NATIONAL Assessment Centre Services. (wef 1 Jan'03) MNA418163958

Date In: 21/12/2018 09:19	Job description	Date & Time Completed	Done by
Ref No: NBA/INCC022888/A	SAS e-filling		
Veh No: FBJ 4734M	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A : 20/12/2018 16:15	I-Motor Claim Form	MT1024692-001	21/12/2018
OD / TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:28
	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: XE 3367L 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%. P: 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 / Instructions	Date Completed	Actions 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

NA/808,411

Claimant's Particulars:	Invoice / Information Checklist	Charges	Remarks / Initial
Driver/Owner:	1) AR : Accident Reporting ($30):		
Contact No:	2) DA : Damage Assessment ($100): INC ($80)		
Damaged Portion:	3) TF : Towing Fee	$40/$45	
	4) FT : Follow-Through Survey	$120	
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey)	$30	
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-Inspection	$75	
	7) N1 : 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	30	
	Invoice dated *Fee Charged*		
	Invoice dated *Fee Charged*		

Auditor's Comments:

Sat 1:

2/3:

MNA418163958 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 21/12/2018 09:19
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	21/12/2018 09:19
Date Of Accident	20/12/2018 16:15
Exact Location Of Accident	ALONG UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ4734M
Insured/Policyholder	
Name Of Registered Owner	LI PAK KIN (LI BOJIAN)
NRIC No	S8170448A
Email Address	KENNY_LIPK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96895003
Alternative Phone No	OTHERS-96895003
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME FROM WORK
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	5092669474-01
Cover Note Number	
Driver	
Name of Driver	LI PAK KIN (LI BOJIAN)
NRIC No	S8170448A
Date Of Birth	22/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96895003
Fax Number	
Contact Number	OTHERS-96895003
EMail Address	KENNY_LIPK@YAHOO.COM.SG

Address	BLK 301D PUNGGOL PLACE #11-221
Postcode	824301
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 (including own vehicle) 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	XE3367L
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHARFIK BIN OMAR
NRIC/Passport Number	S8124749H
Contact Number	98561635
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LI PAK KIN (LI BOJIAN)

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ4734M
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.

Kng 21/12/18

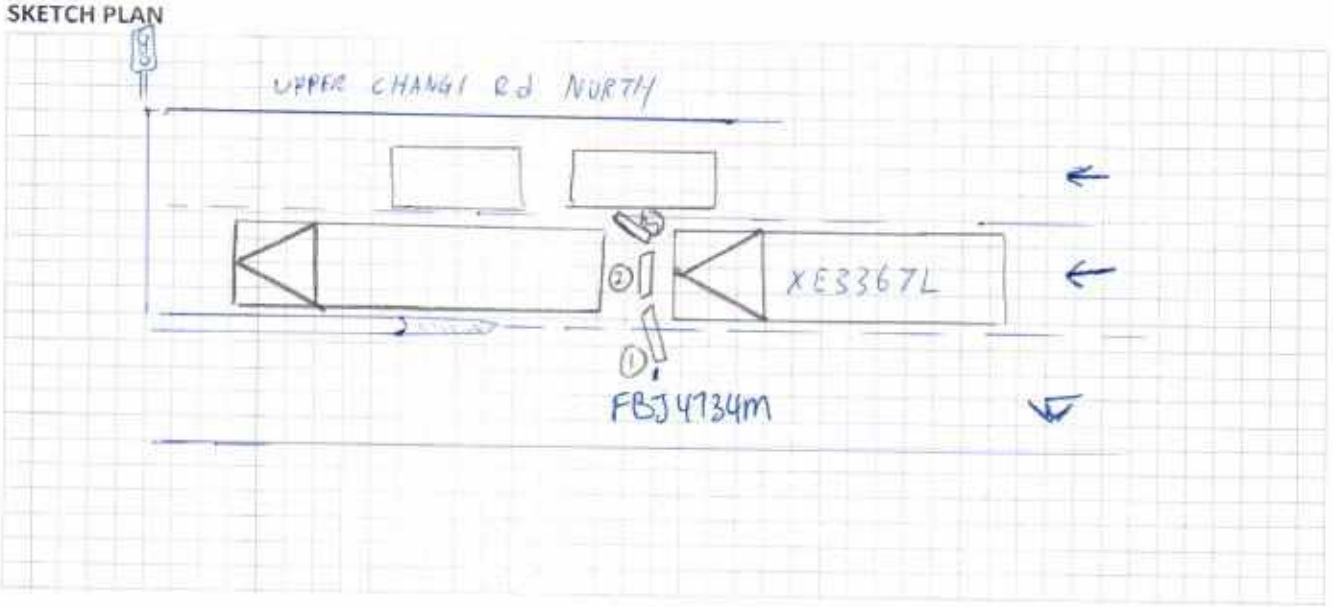
Policyholder's Signature
Date & Time:

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

21/12/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At estimated time 16:15, upper changi Rd north, opposite japanese school. Traffic was in red and stop. ① I enter between 2 trailer in front of trailer XE3367L at point ①. Knowing the trailer might not see me, I tried to signal to the driver at point ②. I then position myself at point ③ thinking I should be out of the driver blind spot.

Traffic turn green, I tried to move off quick but shortly after, I felt a bump / hit from the back. I honed for the driver, but the trailer continue moving. I fell and crawl out of the danger zone from the right. The driver realized and came to a stop. My bike was under the driver seat.

I had slight bruise on right arm and leg. No major injuries.

DECLARATION

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

21/12/18

Policyholder's Signature
Date & Time:

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

21/12/2018

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

Claim Handling

Accident MT/1024692

Policy No.	5092669474-01	Vehicle No.	FBJ4734M	GST Registration No.	
Certificate No.					
Policyholder Name	LI PAK KIN			Policyholder NRIC	S8170448A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96895003	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Enclement(%)	20	Private Hire	No

Accident Details

Report Date	21/12/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/12/2018	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG UPPER CHANGI ROAD NORTH				

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 301D #11-221	Address 2	PUNGGOL PLACE	Address 3	CORALINUS
Address 4	SINGAPORE 824301	Address Type	Singapore address	Post Code	824301
Unit No.	11-221	Related Policy Number	5092669474-01		

OI Driver Info

Driver Name	LI PAK KIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8170448A	Driver DOB	22/11/1981
Register Date of Driver License	17/07/2014	Driver Age	37	Driving Experience	4
Contact No.(Mobile)	96895003	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 301D #11-221	Address 2	PUNGGOL PLACE	Address 3	CORALINUS
Address 4	SINGAPORE 824301	Address Type	Singapore address	Post Code	824301
Unit No.	11-221				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBJ4734M	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type * OD-MX | Insured Name LI PAK KIN | Insured NRIC S817

Contact No.(Mobile) | Contact No. (Home) 62829588 | Contact No. (Office)

Email Address | OI Vehicle Number FBJ4734M | TP Vehicle Number XE33

Claim Description FBJ4734M / XE3367L ON 20 Dec 2018 | Name of Preferred Workshop

Preferred Workshop | Insured Liability Not at Fault

Subject to Pre-Inspection Yes | Preferred Repair Option Preferred Workshop, Name unknown | GIA report Received

Date Registered 21/12/2018 10:36 | Claim Close Date | Date Received 21/1

Report Taken By ROSLI WAHAB | Workshop Repairer | Total Loss but Repaired

Print AK letter

Save Submit

Attachment

Accident No. MT/1024692 | Claim No. 001

Last Doc. Received Yes No | Upload Date 21/12/2018 12:26

Path *		Category *	Confidential	Urgency *	Des
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
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Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Dec 2018 12:28	SAS	Normal	SAS 2018-12-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Dec 2018 10:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Dec 2018 10:31	Photos	Normal	Photos 2018-12-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Dec 2018 10:31	Photos	Normal	Photos 2018-12-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Dec 2018 10:31	Photos	Normal	Photos 2018-12-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Dec 2018 10:26	Photos	Normal	Photos 2018-12-21
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Dec 2018 10:25	Photos	Normal	Photos 2018-12-21

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE:(20 / 12 / '18)(DD/MM/YYYY). TIME:(16 : 15)(HH:MM)

LOCATION: Upper Changi Road North

1. **DETAILS OF VEHICLE**
   a)VEHICLE NUMBER: FBJ 4737 M
   b)INSURANCE COMPANY: NTUC INCOME
   c)POLICY NUMBER: 5092664474 01
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: Bajaj Pulsar NS200
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: traveling home from 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: LI PAK KIN (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: S8170448A CONTACT: 96895003
   c)ADDRESS: BLK 301 D Punggol Place # 11-221

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

*No of passenger (Including driver) (1)

3. **DRIVER**
   a)NAME: LI PAK KIN (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: S8170448A CONTACT: 96895003
   c)ADDRESS:

   *d)DATE OF BIRTH: (22 / 11 / 1981)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)DATE OF DRIVING PASS 17/7/2014
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
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**

*No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: XE3367L MODEL: Trailer
   b) DRIVER'S NAME: SHARFIK BIN OMAR
   c) NRIC/FIN/PASSPORT: S8124749H CONTACT: 9856 1635
9. THIRD PARTY VEHICLE

*No of passenger (Including driver) (__)

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

email =
VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8170448A

Name

LI PAK KIN
(LI BOJIAN)
李 柏 堅

Race
CHINESE

Date of birth
22-11-1981

Sex
M

Country of birth
HONG KONG

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8170448A

Name
LI PAK KIN
(LI BOJIAN)

Birth Date 22 Nov 1961

Issue Date 24 Jun 2003

4811856

NRIC No. S8170448A

Date of issue
13-01-2012

Address
APT BLK 301D PUNGGOL PLACE
#11-221
SINGAPORE 824301

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

PASS DATE

Class 2B	Motorcycles <= 200 CC	17 Jul 2014
Class 2A	Motorcycles between 201 CC and 400 CC	04 Aug 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor trucks/vehicles <= 2500 kg	27 Jul 2001

S / No.9000272230

S8170448A

Licence No: S8170448A

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident
Vehicle No.(For Motor): FBJ4734M | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5092669474-01		LI PAK KIN	S8170448A	GMC	Third Party	FBJ4734M	FBJ4734M	15/07/2018	14/07/2019

Continue