NATIONAL Assessment Cu	atre Services	(we's Javon)	388	<del></del>	
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ROTNO NA/INC 18014343					
VCh No FBD 5640 A		in 8hrs. AIC 2hrs;			
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OD TP-\Reporting Only	i-Photo Up	The same of the sa	( ) P 40rs)		
TP Insurer:		Survey Report	<del>                                     </del>		
Tr. District		by Fax/ Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:				ax:	
TP Particulars: Yeh No:	SJQ 578	4E. INC(		ux.	
Owner / Driver: (		1	Tel:		-
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	/-	*** * *********************************
Insured/Driver Liability: ( %	) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-1	00%1	
Year of Registration: ( )	Warranty: YES (		)		
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General Remarks:		og Grand Ch	Marine Line	7	-
( ) Walk-In Customer's i	nformation strictly C	onfidential & Str	ctly NO rafer of renairer		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY				
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		( ), 10	wing Co: (		
Remarks: (INC horling: 6788-6616	)	ar all sky sy	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/Tune Actions			SVASSACKERSVAL ON THE	2)~{p; :- ' '	<del></del>
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State Water State					
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river/Owner:		3) TF : Towing Fee	. 540/5	45	
ontact No:		4) FT : Follow-Thr	the same of the sa	30	
		For claiming aga	inst INC Only (wef 10 Jan 2005)	2	****
maged Portion:		7) N1 : Idau DA + 8		60	
		8) NTUC Additions			-
Checked by (Engr-In-Charge):		*N5: Courtesy C	er / Tpt Allowance	55	
	20 SAL DO 1	*N6: Repair Co-	ordination 5	10	
ditors! Comments :-		*N8: DV / Collect	t Excess Coordination	\$5	
		TP (N11): TP (N 9) N12: Idae Mobil		20 .	
2/3:		Invoice dated	Fee Charged		mar fall
		Involce dated	Fee Charged	. Alt par	

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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	07/08/2018 15:35
Date Of Accident	03/08/2018 18:00
Exact Location Of Accident	HAIG ROAD
Country/State of Loss	SINGAPORE
I	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD5640A
Insured/Policyholder	
Name Of Registered Owner	SEOW GUO WEI
NRIC No	S9733521D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91462657
Alternative Phone No	OTHERS-91462657
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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
f 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	5092696524
Cover Note Number	
Driver	
Name of Driver	SEOW GUO WEI
NRIC No	S9733521D
Date Of Birth	04/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2016
Driving Experience	1 YEAR AND 9 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-91462657
ax Number	
Contact Number	OTHERS-91462657
Mail Address	NOEMAIL

BLK 11 PINE CLOSE Address

#12-115 391011

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions CLEAR Road Surface DRY

#### Other Information

Postcode

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

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

SJQ5784E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

SEOW GUO WEI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SERIOUS FBD5640A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
  - 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)

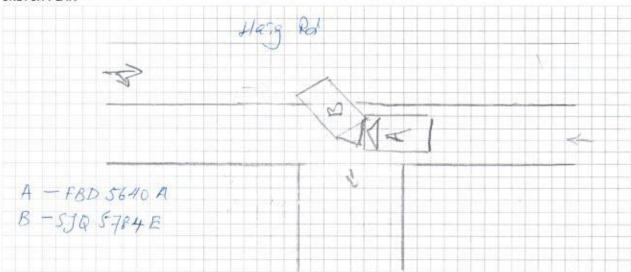
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1/0411	
J.	was travelling along thing the howards tatong vehicle B. I have no time to react and collies of the
12	I saw Suddenly turned I have no time to react and collie
ant	D H
-	

# 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.:

STARM, Sundenmorn, VI.

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<b>eBao</b> Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					• Chang	e Languag	e • Chan	ge Password	• Log Out	
My Desktop	<b>Policy Query</b>										
Notice of Loss	Policy No.				Date	of Accident	8	03/08/2018	18:00		
	Vehicle No.(For Motor)	FBD56	40A		Cert	ificate Number	r.				
					Search	1					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5092696524		SEOW GUO WEI	S9733521D	GMC	Third Party	FBD5640	FBD5640A	17/07/2017	03/11/2018	
					Continue	]					

Policy No.	5092696524	Policyholder Name	SEOW GUO WEI	Policyholder NRIC	S9733521D
Certificate No.		, realing		, which	
Address	BLK 11 #12-115 PINE CLOSE 5	SINGAPORE 39:	1011		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/07/2017	Effective Date	17/07/2017 00:00	Expiry Date	03/11/2018 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	LOO TZE KUEN (LU ZIKUN)	Agent Tel.	97668316	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
	older Mailing Address				
Address 1	BLK 11 #12-115	Address 2	PINE CLOSE	Address 3	SINGAPORE 391011
Address 4		Address Type Related	Singapore address	Post Code	391011
Unit No.	d Object: FBD5640A	Policy Number	5097216213		
□ Endors					
Sequenc	e Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content
1	27/04/2018 00:00	POI Extensio	on/Shorten Endors	sement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 17 Jul 2017 TO 03 Nov 2018 In view of this amendment, an additional premium of \$234.48 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque
					payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Claim Handling

#### Accident MT/1006394 Policy No. 5092696524 Vehicle No. FBD5640A GST Registration No. Certificate No. Policyholder Name SEOW GUO WEL Policyholder NRIC 5973 Product Code MOTORCYCLE INSURANCE Cover Type Third Party Loading 0 Contact No.(Mobile) 91462657 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No s KFK ● No □ Yes ● No ○ Yes eCode Reason NCD Protection NCD Entitlement(%) 0 Private Hire No Accident Details Report Date 08/08/2018 09:37 Accident Report Within 24 hrs Accident Type Side Date of Accident 03/08/2018 Time of Accident hit mm 18:00 Country of Accident Singa Reporting Centre Orange Force ICM No. Accident Location HAIG ROAD **♥** Benefits **♥** Excess Own damage Excess Windscreen Excess Outside Singapore OD Excess Unnamed Driver 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 BLK 11 #12-115 PINE CLOSE Address 3 SING Address 4 Singapore address Post Code 3910 Unit No. Related Policy Number 5097216213 OI Driver Info Driver Name SEOW GUO WEI Driver Type Main Driver Unnamed driver Name Driver NRIC \$9733521D Driver DOB 04/1 Register Date of Driver License 03/11/2016 Driver Age 20 Driving Experience Contact No.(Mobile) 91462657 Contact No.(Office) Contact No.(Home) 0 Address 1 BLK 11 Address 2 PINE CLOSE Address 3 Address 4 Address Type Singapore address Post Code #12-115 Does he own a Singapore Registered car? Yes # No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? 0 mg ○ Yes ® No Any injury? Modification History Claim 001 OD-MX New Claim Type \* OD-MX Insured Name SEOW GUO WEI 5973 Insured NRIC Contact No.(Mobile) 91462657 Contact No.(Home) NIL Contact No.(Office) Email Address sgw0310@gmail.com OI Vehicle Number FBD5640A TP Vehicle Number 53Q5 Claim Description FBD5640A / SJQ5784E ON 3 Aug 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability . Partially at Fault V Require Finalisation Preferered Repair Option Preferred Workshop, Name unknown V GIA report Rece Date Registered 08/08/2018 09:44 Claim Close Date 08/0 Date Received Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired Print AK letter Save Submit Attachment 0 Accident No. MT/1006394 Claim No.

	Path •			Category *		Confidential	Urgency
	7000	Browse	Clear	Please Select	- V	-	Normal
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		Browse	Clear	Please Select	~	NO V	Normal
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Attachment	Uploaded By/Date	Category	9	Urgency.		Desc	ription
- 600	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Aug 2018 09:44	NRIC/ Driving License		Normal		NRIC/ Driving I	License 2018-8
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