

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MMH49019737

Date In: 12/02/2019 17:08	Job description	Date & Time Completed	Done by
Ref No: NBS/INC/90025487	SAS e-filing		
Veh No: FT 288 H	E-mail (3 days, AIC 2hrs)		
D.O.A: 11/02/2019 13:00	I-Motor Claim Form	MMH49019737	12/02/2019 18:04
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: SKS 5632M	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: ()

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

Injury: _____

Date/Time:	Assign:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$30)	
3) TP: Towing Fee \$40/\$43	
4) FT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
Forclaiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
OD:	
* N5: Courtesy Car / Tpt Allowance 35	
* N6: Repair Co-ordination 510	
* N7: Post Repair Inspection 525	
* N8: DV / Collect Excess Coordination 35	
TP (Nil) : TP (Non INC) against INC 520	
9) N12: Idas 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	12/02/2019 17:08
Date Of Accident	11/02/2019 13:00
Exact Location Of Accident	168 STIRLING ROAD MOTOR CYCLE PARKING LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT8288H
Insured/Policyholder	
Name Of Registered Owner	KUANG SHICHAO, DONVIN
NRIC No	S8430989C
Email Address	MIRADISE_22@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91830625
Alternative Phone No	OTHERS-91830625

Vehicle Particulars

Manufacturer	HONDA
Model	SP 150
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5027297637-10
Cover Note Number	

Driver

Name of Driver	KUANG SHICHAO, DONVIN
NRIC No	S8430989C
Date Of Birth	15/10/1984
Occupation	INDOOR
Date Of Driving Pass	25/01/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91830625
Fax Number	
Contact Number	OTHERS-91830625
EMail Address	MIRADISE_22@HOTMAIL.COM

Address	BLK 168 STIRLING ROAD #03-1179
Postcode	141168
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 (including own vehicle) 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)	0

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	SKS5632M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVID
NRIC/Passport Number	
Contact Number	96810396
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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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.

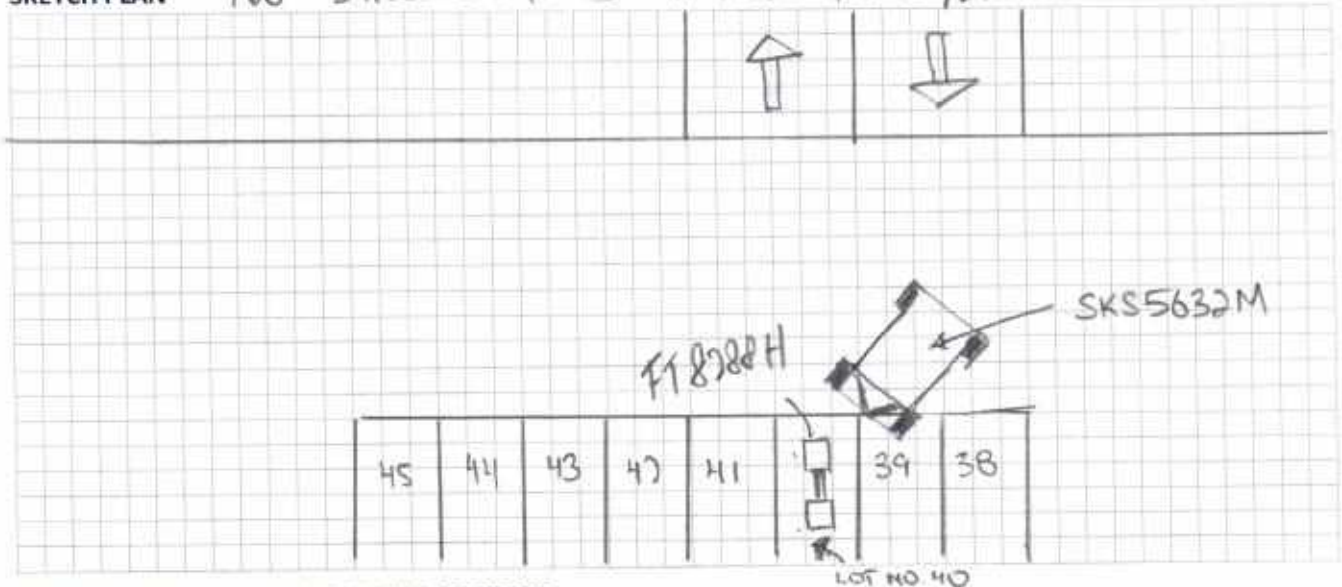
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

168 STIRLING ROAD MOTOR CYCLE PARKING LOT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/02/2019, DRIVER OF SKS5632M DRIVE OUT FROM THE MULTICARPARK KNOCK DOWN MY BIKE FT8288H AND LEFT NOTES ON MY BIKE.

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: 12/02/2019
1500HRS

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

I knock down your bike on
11/02/2019. Pls contact 96810396
David

 12/02/2019
Rash 

Claim Handling

Accident MT/1031733

Policy No.	5027297633-10	Vehicle No.	PTS288H	GST Registration No.	
Certificate No.				Policyholder NRIC	58430989C
Policyholder Name	KUANG SHICHAD DONVIN	Driver Type	Third Party	Leading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91830625	Special Remark		eCode	No +
Email Address		TCA	+ No Yes	eCode Reason	
eTR	+ No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	12/02/2019 18:00	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	11/02/2019	Time of Accident (hh:mm)	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	368 STIRLING ROAD MOTOR CYCLE PARKING LOT				

Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess	0.00
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	Yes
GST Registration No.		GST Status Verified	
Notification History			

Policyholder Mailing Address

Address 1	BLK 50 #07-110	Address 2	TELOK BLANGAH DRIVE	Address 3	BLANGAH VIEW
Address 4	SINGAPORE 100050	Address Type	Singapore address	Post Code	100050
Unit No.		Related Policy Number	5091067341-01		

OT Driver Info

Driver Name	KUANG SHICHAD DONVIN	Driver Type	Main Driver	Driver DOB	15/10/1984
Unnamed driver Name		Driver NRIC	58430989C	Driving Experience	12
Register Date of Driver License	25/01/2007	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	91830625	Contact No.(Office)		Address 3	BLANGAH VIEW
Address 1	BLK 50 #07-110	Address 2	TELOK BLANGAH DRIVE	Post Code	100050
Address 4	SINGAPORE 100050	Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	PTS288H		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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Notification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault
 Claim No. Finalisation Repair Option Preferred Workshop, Name unknown GIA report Received
 Date Registered

Report Taken By

Print AK letter

Save Submit

OD-MK	Insured Name	KUANG SHICHAD DONVIN	Insured NRIC	58430989C
91830625	Contact No. (Home)		Contact No. (Office)	
MIRADISE_27@HOTMAIL.COM	OT	PTS288H	TP	58430989C
PTS288H / 58430989C OR 11 Feb 2019	Vehicle Number		Name of Preferred Workshop	

12/02/2019 18:00	Claim Close Date		Date Received	12/02/2019 00:00
ROSLI WANAB				

Attachment

Accident No.	MT/1031733	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/02/2019 18:04
File *		Category *	Confidential
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:04	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:04	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:04	Photos	Normal	Photos 2019-2-12	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:04	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:04	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:04	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:04	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	Photos	Normal	Photos 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	SAS	Normal	SAS 2019-2-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
		Display in New Window	Scan and Uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 02 / 2019 (DD/MM/YYYY), TIME: 13.00 (HH:MM)
LOCATION: 168 STIRLING ROAD (MOTOR BIKE LOT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT8288H
b) INSURANCE COMPANY: NIC INCOME
c) POLICY NUMBER: 2027297637-10
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA SP150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
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: KUANG SHIH-HAO DONJIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8430989C CONTACT: 91830625
c) ADDRESS: 168 STIRLING ROAD #03-1179 S(141168)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KUANG SHIH-HAO DONJIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8430989C CONTACT: 91830625
c) ADDRESS: 168 STIRLING ROAD #03-1179 S(141168)

*d) DATE OF BIRTH: 15 / 10 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16042008

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: SK5522M MODEL: _____
b) DRIVER'S NAME: DAVID
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96810396

9. THIRD PARTY VEHICLE

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

Email = miradise-22@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8430989C



Name

KUANG SHICHAO, DONVIN

邱士超

Race

CHINESE

Date of birth

15-10-1984

Sex

M

Country/Place of birth:
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8430989C

Name

KUANG SHICHAO, DONVIN

Birth Date: 15 Oct 1984

Issue Date: 16 Apr 2008



NRIC No. S8430989C



Date of issue

26-03-2015

APT BLK 188 STIRLING ROAD #03-117B
SINGAPORE 141188

NRIC No: S8430989C

Date: 20/07/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 2B	Motorcycles <= 200 CC	25 Jan 2007
Class 2A	Motorcycles between 201 CC and 400 CC	22 Jan 2009
Class 2	Motorcycles > 400 CC	07 Dec 2018
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	13 Apr 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 Dec 2014
Class 5	Motor vehicles > 7500 kg not constructed to carry any load	08 May 2012

S8430989C

S / No. 9000172970



NP 423A

Hello, NAC_BUKIT_MERAH_800676

[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="11/02/2019 15:34"/>							
Vehicle No.(For Motor)	<input type="text" value="FT8288H"/>	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"/>	5027297637-10		KUANG SHICHAO DONVIN	S8430989C	GMC	Third Party	FT8288H	FT8288H	03/03/2018	02/03/2019
<input type="button" value="Continue"/>										