

# NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

Date In: 04/03/2019 17:45	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19003989/ky	SAS e-filing		
Veh No: FBN2864M	E-mail (Adjust 8hrs, AIC 2hrs)		
D.O.A: 03/03/2019 21:30	I-Motor Claim Form	MT/1034659-001	5/3/19 1405
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBM6864S	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 repolior.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: (	
Remarks:	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:	
Date/Time:	
Actions:	

NA1901684	
Client Particulars:	Invoice Particulars
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/245
	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	Forfeiting against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NG: Courtesy Car / Trip Allowance \$5
	*NG: Repair Coordination \$10
	*NG: Post Repair Inspection \$25
	*NG: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Non INC) \$30
	9) NI: Idas Mobile
	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	04/03/2019 17:45
Date Of Accident	03/03/2019 21:30
Exact Location Of Accident	TELOK BLANGAH HEIGHTS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2864M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YU GUANGJIE
NRIC No	S8700560G
Email Address	YU.GUANGJIE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91178192
Alternative Phone No	OTHERS-91178192

### Vehicle Particulars

Manufacturer	HONDA
Model	-
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	5104279768
Cover Note Number	

### Driver

Name of Driver	YU GUANGJIE
NRIC No	S8700560G
Date Of Birth	13/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91178192
Fax Number	
Contact Number	OTHERS-91178192
Email Address	YU.GUANGJIE@HOTMAIL.COM

Address	BLK 87 TELOK BLANGAH HEIGHTS #26-367
Postcode	10087
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

PLS REFER TO THE ATTACHED STATEMENT

#### 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	FBM6864S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
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.
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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:

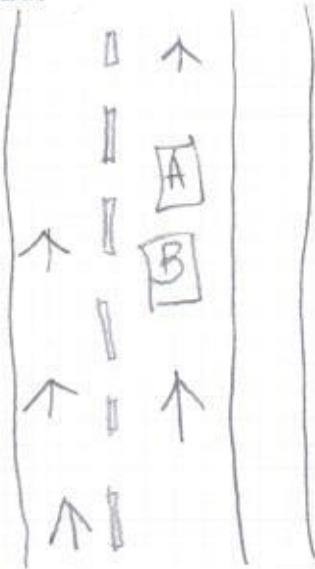


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 4/3/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Telok Blangah heights

## SKETCH PLAN



A - FBN 2864M  
B - FBM 6864S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A ride on the right lane, i shift my handle bar  
Vehicle B hit my vehicle behind, i heard a sound. Vehicle B  
fell down on the road, i help him up and shift his vehicle  
on the side of the road. He follow me very closely from  
behind.

## 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.:

4/3/2019



Bukit Merah

Reported on 4/3/2019

@ 1405hrs

## ACCIDENT STATEMENT

ACCIDENT DATE: 3/3/2019 (DD/MM/YYYY). TIME: 21:30 (HH:MM)

LOCATION: Telok Blangah heights

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 2864M  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91178192  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER

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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBN 6864S MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

email = Yu.guangjie@hotmail.com  
VIDEO

Yu.guangjie@hotmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8700560G



Name  
YU GUANGJIE

俞光杰

Race  
CHINESE

Date of birth  
13-01-1987

Sex  
M

Country/Place of birth  
SINGAPORE



5799757



NRIC No. S8700560G



Date of issue  
14-09-2017

Address

APT BLK B7 TELOK BLANGAH HEIGHTS  
#26-367  
SINGAPORE 100087

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8700560G

Female

YU GUANGJIE

Birth Date: 13 Jan 1987

Issue Date: 23 Jan 2018



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

EFFECTIVE DATE

Class 2B Motorcycles < 200 cc  
Class 2A Motorcycles between 201 cc and 400 cc

21 Jun 2008  
23 Oct 2015

NP 428A



eBaoTech

General Claim

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

03/03/2019 21:30

Vehicle No. (For Motor)

FBN2864M

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5104279768		YU GUANGJIE	S8700560G	GMC	Third Party, Fire & Theft	FBN2864M	FBN2864M	29/09/2018	28/09/2019



## ▼ Policy Information

Policy No.	5104279768	Policyholder Name	YU GUANGJIE	Policyholder NRIC	S8700560G
Certificate No.					
Address	BLK 87 #26-367 TELOK BLANGAH HEIGHTS SINGAPORE 100087				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/09/2018	Effective Date	29/09/2018 00:00	Expiry Date	28/09/2019 23:59
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	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 87 #26-367	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100087
Address 4		Address Type	Singapore address	Post Code	100087
Unit No.		Related Policy Number	5104279768		

## ◆ Insured Object: FBN2864M

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 29 Sep 2018, the following amendment(s) is/are made to this policy: VEHICLE MAKE AND MODEL: HONDA CB190X</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 01 Oct 2018, the following amendment(s) is/are made to this policy: This policy is extended to include food delivery services. In view of this amendment, an additional premium of \$58.68 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>
2	01/10/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

## Claim Handling

Accident MT/1034659

Policy No.	5104279768	Vehicle No.	FBN2864M	GST Registration No.
Certificate No.				
Policyholder Name	YU GUANGJIE			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91178192	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	05/03/2019 14:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/03/2019	Time of Accident hh:mm	21:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TELOK BLANGAH HEIGHTS			

## ▼ 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 87 #26-367	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104279768	

## ▼ OI Driver Info

Driver Name	YU GUANGJIE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8700560G	Driver DOB
Register Date of Driver License	21/06/2008	Driver Age	32	Driving Experience
Contact No.(Mobile)	91178192	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 87	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#26-367			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name YU GUA

91178192 Contact No. (Home) 637602

YU.GUANGJIE@HOTMAIL.COM OI Vehicle Number FBN286

FBN2864M / FBN2864S ON 3 Mar 2019

Preferred Workshop No. Finalisation Yes Insured Liability Not at Fault Preferred Workshop, Name unknown

GIA report

Received

05/03/2019 14:47 Claim Close Date

Workshop Repairer



## Attachment



Accident No. MT/1034659 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 05/03/2019 14:45

Path \*

Category \*

Confidential

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen



Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

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NO

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:47	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:45	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:44	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 14:44	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

