

NATIONAL Assessment Centre Services [Rev 1 Jan 09]

Date In	17/12/2018 16:27	Job description	Date & Time Completed	Done by
Ref No	NA/INC18022599/Ky	SAS e-filing		
Veh No	EBF2054B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A	17/12/2018 11:00	i-Motor Claim Form	MT/1024146-001	17/12/18 18:10
OD / TP: Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		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: UNKNOWN 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

NA1808333

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

206.1

Int. 2/3:

Invoice Preparation Checklist

- 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) 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

Am't (\$)
Est Bill

Am't (\$)
Add Bill

17/12/18

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	17/12/2018 16:27
Date Of Accident	17/12/2018 11:00
Exact Location Of Accident	PAYA LEBAR RD AFTER THE BUS STOP NEAR TO JIN ALFIF
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2054B
Insured/Policyholder	
Name Of Registered Owner	ANG BOK SENG
NRIC No	S0085842J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84980716
Alternative Phone No	OTHERS-84980716

Vehicle Particulars

Manufacturer	DAELIM
Model	SV125 CVT
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104753778
Cover Note Number	

Driver

Name of Driver	ANG BOK SENG
NRIC No	S0085842J
Date Of Birth	24/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84980716
Fax Number	
Contact Number	OTHERS-84980716
Email Address	NOEMAIL

Address	BLK 469 TAMPINES STREET 44 #04-158
Postcode	520469
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181217/2060

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	UNKNOWN
Vehicle Make/Model/Colour	
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 ANG BOK SENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBF2054B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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.

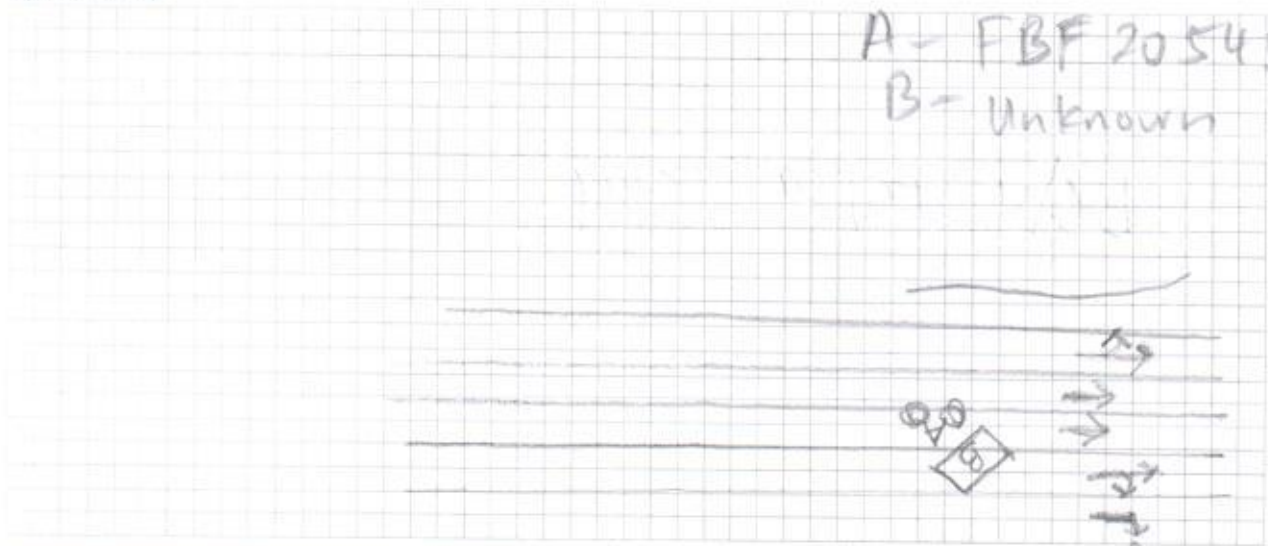
Policyholder's Signature
Date & Time:

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

17/12/2018

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

SKETCH PLAN



Junction

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Paya Lebar Road

PLs Refer to the Police Report -
T/2018/217/2060

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.:

17/12/2018



SINGAPORE POLICE FORCE



T/20181217/2060

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20181217/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 12:38	Vide Report No.: G/20181217/0096	Station Diary No.: 51
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Informant's Particulars

Name of Informant: ANG BOK SENG			Address: APT BLK 469 TAMPINES STREET 44 #04-158 SINGAPORE 520469		
ID Type / ID No.: NRIC NO / S0085842J			Contact No.: Home/Office: Mobile: 84980716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 24/05/1954	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Delivery Man			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/12/2018 11:00	Type of Location:
Location: Along Road 1 PAYA LEBAR ROAD				
After the bus stop near to Jln Alfifi				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2054B	Motorcycle	DAELIM	SV125 CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF2054B	NTUC Income Insurance Co-Operative Limited	5104753778	21/10/2018	20/10/2019



**SINGAPORE
POLICE FORCE**



T/20181217/2060

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20181217/2060

CONTINUATION OF REPORT

Brief Details.

On 17/12/2018 at about 1100hrs, I was travelling on my vehicle, FBF2054B, and was travelling on Paya Lebar Road lane 3. Right after the bus stop near to Jln Alfifi, a vehicle from the 4th lane, filtered to his left, and cut into my lane. I wasn't able to react in time and collided with the left front passenger door of the said vehicle. I would like to state that the vehicle involved looks grey and blueish to me, and have some advertisement on the vehicle. The act from the said vehicle, causes the right side mirror of my vehicle to be broken. I would like to state that I do not remember the plate number of the vehicle. After the accident, the said vehicle just drove off without stopping. The said accident, causes my right index finger to be cut, and my right elbow to be injured.



**SINGAPORE
POLICE FORCE**



T/20181217/2060

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20181217/2060

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:

G /

Staff Sgt KANG BAO LONG, JAMIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/12/2018 12:38

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/12/2018 11:00"/>							
Vehicle No.(For Motor)	<input type="text" value="FBF2054B"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104753778		ANG BOK SENG	S0085842J	GMC	Third Party, Fire & Theft	FBF2054B	FBF2054B	21/10/2018	20/10/2019
<input type="button" value="Continue"/>										

➤ **Policy Information**

Policy No.	5104753778	Policyholder Name	ANG BOK SENG	Policyholder NRIC	S0085842J
Certificate No.					
Address	BLK 469 #04-158 TAMPINES STREET 44 SINGAPORE 520469				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/10/2018	Effective Date	21/10/2018 00:00	Expiry Date	20/10/2019 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	VICOM LTD	Agent Tel.	67414803	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

➤ **Policyholder Mailing Address**

Address 1	BLK 469 #04-158	Address 2	TAMPINES STREET 44	Address 3	SINGAPORE 520469
Address 4		Address Type	Singapore address	Post Code	520469
Unit No.		Related Policy Number	5104753778		

▶ **Insured Object: FBF2054B**

➤ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1024146

Policy No.	5104753778	Vehicle No.	FBF2054B	GST Registration No.
Certificate No.				
Policyholder Name	ANG BOK SENG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	84980716	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
R/K	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

➤ Accident Details

Report Date	17/12/2018 18:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/12/2018	Time of Accident hh:mm	11:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PAYA LEBAR RD AFTER THE BUS STOP NEAR TO JIN ALFIF			

➤ 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 Registration No.		GST Status Verified	Yes
Modification History			

➤ Policyholder Mailing Address

Address 1	BLK 469 #04-158	Address 2	TAMPINES STREET 44	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104753778	

➤ OI Driver Info

Driver Name	ANG BOK SENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S00858423	Driver DOB
Register Date of Driver License	11/01/1982	Driver Age	64	Driving Experience
Contact No.(Mobile)	84980716	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 469	Address 2	TAMPINES STREET 44	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-158			
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ANG BOK SENG
Contact No.(Mobile)	90097207	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	FBF205
Claim Description	FBF2054B / UNKNOWN ON 17 Dec 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/12/2018 18:10
		Workshop Repairer	

Print AK letter

[Save](#) [Submit](#)

Attachment



Accident No.	MT/1024146	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/12/2018 18:10
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:08	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:08	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:08	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:08	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:08	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:08	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:07	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:07	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:07	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:07	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:07	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 18:07	Photos	Normal	Photos ;

Video List

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