnamed driver Name		Driver NRIC	G3352854Q	Driving Experience	5
Register Date of Driver License	22/07/2012	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	97881465	Contact No.(Office)	0	Address 3	SINGAPORE 159554
Address 1	215 HENDERSON ROAD	Address 2	HENDERSON INDUSTRIAL PARK	Post Code	159554
Address 4		Address Type	Singapore address		
Unit No.	#04-03				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NGUYEN HUU THANH	Insured NRIC	G3352854Q
Contact No.(Mobile)	97881465	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	FBH8138T	TP Vehicle Number	SLX8283D
Claim Description	FBH8138T / SLX8283D ON 18 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/07/2018 14:43	Claim Close Date		Date Received	19/07/2018 00:00
Report Taken By	ROSLINDA				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1003677	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/07/2018 14:44

Path \*

Choose File No file chosen

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Category \*

Confidential

Urgency \*

Descr

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➤ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:44	SAS	Normal	SAS 2018-7-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:44	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:44	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:44	Photos	Normal	Photos 2018-7-19
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:43	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 14:43	Photos	Normal	Photos 2018-7-19

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	Source
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☐ Display in New Window

Scan and uploading