

NATIONAL Assessment Centre Services

Ref: JAR002 NNA1804967

Date In: 07/08/2018 18:20	Job description	Date & Time Completed	Done by
Ref No: NNA1804967/43907	SAS e-filing		
Veh No: FBZ 2328L	E-mail (within 3hrs, AOC 2hrs)		
D.O.A: 06/08/2018 18:45	i-Motor Claim Form	mt11006420-001	est/abas
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		11.04
	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: FBZ 29304 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

NNA1804967 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) 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) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*N5: Courtesy Car / Tpl 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: Idao Mobile \$0				
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	07/08/2018 18:20
Date Of Accident	06/08/2018 18:45
Exact Location Of Accident	BLK 248 CHOJA CHU KANG AVENUE 2 CARPARK LOT 24 & 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2328L
Insured/Policyholder	
Name Of Registered Owner	TAN SHIWEI
NRIC No	S9208993B
Email Address	TANSHIWEITSW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90187666
Alternative Phone No	OTHERS-90187666

Vehicle Particulars

Manufacturer	YAMAHA
Model	LC135-134CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5098809721
Cover Note Number	

Driver

Name of Driver	TAN SHIWEI
NRIC No	S9208993B
Date Of Birth	18/03/1992
Occupation	INDOOR
Date Of Driving Pass	03/11/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90187666
Fax Number	
Contact Number	OTHERS-90187666
Email Address	TANSHIWEITSW@GMAIL.COM

Address	BLK 248 CHOA CHU KANG AVENUE 2 #07-490
Postcode	680248
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180807/2024

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	FBJ3930U
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	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 07/07/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

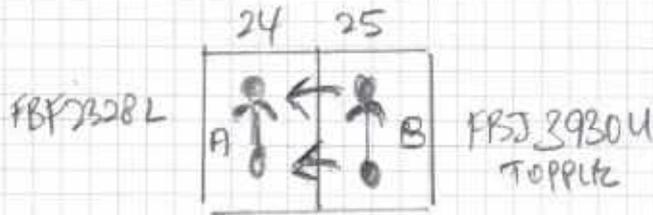
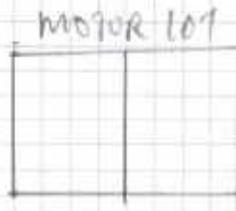
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Bik 248 Motor Ulu Kang Riv



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MOTOR LOT

PLS REFER TO POLICE REPORT
7/07/2018 0807/2024

DECLARATION

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


 Policyholder's Signature
 Date & Time: 07/07/18

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


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



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180807/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 10:13	Vide Report No.: J/20180806/0193	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: TAN SHI WEI		Address: APT BLK 248 CHOA CHU KANG AVENUE 2 #07-490 SINGAPORE 680248	
ID Type / ID No.: NRIC NO / S9208993B		Contact No.:	Mobile: 90187666
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 18/03/1992	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: PROCESSED TECHNICIAN		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2018 18:45	Type of Location: Car Park
Location: CHOA CHU KANG AVENUE 2 BLK 248 OPEN SPACE CARPARK LOT 24 AND 25				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2328L	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	0
FBJ3930U	Motorcycle			Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF2328L	NTUC Income Insurance Co-Operative Limited	5098809721	12/03/2018	06/04/2019



**SINGAPORE
POLICE FORCE**



T/20180807/2024

2 of 3

Report No. T/20180807/2024

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN SHI WEI	ID No.	S9208993B
Related Vehicle	FBF2328L (Motorcycle)	Contact No.	90187666
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/08/2018 at about 1845hrs, my wife had went to pickup my daughter and had pass by my house the carpark. She then happened to make a check on my motorcycle registration plate number, FBF2328L and noticed that there is another motorcycle registration plate number, FBJ3930U that was parked beside me had fell and hit onto my vehicle exhaust pipe area. I was then inform by my wife to make a check. The damages currently to my motorcycle is exhaust pipe dented, gear lever loosen and that was what I can noticed, the rest I have to send to the workshop to get it check. I wish to inform that I do not know the other rider and we do not have any disputes before. This is the first time such incident had happened. I am lodging this police report for insurance claims purposes as the other party is also agreeable for the insurance claims. I wish to also inform that while the other rider had tried to pick up his motorvehicle, my motorvehicle had fell onto the ground again.



**SINGAPORE
POLICE FORCE**



T/20180807/2024

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180807/2024

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:
D /
Sgt 1 GABRIEL CHAN WEE KEEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/08/2018 10:13

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN
Contact No.: 65476429

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1066420

Policy No.	5098809721	Vehicle No.	FBF2328L	GST Registration No.	
License No.					
Policyholder Name	TAN SHI WEI				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Policyholder NRIC	S92089938
Contact No.(Mobile)	90187666	Contact No.(Office)		Loading	0
Email Address		Special Remarks		Contact No.(Home)	
RFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
				Private Hire	No

Accident Details

Report Date	08/08/2018 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Damage whilst parked
Date of Accident	06/08/2018	Time of Accident (hh:mm)	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 248 CHOA CHU KANG AVENUE 2 CARPARK LOT 24 & 25				

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	BLK 248 #07-490	Address 2	CHOA CHU KANG AVENUE 2	Address 3	SINGAPORE 580248
Address 4		Address Type	Singapore address	Post Code	580248
Unit No.		Related Policy Number	5098809721		

OI Driver Info

Driver Name	TAN SHI WEI	Driver Type	Main Driver	Driver DOB	18/03/1992
Unnamed driver Name		Driver NRIC	S92089938	Driving Experience	2
Reponer Date of Driver License	03/11/2015	Driver Age	26	Contact No. (Home)	
Contact No.(Mobile)	90187666	Contact No.(Office)		Address 1	SINGAPORE 580248
Address 1	BLK 248 #07-490	Address 2	CHOA CHU KANG AVENUE 2	Address 2	SINGAPORE 580248
Address 4		Address Type	Singapore address	Post Code	580248
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	FBF2328L	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Modification History

Claim 001 **NEW**

Claim Type * Insured Name Insured NRIC

Contact No.(Mobile) Contact No. (Home) Contact No. (Office)

Email Address OI Vehicle Number TF Vehicle Number

Claim Description: Name of Preferred Workshop

Preferred Workshop Finalisation Insured Liability Insured Paper Option Preferred Workshop, Name unknown QIA report

Date Registered Claim Close Date Date Received

Report Taken By

Print AK letter

Save Submit

Attachment

Accident No.	MT/1066420	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/08/2018 11:04

Path *

Choose File	Category *	Confidential	Urgency *	Desc
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 08 Aug 2018 11:04		Photos	Normal	Photos 2018-8-8	

ACCIDENT STATEMENT

ACCIDENT DATE: 06/08/2018 (DD/MM/YYYY), TIME: 18:47 (HH:MM)

LOCATION: BK 248 Choa Chu Kang Ave 2 #07-490 680248

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF2328L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5098809721
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA, 135LC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
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: TAN SHIWEI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9208993B CONTACT: 90187666
c) ADDRESS: BK 248 Choa Chu Kang Ave 2 #07-490
680248

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 18/03/1992 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 03/11/15

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

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: Queenstown by NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBS393DU MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passengers
(including driver)
()

*No of passenger
(including driver)
(1)

*No of passengers
(including driver)
()

Email = TanShiwei.tsw@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9208993B



Name
TAN SHI WEI
陳世埭
Race
CHINESE
Date of birth
18-03-1992
Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9208993B



Name
TAN SHI WEI

Birth Date: 18 Mar 1992
Issue Date: 06 Oct 2015



002480370E

SG
CO



4021457



NRIC No. S9208993B

Date of issue
26-03-2007

APT BLK 248 CHOA CHU KANG AVENUE 2 #07-480
SINGAPORE 680248

NRIC No. S9208993B Date: 26/12/2010 No: 6606964

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	03 Nov 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2000 KILOGRAMS	06 Oct 2015

S / No. 9000228915

9208993B

NP 428A



License No: S9208993B

