

# NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

MA418128564

Date In: 02/10/2018 18:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/20180179614	E-mail (within 8hrs, AIC 2hrs):		
Veh No: FBH 6890S	I-Motor Claim Form: MT104193-002	03/10/2018	18:45
D.O.A: 02/10/2018 20:00	I-Motor W/O (within: OD 2hrs, TP 4hrs):		
OD: TP Reporting Only	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: SP 91914	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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		
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat 2/3:	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	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	03/10/2018 18:19
Date Of Accident	02/10/2018 20:00
Exact Location Of Accident	PIE TOWARDS CHANGI EXIT 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6890S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GUO SHENG
Passport No/FIN	F2874708L
Email Address	TIGER.923@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90937939
Alternative Phone No	OTHERS-90937939

### Vehicle Particulars

Manufacturer	HONDA
Model	GLH125-125CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO MEET FRIEND
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100194862
Cover Note Number	

### Driver

Name of Driver	GUO SHENG
Passport No/FIN	F2874708L
Date Of Birth	23/09/1993
Occupation	INDOOR
Date Of Driving Pass	18/04/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90937939
Fax Number	
Contact Number	OTHERS-90937939
Email Address	TIGER.923@HOTMAIL.COM



Address	BLK 159 YUNG PING ROAD #08-09
Postcode	610159
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	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	SJP9191U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LIAW
NRIC/Passport Number	
Contact Number	96828794
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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: 3/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

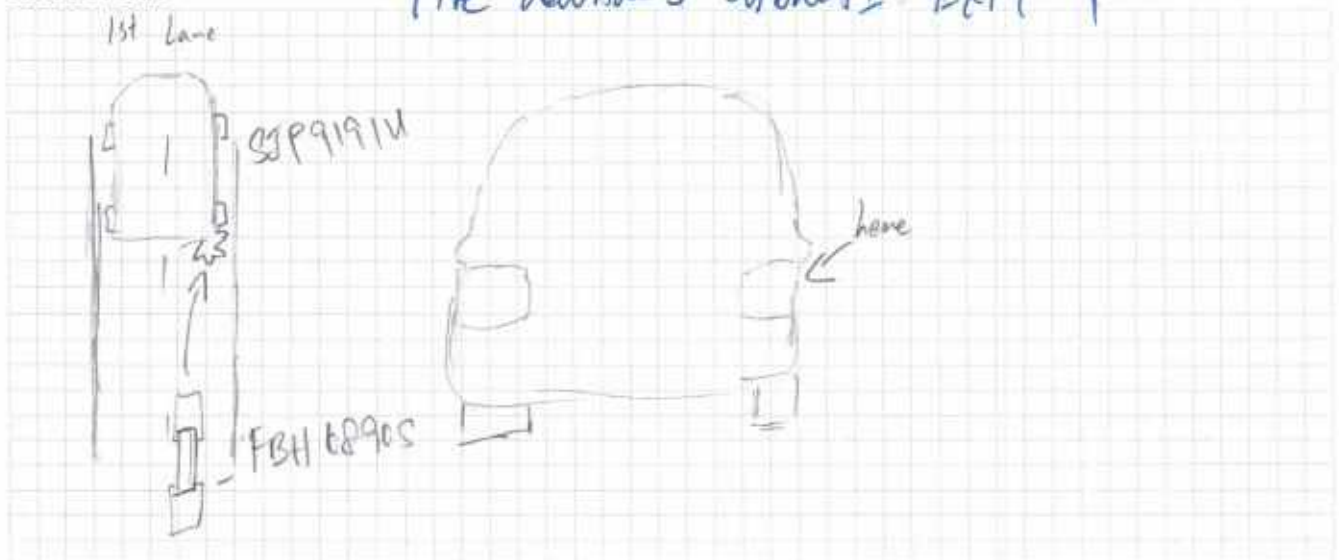
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

PIE TOWARDS CHANGI EXIT 9



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the way of PIE to Changi to Dedole to meet my friend around the Exit 9 to Ennos Link after the overpass the car inforre me Sam brake to stop on the 1st lane, then I try to stop and hit on his car right taillight area, then after we hit he stop his car and check on me.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 3/10/18

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

Reporting Centre Personnel's Signature  
Name: 03/10/2018  
NRIC/FIN No.: [Signature]



## Claim Handling

## Accident MT/1014193

Policy No.	3100194862	Vehicle No.	FBH6890S	GST Registration No.	
Certificate No.					
Policyholder Name	GUO SHENG	Cover Type	Third Party	Policyholder NRIC	#2874708L
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	= No YES	eCode	No ▼
IFE	= No YES	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	03/10/2018 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	02/10/2018	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) BEFORE EUNOS EXIT				

## ▼ 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 159 #08-09	Address 2	YONG PING ROAD	Address 3	SINGAPORE 610139
Address 4		Address Type	Singapore address	Post Code	610158
Unit No.	08-09	Related Policy Number	3100194862		

## ▼ O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	DD-MX	Insured Name	GUO SHENG	Insured NRIC	#2874708L
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	FBH6890S	TP Vehicle Number	S2P915
Claim Description	FBH6890S / S2P9151U ON 2 Oct 2018				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Barriers No. Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown		
Date Registered	03/10/2018 18:44	Claims Close Date		Date Received	03/10/2018
Report Taken By	WISLI WAHAB				

Print AX letter

Save Submit

## Attachment












Accident No.	MT/1014193	Claim No.	002
Last Doc. Received	yes no	Upload Date	03/10/2018 18:45
Path *		Category *	Confidential urgency *
Choose File	No file chosen	Clear	Please Select * NO * Normal *
Choose File	No file chosen	Clear	Please Select * NO * Normal *
Choose File	No file chosen	Clear	Please Select * NO * Normal *
Choose File	No file chosen	Clear	Please Select * NO * Normal *
Choose File	No file chosen	Clear	Please Select * NO * Normal *
Choose File	No file chosen	Clear	Please Select * NO * Normal *
Message Read		Clear	Please Select * NO * Normal *

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:45	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:45	Photos	Normal	Photos 2018-10-3

10/3/2018

## Claim Handling( Claim Task )

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:45	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	SAS	Normal	SAS 2018-10-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 18:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-3

Video List

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

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2 / 10 / 2018 ) (DD/MM/YYYY), TIME: ( 20 : 00 ) (HH:MM)

LOCATION: P.I.E. going Changi Exit 9

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 6890 S  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5100194862  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: CB125E  
 f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
 g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to meet friend  
 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: Guo Sheng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: F2874208W CONTACT: 9093 7239  
 c) ADDRESS: Dlk 159 Tang Ping Road #08-09  
S. 610159

\* 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: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS: 18 Apr 2018

## 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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SP 9191 U MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Mr Lian  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9682 8794

## 9. THIRD PARTY VEHICLE

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

EMAIL = tiger.923@hotmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
FIN F2874708W



Name  
GUO SHENG

Date of Birth: 23-09-1993  
Sex: M  
Nationality: CHINESE

F2874708W

REPUBLIC OF SINGAPORE DRIVING LICENCE

FIN F2874708W

GUO SHENG

Birth Date: 23 Sep 1993  
Issue Date: 18 Apr 2018  
Valid Till: 17/04/2023

0002794395G

FA2090923

59858

**VISIT PASS**  
Immigration Regulations



FIN F2874708W

MULTIPLE JOURNEY VISA ISSUED

Date of Issue: 16-05-2018  
Date of Expiry: 16-05-2019



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)

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

18 Apr 2018

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** : 5100194862

**Cover** : Third Party

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBH6890S          |
| Chassis Number                                   | : LALJA11U0D3063924 |
| 2. Name of Policyholder                          | : GUO SHENG         |
| 3. Effective Date of Insurance                   | : 01 May 2018       |
| 4. Expiry Date of Insurance                      | : 30 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)	: GUO SHENG
NAMED DRIVER (2)	: N/A
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)

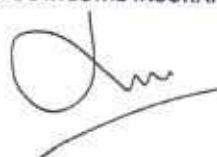
Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
 Date of Issue : 30 Apr 2018 11:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive