

MA1806833

Date In: 22/10/2018 17:34	Job description	Date & Time Completed	Done by
Ref No: NBS/INCC/2018/16514	SAS e-illing		
Veh No: FBN 1552 U	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 20/10/2018 09:49	1-Motor Claim Form	MA1806833-001	28/10/2018 10:30
OD: TP Reporting Only	1-Motor VVO (within 2hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

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

TP Particulars: Yeh No: 846 9716D, 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 reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo (Repair Cost > \$3000) ()	

Injury: ()

Object/Time	Action

Submission Particulars	Invoice Incorporation Charge/US	Admin/Ink/Blit
Driver/Owner:	1) AR: Accident Reporting (\$20)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$41
Checked by (Engr-In-Charge):	4) IT: Follow-Through Survey	\$10
	5) XT: Follow-Through Survey (Resurvey)	\$20
	6) TR: Repairation	\$15
	7) NTUC Additional Services	\$160
	8) NTUC Additional Services	
	9) NTUC Additional Services	
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	100) NTUC Additional Services	

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 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. 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	22/10/2018 17:34
Date Of Accident	20/10/2018 09:45
Exact Location Of Accident	100G PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1552U
Insured/Policyholder	
Name Of Registered Owner	NG SIU KEONG
NRIC No	S6830385J
Email Address	VINCYBABY1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87224414
Alternative Phone No	OFFICE-87224414

Vehicle Particulars

Manufacturer	KTM
Model	1290 SUPER ADVENTURE S
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102703967
Cover Note Number	

Driver

Name of Driver	NG SIU KEONG
NRIC No	S6830385J
Date Of Birth	20/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87224414
Fax Number	
Contact Number	OFFICE-87224414
Email Address	VINCYBABY1@GMAIL.COM

Address:

BLK 673C YISHUN AVENUE 4
#07-668

Postcode

763673

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? 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 SHB9716D

Vehicle Make/Model/Colour RENAULT

Details Of Properties

Vehicle Category TAXI

Name of Driver AW CHEE KIONG

NRIC/Passport Number S2613480C

Contact Number 97913808

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: 22/10/18

Driver's Signature

(If driver is not the policyholder)

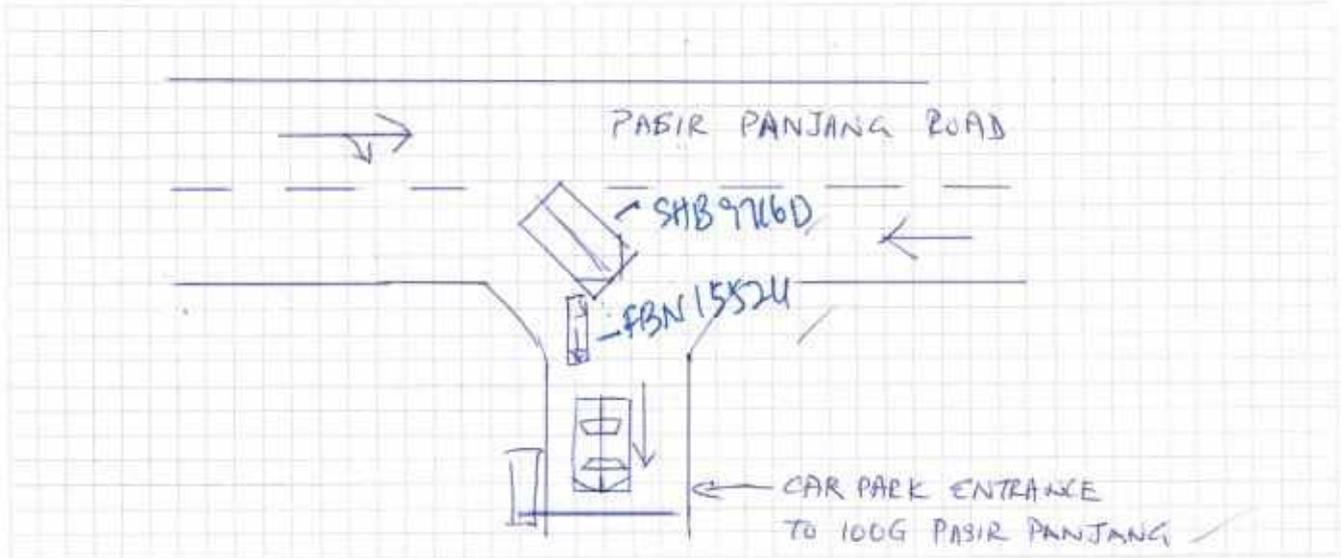
Date & Time: 22/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I, NG SIU KEUNG OF VEHICLE FBN15524

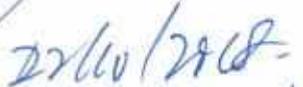
JUST TURN INTO CAR PARK ENTRANCE AND WAS WAITING FOR THE FRONT VEHICLE TO CLEAR THE CAR PARK GANTRY. JUST BEFORE I MOVE OFF, VEHICLE SHB9716D, DRIVEN BY AN CHEE KIONG HIT ME ON THE LEFT REAR AND CAUSE ME TO FALL ONTO MY RIGHT AND CAUSING DAMAGED TO MY VEHICLE

DECLARATION

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


Policyholder's Signature
Date & Time: 22/10/18


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/10/18


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

Claim Handling

Accident MT/1018715

Policy No.	5102703967	Vehicle No.	FBN1552U	GST Registration No.	
Certificate No.					
Policyholder Name	NG SIU KEONG	Cover Type	Comprehensive	Policyholder NRIC	56830385J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	07913808	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KFK	No	NCD entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	23/10/2018 10:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	22/10/2018	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	100G PASIR PANJANG ROAD				

Excess

Own damage Excess	1,000.00	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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 673C #07-668	Address 2	YISHUN AVENUE 4	Address 3	FERN GROVE @ YISHUN
Address 4	SINGAPORE 763673	Address Type	Singapore address	Post Code	763673
Unit No.	07-668	Related Policy Number	5102703967		

DI Driver Info

Driver Name	NG SIU KEONG	Driver Type	Main Driver	Driver DOB	20/08/1968
Unnamed driver Name		Driver NRIC	56830385J	Driving Experience	28
Register Date of Driver License	06/03/1990	Driver Age	50	Contact No.(HOME)	
Contact No.(Mobile)	97913808	Contact No.(Office)		Address 1	FERN GROVE @ YISHUN
Address 1	BLK 673C #07-668	Address 2	YISHUN AVENUE 4	Post Code	763673
Address 4	SINGAPORE 763673	Address Type	Singapore address		
Unit No.	07-668			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBN1552U		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 **Now**

Claim Type *	OD-MX	Insured Name	NG SIU KEONG	Insured NRIC	56830385J
Contact No.(Mobile)	87224414	Contact No. (Home)	67826334	Contact No. (Office)	
Email Address		DI Vehicle Number	FBN1552U	Vehicle Number	SH807
Claim Description	FBN1552U / SH807140 ON 22 Oct 2018				
Preferred Workshop	Approved	Insured Liability	Not at Fault	GIA report	Received
Workshop No. Finalisation	Yes	Preferred Workshop, Name unknown		Claim Close Date	23/10/2018 10:30
Date Registered				Date Received	23/10/2018
Report Taken By					ROSLI WAHAB

Print All letter

Save Submit

Attachment

Accident No.	MT/1018715	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/10/2018 10:30
Path *		Category *	Photos
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_900675/ NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH) on 23 Oct 2018 10:30		Photos	Normal	Photos 2018-10-23



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	Photos	Normal	Photos 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30	SAS	Normal	SAS 2018-10-23

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading

rsbm

To: Theresa Vimala D/O Balagangadharan
Subject: FBN1552U MT/1016715-001

Hi Theresa the accident date for the above mention should be 20102018 instead of 22102018 in the ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

ACCIDENT STATEMENT

ACCIDENT DATE: (20/10/2018) (DD/MM/YYYY), TIME: (09:44) (HH:MM)

LOCATION: 100.6 Pasir Panjang Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 1552U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KTM 1290 SUPER ADVENTURE S
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: AW CHEE KIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2613480C CONTACT: 9791 3808
c) ADDRESS: 812 745 JURONG WEST STREET 73
SINGAPORE 640745

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AW CHEE KIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2613480C CONTACT: 9791 3808
c) ADDRESS: 812 745 JURONG WEST STREET 73
SINGAPORE 640745

* d) DATE OF BIRTH: (28/9/1964) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 31 Jul 2004

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

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: S4B 9716 D MODEL: RENAULT
b) DRIVER'S NAME: AW CHEE KIONG
c) NRIC/FIN/PASSPORT: S2613480C CONTACT: 9791 3808

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

EMAIL = vincybaby1@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6830385J



Name
NG SIU KEONG

吴兆强

Race
CHINESE
Date of birth
20-08-1968 Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6830385J

Name

NG SIU KEONG

Birth Date 20 Aug 1968

Issue Date 10 Nov 2003



NRIC No S6830385J



Date of issue
19-03-2007

APT BLK 073C YISHUN AVENUE 4 #07-008
SINGAPORE 763079
NRIC No: S6830385J Date: 28/05/2013

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	06 Mar 1990
Class 2A Motorcycles between 201 cc and 400 cc	06 Mar 1990
Class 2 Motorcycles exceeding 400 cc	16 Dec 1992
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jul 1986
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Nov 1956



NP 428A

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/10/2018 12:08"/>
Vehicle No.(For Motor)	<input type="text" value="FBN1552U"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102703967		NG SIU KEONG	S6830385J	GMC	Comprehensive	FBN1552U	Virtual Insured	26/07/2018	25/07/2019

Continue

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA418137161 Vehicle Registration No: FBM 1552U
 Name (as shown in NRIC): NG SIU KWONG NRIC/FIN/Passport No.: S6830381J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97113808
 Email Address: _____
 Date of Accident: 20/10/2018 Time of Accident: 09:45
 Place of Accident: 1009 PAIR MOUNTAIN ROAD
 Insurance Company: NAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① DISBURSED ADDRESS ✓

② BIKE MODEL

Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: Kardi Lim
 NRIC/FIN No.:
 Date: 23/10/2018

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 48137161-01 Vehicle Registration No: FBM 15524
 Name (as shown in NRIC) : NG JIA KWANG NRIC/FIN/Passport No : S6880385J
 (*Vehicle Driver/ Vehicle Owner)(* Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : ~~9771~~ 87224414
 Email Address : _____
 Date of Accident : 20/10/2018 Time of Accident : 09:45
 Place of Accident : 100G PASIR PASIRANJAY ROAD
 Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF BIRTH 20/08/1968
PHONE NUMBER 87224414
ADDRESS YISHUN AVE 4

Policyholder / Driver's Signature
Date:


 Reporting Centre Personnel's Signature
 Name: Pohly Nanthan
 NRIC/FIN No: _____
 Date: 23/10/2018