

# NATIONAL Assessment Centre Services.

(wef 1 Jan'08)

MAA419019806

Date In: 12/02/2009 18:17	Job description	Date & Time Completed	Done by
Ref No: NPA/21040025534	SAS e-filing		
Veh No: FW 6923E	E-mail (Wjda 3hrs, AIC 2hrs)		
D.O.A: 11/02/2009 07:30	I-Motor Claim Form	MT/1031674002	12/02/2009
OD / TR: Reporting Only	I-Motor W/O (W/O: OD 2hrs, TP 4hrs)		18:29
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJC 35654	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:	Completed by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:
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Date/Time	Action

MAA41901/10	WORK INFORMATION
Client's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2008)
Sal 1:	6) TR: Re-inspection \$75
Sal 2/3:	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NG: Repair Co-ordination \$10
	*NJ: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (N11): TP (N-in INC) against INC \$20
	9) N12: Idao Mobile \$0
	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 18:17
Date Of Accident	11/02/2019 07:30
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW6923E
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#### Insured/Policyholder

Name Of Registered Owner	HUANG DE LI @NG TECK LEE FRANKIE
NRIC No	S1522159C
Email Address	DLHUANGFRANKIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97988554
Alternative Phone No	OTHERS-97988554

#### Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM-197CC TA200
Exact Purpose for which vehicle was being used at time of accident	GOING TO 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5054402564-06
Cover Note Number	

#### Driver

Name of Driver	HUANG DE LI @NG TECK LEE FRANKIE
NRIC No	S1522159C
Date Of Birth	22/01/1955
Occupation	INDOOR
Date Of Driving Pass	18/06/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97988554
Fax Number	
Contact Number	OTHERS-97988554
Email Address	DLHUANGFRANKIE@GMAIL.COM

Address	BLK 43 TELOK BLANGAH RISE #02-636
Postcode	090043
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?	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	SJC3565H
Vehicle Make/Model/Colour	AUDI Q5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIVIEN LUI POH CHING
NRIC/Passport Number	S2751038H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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:

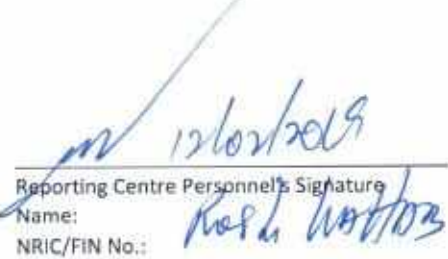
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 12/02/2019

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

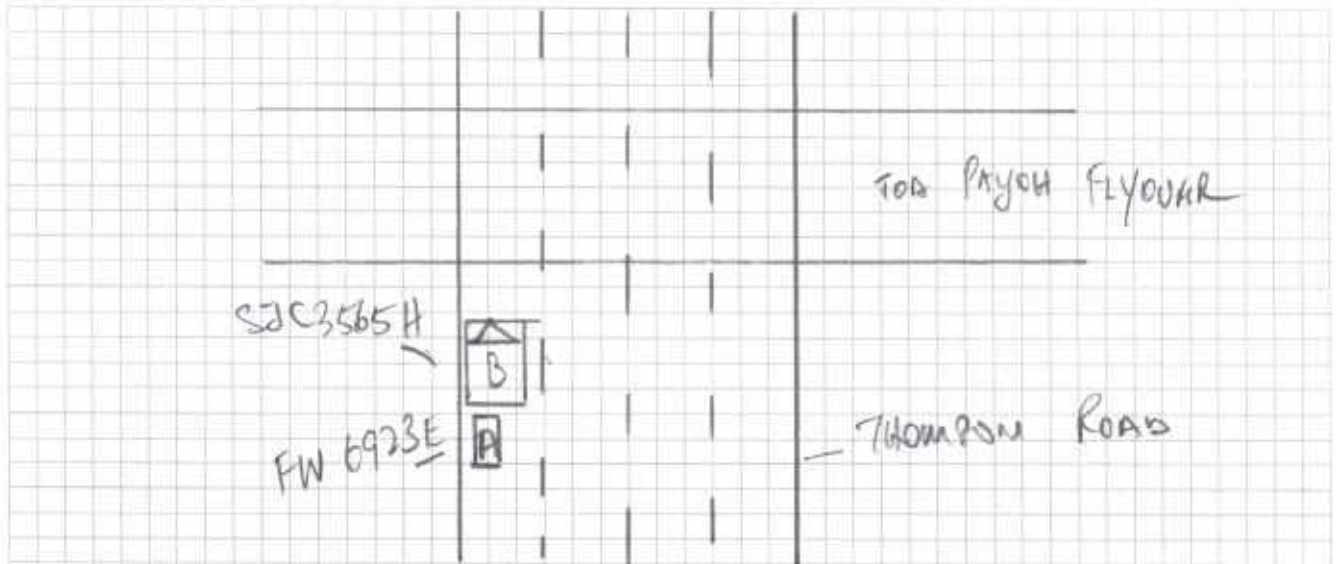


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 0730 on 11/02/2019 at Thompson Road under the TOA PAYOH overhead link bridge the car SJC 3565H suddenly jammed brake. I was following behind tried to stop but still knocked at her back. There is a slight misalignment of her exhaust. My front mud-guard broke and dropped off. My one injured.

## DECLARATION

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

Policyholder's Signature

Date & Time: 12/02/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/02/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Claim Handling

Accident MT/1031674

Policy No.	SD54402504-06	Vehicle No.	FW6923E	GST Registration No.	
Certificate No.					
Policyholder Name	HUANG DE LI @NG TECK LEE FRANKIE			Policyholder NRIC	S1522159C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
MPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	12/02/2019 16:05	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/02/2019	Time of Accident (Hr:min)	07:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	THOMSON TOWARDS SLP ROAD INTO PIE (CHARGE)				
<b>Excess</b>					
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			
<b>Benefit</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 43 #02-636	Address 2	TELOK BANGAH ROSE	Address 3	SINGAPORE 090043
Address 4		Address Type	Singapore address	Post Code	090043
Unit No.	02-121	Related Policy Number	SD54402504-06		

## 01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History:

Claim 002 **New**

Claim Type *	CO-MX	Insured Name	HUANG DE LI @NG TECK LEE FRANKIE	Insured NRIC	S1522159C
Contact No.(Mobile)	97988554	Contact No.		Contact No.(Office)	
Email Address	shuangfrankie@gmail.com	Vehicle Number	FW6923E	Vehicle Number	SXC3965H
Claim Description	FW6923E / SXC3965H ON 11 Feb 2019				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Collision No.	Yes	Repair Option	Preferred Workshop, Name unknown	GA report	Received
Date Registered	12/02/2019 16:25	Claim Close Date		Date Received	12/02/2019 00:00
Report Taken By	ROSALI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1031674	Claim No.	002
Let Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2019 16:29
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Board			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CQ)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 16:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 16:29	SAS	Normal	SAS 2019-2-12	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 16:26	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 16:26	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 16:26	Photos	Normal	Photos 2019-2-12	



S (BUKIT MERAH)) on 12 Feb 2019 18:26

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 12 Feb 2019 18:26

Photos

Normal

Photos 2019-2-12

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 12 Feb 2019 18:26

Photos

Normal

Photos 2019-2-12

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 12 Feb 2019 18:25

Photos

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Photos 2019-2-12

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 12 Feb 2019 18:25

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S (BUKIT MERAH)) on 12 Feb 2019 18:25

Photos

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Photos 2019-2-12

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 12 Feb 2019 18:25

Photos

Normal

Photos 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: (07 : 30) (HH:MM)

LOCATION: THOMPSON ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW 6923E  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5054402564-06  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA / TA 200  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO 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: HUANG DELI @ NG TECK LEE FRANKIE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1522159C CONTACT: 97988554  
c) ADDRESS: 43 TELOK BLANGAH RISE #02-636  
SPARE 090043

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

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (22 / 01 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18 JUN 1977

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

- a) VEHICLE NUMBER: SJC 3565H MODEL: AUDI Q5  
b) DRIVER'S NAME: VIVIAN LUI PAH CHING  
c) NRIC/FIN/PASSPORT: S2751038H CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = dlhuangfrankie@gmail.com  
VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1522159C



Name

HUANG DE LI  
@NG TECK LEE FRANKIE

黄德利

Race

CHINESE

Date of birth

22-01-1955

Country/Place of birth

MALAYSIA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

S1522159C



HUANG DE LI  
@NG TECK LEE FRANKIE

Birth Date: 22 Jan 1955

Issue Date: 10 Apr 2018



5333289



NRIC No. S1522159C



Date of issue

08-07-2014

APT BLK 43 TELOK BLANGAH RISE #02-636  
SINGAPORE 090043

S1522159C

Date: 28/02/2017

NRIC No.

\*\*\*\*\*

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	18 Jun 1977
Class 2A	Motorcycles between 201 cc and 400 cc	18 Jun 1977
Class 2	Motorcycles > 400 cc	18 Jun 1977
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	16 Mar 1974



NP 428A

## THE SCHEDULE

### Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5054402564-06
The Policyholder	: HUANG DE LI @ NG TECK LEE FRANKIE BLK 43 #02-636 TELOK BLANGAH RISE SINGAPORE 090043
Period of Insurance	: 15 Jun 2018 To 14 Jun 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$213.27

#### Interest Insured

Cover Type	: Third Party, Fire & Theft	
Named Driver (1)	: HUANG DE LI @ NG TECK LEE FRANKIE	
Named Driver (2)	: NG YONG SHENG DANIEL	
Make/Model	: HONDA/TA200	
Capacity	: 200cc	Number of Seater : 2
Registration Number	: FW6923E	Registration Year : 2003
Chassis Number	: TA2005001865	Insure with COE : YES
Excess (Section 1)	: N/A	NCD Entitlement : 20%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: N/A	

Memo A : N/A

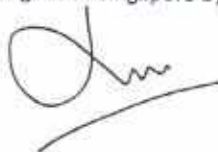
#### Endorsement Operative: M2

Agency	: TAN SI MIN (00000328135)
Date of Issue	: 31 May 2018 17:34 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive