NATIONAL Assessment Centre Services.	Wet I Jamost M A	A 119071686	- D	ana hu	
Date In: 16/1/19 10:40 Jeb descript		Date & Time Completed	D	one by	5 (C)
Ref No: NA MC 19007910/14 SAS e-fili	ng	i			
Veli No: Parage E-mail (wi	ithia Shrs, AIC 2hrs)				•
D.O.A : K/V/19-N:20 i-Motor C	Claim Form	my 103-377-001	16/2/10	1 16:52	
i-Motor V	W/O (Within: OD 2hrs,	TP 4hrs)			
OD : TP ! Reporting Only i-Photo U	Jploaded	1			
Assessmen	nt/Survey Report				
TP Insurer: Ass't Repo	ort by Fax / Hand to	Owner/Wksp			-
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:		
TP Particulars: Veh No: SIA 99072.	. INC(	)/Non-INC( )	0.40	11,-	
Owner / Driver: (		Tel:	)		
Policy No: ( ) Period: (	)	Cover Type: (		)	
Confirmed by : (	Date:	Time:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Insured/Driver Liability: ( %) [Note-Est. State	us (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]		
Year of Registration: ( ) Warranty: YES	S( )/NO(	)		Iller property actions	1000
Excess: (\$ ) Loading: \$1,000 ( )/\$2,	,000()	A. B. San San Co. San	7785 17.		_
General Remarks:		The state of the s	333.00 P.		
( ) Walk-In Customer: Customer's information strictly	y Confidential & St	rictly NO refer of repaire	r		
( ) Total Loss Case : to e-mail Insurer URGENTI	LY.	· · · · · · · · ·			
	/ NO( );T	owing Co: (		)	
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	W. Carlot	Done by	
1) Apply for Transport Allowance ( )/ Courtesy Car (	)		3	Anthe A Oses	78.
2) QC Check / Post Repair Inspection (	)				
3) Upload Resurvey Photo [Repair Cost > \$3000] (	)				
Injury:			SSTEED ST	1 2 - 840 · · · · · · · · ·	. 7.5
Date/Time Actions			PRESENT CO	d\1890	-
	19 m				
				100000	
					-
				August and Salah	
•			An	ut (S) A	nt (\$
NA 190 1194	100°000 (0.000000000000000000000000000000	paration Checklist	PAZ T	Bill Ad	d Bi
The state of the s	1) AR : Acciden	t Reporting (530); Assessment (5100); INC	(\$80)	-	
laimant's Particulars :-	2) DA : Darriego 3) TF : Towing	Fee	\$40/\$45		
river/Owner:	4) FT · Follow-	Through Survey Through Survey (Resurvey)	\$120		
ontact No:	For claiming	against INC Only (wef 10 Jan )	(005)		
amaged Portion:	6) TR : Re-insp	+ SMRT Survey	\$160		-
arriaged Fordon.	8) NTUC Addit	ional Services:-			
C Checked by (Engr-In-Charge):	OD*	y Car / Tpt Allowance	\$5		
C. Checked by (Engr-In-Charge).	*N6: Repair	Co-ordination	510		
All Company	• N7: Post Re	pair Inspection ollect Excess Coordination	\$25		
uditors' Comments :-	TP (N11): T	P (Non INC) against INC	\$20		1000
it. 1:	9) N12: Idao M	obile Fee Char	ged 30	2554	河
at 2/3;	Invoice dated	Fee Char	1093	NEW T	

For per at 1 of the

## 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 witholding 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.

<ol> <li>By the lodgement of this report to the insurers, you aforesaid.</li> </ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/02/2019 10:40
Date Of Accident	15/02/2019 12:20
Exact Location Of Accident	JUNC HOUGANG AVE 10 NEAR HOUGANG MALL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF209K
Insured/Policyholder	
Name Of Registered Owner	TAY SOON CHYE ALVIN
NRIC No	\$96132371
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84039616
Alternative Phone No	OFFICE-84039616
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15

time of accident Are you claiming under your own insurance policy NO

Exact Purpose for which vehicle was being used at PRIVATE USE

for repair to your vehicle?

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

51042267393

Cover Note Number

Driver

TAY SOON CHYE ALVIN Name of Driver

NRIC No S9613237I Date Of Birth 17/04/1996 OUTDOOR Occupation 17/09/2018 Date Of Driving Pass

Driving Experience 0 YEAR AND 4 MONTH

MALE Gender

(LOCAL) +65-84039616 Mobile Number

Fax Number

Contact Number OFFICE-84039616

NOEMAIL EMail Address

BLK 262C COMPASSVALE STREET Address

#07-135

543262 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

## Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2 involved in the accident

Was any body injured in the Accident? NO.

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

## **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN ALONG THE STATED VENUE, I DID NOT NOTICED THAT THERE WAS INCOMING VEHICLES TRAVELLING ALONG THE STRAIGHT RD. AS A RESULT, MY VEHICLE INTACT WITH VEHICLE B.

# Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

**SLA9902R** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category MRS CHEW Name of Driver

NRIC/Passport Number

97497487 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:

NRIC/FIN No.:

eter to statement.		
		4787

# 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.:

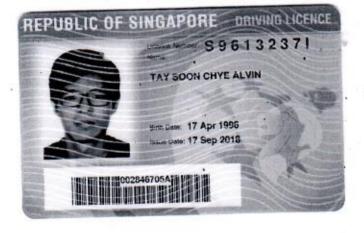


TAY SOON CHYE ALVIN

NRIC No.

S96132371





00000050282678 SEMALTOS GPUTOS 45 1980116 NRIC No/Colour S96132371/ PINK , Diccod Group A (+) CHINESE Country Of Birth SINGAPORE Date Of Birth 17/04/1996 Service Status ENLISTEE NSF BIK 262C COMPASSVALE STREET #07-135 SINGAPORE 543262

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

17 Sep 2018

<b>eBao</b> Tech										GeneralClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									92
Notice of Loss	Policy N	vo.				Date	of Accident	- 1	15/02/2019	12:20	
	Vehicle	No.(For Motor)	FBF209	К		Certif	icate Number	- 1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104267393		TAY SOON CHYE ALVIN	596132371	GMC	Third Party	FBF209K	FBF209K	29/09/2018	30/06/2019
					8	Continue	1				

Policy No.	5104267393	Policyholder Name	TAY SOON	CHYE ALVIN	Policyholder NRIC	S9613237I	
Certificate No.		CANADA A			0.00000 7401		
Address	BLK 262C #07-135 COMPAS	SVALE STREET	SINGAPORE	543262			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/09/2018	Effective Date	29/09/201	8 00:00	Expiry Date	30/06/2019 23	1:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info	holder Mailing Address						
Info	holder Mailing Address BLK 262C #07-135	Addre	ss 2	COMPASSVALE	STREET	Address 3	SINGAPORE 543262
Info Policyl			ess 2 ess Type	COMPASSVALE Singapore addre		Address 3 Post Code	SINGAPORE 543262 543262
Info Policyl Address 1		Addre	ess Type ad Policy	B. Agraphy of the second state.		CONTRACTOR OF THE PARTY OF THE	W1-2004-00
Info Policyl Address 1 Address 4 Unit No.	BLK 262C #07-135	Addre Relati	ess Type ad Policy	Singapore addre		CONTRACTOR OF THE PARTY OF THE	1001100000000
Info Policyl Address 1 Address 4 Unit No.	8LK 262C #07-135 07-135 ed Object: FBF209K	Addre Relati	ess Type ad Policy	Singapore addre		CONTRACTOR OF THE PARTY OF THE	W1-2004-00

Claim Handling					
Hicy No.	5104267393	Vehicle No.	PBF209K	GST Registration No.	
mificate No.		6500000000		. No. 2 . 2 . 10 Marie 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10	
cynolder Name	TAY SOON OHYE ALVIN			Policyholder NRIC	596132371
duct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
stact No.(Mobile)	84039616				
	54039818	Contact No.(Office)	0	Contact No.(Home)	0
al Address		Special Remark	42404524467	eCode	h: V
C. II	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
ort Date	16/02/2019 16:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
of Accident	15/02/2019	Time of Accident hh;mm	12:20	Country of Accident	Singapore
orting Centre		Orange Force		JCM No.	
dent Location	JUNC HOUGANG AVE 10 NEAR HOUGAN	IG MALL			
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	
armed Driver Excess		Outside Singapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
ification History			Section Section (	( ) ( Fig. )	
Policyholder Mailing Ad	idress				
ress 1	BLK 262C ±07-135	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 543262
ress 4		Address Type	Singapore address	Post Code	543262
t No.	07-135	Related Policy Number	5104267393		
OI Driver Info					
er Name	TAY SOON CHYE ALVIN	Driver Type	Hain Driver		
amed driver Name		Driver NR3C	596132371	Driver DOS	17/04/1995
oter Date of Driver License	17/09/2018	Driver Age	22	Driving Experience	0
tact No.(Mobile)	84039616	Contact No. (Office)	0	Contact No.(Home)	0
ress 1	BUX 262C	Address 2	The second secon		
	90x 505c		COMPASSIVALE STREET	Address 3	SINGAPORE 543262
ress 4		Address Type	Singapore address	Post Code	543262
t No.	07-135				
is he own a Singapore patered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration					
athelyser or Blood Test ding?	0 mg	Any injury?	○ Yes ® No		
fication History					
SEASON STATE					
laim 001 New					
Type •	00-MX	Insured Name	TAY SOON CHYE ALVIN	Insured NRIC	\$96132371
act No.(Mobile)	84039616	Contact No.(Home)		Contact No.(Office)	
I Address			FBF209K	12 12	TI ADDATED
	tay_sca@hotmail.com	OI Vehicle Number	processor and the same of the	TP Vehicle Number	5LA9902R
nant Type Claimant Type *		Type of Benefit *	Please Select		
nant Name +	22	Claimant NRIC *			
nent Address					177
Description	PBF209K / SLA9902R ON 15 Feb 2019			Name of Preferred Workshop	
irred Workshop Contact		Insured Liability *	Fully at Fault		
ire Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	16/02/2019 16:52	Claim Close Date		Date Received	16/02/2019 00:00
ort Taken By	Jackson				
Print AK letter	and not a				
THE RESERVE					
			Save Submit		
tachment					
dent No.	MT/1032327	Clerm No.	001		
Doc, Received	● Yes ○ No	Upload Date	16/02/2019 16:53		
	Path *		Category *	Confidential Urgeno	y * Description *
	rm0.5	Browse	Chear Please Select	V No V Normal	y * Description *
		TO STATE OF THE PARTY OF THE PA		and the place of the second	1/10/1977
		Browse		Normal V Normal	▼
		Browse	. Cear Please Select	V Normal	
		Demose	CHARGE NAME OF THE PARTY OF THE	Tel lery to Manual	199

