

NATIONAL Assessment Centre Services.

(part 1 of 2)

MAA 41816594

Date In: 26/12/2018 17:34	Job description	Date & Time Completed	Done by
Ref No: NIA/20180231254	SAS e-filing		
Veh No: FBY 81004	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 25/12/2018 14:20	I-Motor Claim Form	MT/1025239-001	26/12/2018 18:13
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: FBY 53624	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:	Complete 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

NIA/201802310 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Sat. 1: 2/3:	Invoice Particulars:	
	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$30)	
	3) TP: 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 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
9) NIUC:		
*N5: Courtesy Car / Tpl Allowance \$3		
*N6: Repair Coordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (Nil): TP (Non INC) against INC \$20		
9) NIUC: Idea Mobile \$30		
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 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	26/12/2018 17:34
Date Of Accident	25/12/2018 14:20
Exact Location Of Accident	JUNCTION OF LORONG 27 GEYLANG/SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN8100U
Insured/Policyholder	
Name Of Registered Owner	TAN FU RONG
NRIC No	S9511020G
Email Address	AHRONGG05@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91213919
Alternative Phone No	OTHERS-91213919

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R-149CC
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	5106493220
Cover Note Number	

Driver

Name of Driver	TAN FU RONG
NRIC No	S9511020G
Date Of Birth	05/04/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91213919
Fax Number	
Contact Number	OTHERS-91213919
Email Address	AHRONGG05@GMAIL.COM

Address	BLK 895A WOODLANDS DRIVE 50 #04-02
Postcode	730895
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	SJY5362Y
Vehicle Make/Model/Colour	WOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH CHEE WAN
NRIC/Passport Number	S7471983Z
Contact Number	90172591
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN FU RONG
------	-------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBN8100U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

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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:

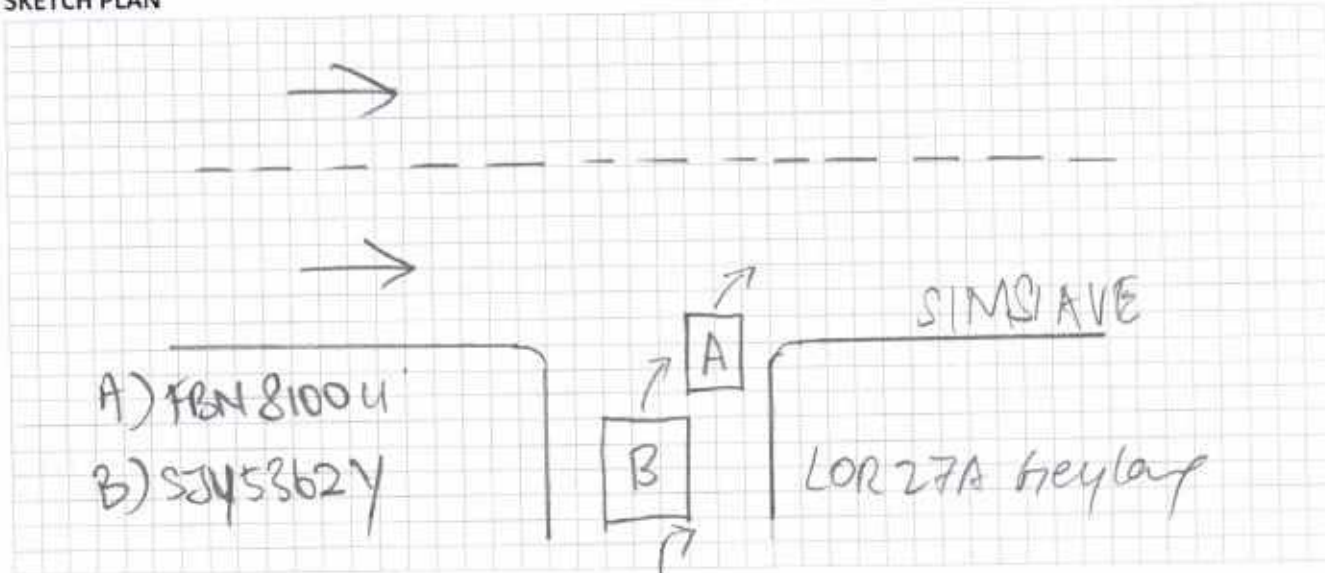
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


Reporting Centre Personnel's Signature
Name: Rock Liao
NRIC/FIN No.: 26/12/2018

SKETCH PLAN

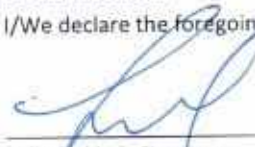


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 2.20pm @ Lorong 27A Heylang, I was stationary looking for oncoming traffic. Vehicle SJY 5362 Y collided onto my motorcycle while turning right. I fell on my right hand side.

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.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1025239

Policy No.	3106493220	Vehicle No.	FBN8100U	GST Registration No.	
Certificate No.					
Policyholder Name	TAN PU RONG			Policyholder NRIC	S95110200
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91213919	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(%)	0	Private Hire	No
Accident Details					
Report Date	26/12/2018 18:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/12/2018	Time of Accident h:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF LORONG 27 GEYLANG/SIMS AVENUE				
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 895A #04-02	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 730895
Address 4		Address Type	Singapore address	Post Code	730895
Unit No.		Related Policy Number	3106493220		
01 Driver Info					
Driver Name	TAN PU RONG	Driver Type	Main Driver	Driver DOB	03/04/1995
Unnamed driver Name		Driver NRIC	S95110200	Driving Experience	4
Register Date of Driver License	12/09/2014	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	91213919	Contact No.(Office)		Address 1	SINGAPORE 730895
Address 1	BLK 895A #04-02	Address 2	WOODLANDS DRIVE 50	Post Code	730895
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBN8100U	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN PU RONG	Insured NRIC	S95110200
Contact No.(Mobile)	91213919	Contact No.(Home)	NT	Contact No.(Office)	
Email Address	lurong_95@hotmail.com	01 Vehicle Number	FBN8100U	TP Vehicle Number	515536
Claim Description	FBN8100U / SY5362Y ON 25 Dec 2018				
Preferred Workshop		Injured Liability	Not at Fault	Name of Preferred Workshop	
Basic No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/12/2018 18:13	Claim Close Date		Date Received	26/12/2018
Report Taken By	ROSLI WANAB				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment					
Accident No.	MT/1025239	Claim No.	001		
Last Doc. Received	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Upload Date	26/12/2018 18:13		
Path *		Category *	Confidential	Urgency *	Desc
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
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Data	Category	Urgency	Description
NAC_BUKIT_HERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal	Photos 2018-12-26

5 (BUKIT MERAH)) on 26 Dec 2018 18:13

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

Photos

Normal

Photos 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

NRJC/ Driving License

Normal

NRJC/ Driving License 2018-12-26

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Dec 2018 18:13

SAS

Normal

SAS 2018-12-26

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

FBN 8100

25 ACCIDENT STATEMENT

ACCIDENT DATE: (25/11/2018) (DD/MM/YYYY). TIME: (10:20) (HH:MM)

LOCATION: Lorong 27A Geylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 810004
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB150R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: Tan Fui Ren (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 855110204 CONTACT: 91213919
 c) ADDRESS: 81K855A WOODLANDS PR20

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Fui Ren (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 855110 CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (05/08/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14 Sep 14

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: SJ453624 MODEL: Wolke
 b) DRIVER'S NAME: Oh Chee Wah
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: S74719832 CONTACT: 9107 2591

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = ahrong05@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9511020G



Name
TAN FU RONG
陈 富 荣

Race
CHINESE

Date of birth
05-04-1995

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9511020G**

Name
TAN FU RONG

Birth Date **05 Apr 1995**

Issue Date **12 Sep 2014**





4337193



NRIC No. **S9511020G**



Date of issue
02-03-2010

Address
**APT BLK 895A WOODLANDS DRIVE 50
#04-02
SINGAPORE 730895**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 1B	Motorcycles <= 200 CC	12 Nov 2014
Class 1A	Motorcycles between 201 CC and 400 CC	14 Nov 2014
Class 2	Motorcycles > 400 CC	12 Jan 2015
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	10 Dec 2014

S / No. 9000277249

S9511020G

NP 428A



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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106493220		TAN FU RONG	S9511020G	GMC	Third Party, Fire & Theft	FBN8100U	FBN8100U	19/12/2018	18/12/2019