

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) *NA 48105867*

Date In: <i>16/08/2018 10:12</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NIA/MIC/8015825/Y</i>	SAS e-filing		
Veh No: <i>PS 600Y</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>15/07/2018 14:25</i>	i-Motor Claim Form	<i>MT/1009408001</i>	<i>30/08/2018</i>
OD: <i>TR - Reporting Only</i>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>11:36</i>
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: *SJR 7366K* 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 1:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
Cat. 2/3:	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 \$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	16/08/2018 10:12
Date Of Accident	15/07/2018 14:25
Exact Location Of Accident	ALONG HAVELOCK ROAD OUTSIDE MOM BUILDING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS600Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH MENG KIT (DU MINGJIE)
NRIC No	S7818856A
Email Address	MKTOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81124862
Alternative Phone No	OTHERS-81124862

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ6-S-600CC (M)
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
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5064896578-04
Cover Note Number	

### Driver

Name of Driver	TOH MENG KIT (DU MINGJIE)
NRIC No	S7818856A
Date Of Birth	30/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81124862
Fax Number	
Contact Number	OTHERS-81124862
EMail Address	MKTOH@HOTMAIL.COM

Address	BLK 4 SAGO LANE #08-113
Postcode	050004
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	CLOUDY
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?	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

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	SJR7366K
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

Name	TOH MENG KIT (DU MINGJIE)
------	---------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FS600Y
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 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:

4:37pm  
8/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4:37pm 8/8/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

16/08/2018  
Khalid Hassan

**Claim Handling**

**Accident MT/1009408**

Policy No.	5064896578-04	Vehicle No.	FS600Y	GST Registration No.	
Certificate No.					
Policyholder Name	TOH MENG KIT			Policyholder NRIC	57818856A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81124862	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	30/08/2018 11:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/08/2018	Time of Accident hh:mm	14:52	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HAVELOCK ROAD OUTSIDE MOM BUILDING				

**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			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	BLK 4 #08-113	Address 2	SAGO LANE	Address 3	SINGAPORE 050004
Address 4		Address Type	Singapore address	Post Code	050004
Unit No.		Related Policy Number	5099571048		

**OI Driver Info**

Driver Name	TOH MENG KIT	Driver Type	Main Driver	Driver DOB	30/06/1978
Unnamed driver Name		Driver NRIC	57818856A	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	81124862	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 4 #08-113	Address 2	SAGO LANE	Address 3	SINGAPORE 050004
Address 4		Address Type	Singapore address	Post Code	050004
Unit No.					
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FS600Y	Driver Insurer Company	NTUC

**Declaration**

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

**Claim 001** New

Claim Type *	DD-MX	Insured Name	TOH MENG KIT	Insured NRIC	578188
Contact No.(Mobile)	81124862	Contact No.(Home)	86121134	Contact No.(Office)	
Email Address		OS Vehicle Number	FS600Y	TP Vehicle Number	518731
Claim Description	FS600Y / 5187366K ON 15 Aug 2018				
Preferred Workshop		Insured Liability	Fully at Fault		
Estimate No. Finalisation	Yes	Registered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/08/2018 11:35	Claim Close Date		Date Received	30/08/
Report Taken By	ROSLI WANAB				

Print AX letter

**Attachment**

Accident No.	MT/1009408	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	30/08/2018 11:36
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desc
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676[ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)] on 30 Aug 2018 11:36		Photos	Normal	Photos 2018-8-30	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	Photos	Normal	Photos 2018-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	Photos	Normal	Photos 2018-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	Photos	Normal	Photos 2018-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	Photos	Normal	Photos 2018-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	Photos	Normal	Photos 2018-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	Photos	Normal	Photos 2018-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2018 11:36	SAS	Normal	SAS 2018-8-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 15/07/2018 (DD/MM/YYYY), TIME: 14:25 (HH:MM)

LOCATION: HAVELOCK ROAD, OUTSIDE MOM BUILDING

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FS600Y  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5064896578-04  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA FZ5000 FAZER  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL TRANSPORT  
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: TOH MENG KIT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7818856A CONTACT: 81124862  
c) ADDRESS: BLK 9 SAGO LANE 08-113 S(050004)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: TOH MENG KIT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7818856A CONTACT: 81124862  
c) ADDRESS: AS ABOVE

\*d) DATE OF BIRTH: (30/06/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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 CLOUDY)  
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 7366K MODEL: HYUNDAI AVANTE  
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)  
( )

\*No of passenger  
(including driver)  
( )

email = mkttohg@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7818856A



Name

TOH MENG KIT  
(DU MINGJIE)

杜 铭 杰

Race

CHINESE

Date of birth

30-06-1978

Sex

M

Country/Place of birth  
SINGAPORE



S7818856A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7818856A  
Name: TOH MENG KIT (DU MINGJIE)

Birth Date: 30 Jun 1978  
Issue Date: 28 Mar 2013

002165499K

5216324



NRIC No. S7818856A



Date of issue

11-09-2013

Address

APT BLK 4 SAGO LANE  
#08-113  
SINGAPORE 050004

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	19 Jul 2001
Class 2A	Motorcycles between 201 cc and 400 cc	25 Mar 2003
Class 2	Motorcycles > 400 cc	02 Nov 2004
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	13 Oct 1998

NP 428A



**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5064896578-04 **Cover** : Third Party

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>FS600Y</b>     |
| Chassis Number                                   | : JYARJ025000027276 |
| 2. Name of Policyholder                          | : TOH MENG KIT      |
| 3. Effective Date of Insurance                   | : 16 Apr 2018       |
| 4. Expiry Date of Insurance                      | : 15 Apr 2019       |
5. Persons or Classes of Persons entitled to drive#  
(a) Named Driver(s) Only.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: TOH MENG KIT
NAMED DRIVER (2)	: TOH HOI YIP
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESALLES-DIRECT MARKETING (00000601661)  
Date of Issue : 20 Mar 2018 16:21 hrs  
Reprint : 20 Mar 2018 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive