

NATIONAL Assessment Centre Services

Date In: 16/04/19	Job description	Date & Time Completed	Done by
Ref No: NM/INC19006762/13	SAS e-filing		
Veh No: FBK77818	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 01/04/19 1840	I-Motor Claim Form	MT/104049-001	
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: (KIM KAT (BBOX))	Tel:	Fax:
TP Particulars:	Veh No:	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: (INC hotline: 6788 6616)	Date & Time Completed	Done 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

NA1902858	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idao Mobile 30		
Dat. 2/3:	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	16/04/2019 14:36
Date Of Accident	01/04/2019 18:40
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK7781B
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	LEARNER
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	
Driver	
Name of Driver	GERMAINE FOK JIA MIN
NRIC No	S9337790G
Date Of Birth	11/10/1993
Occupation	INDOOR
Date Of Driving Pass	01/04/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91990072
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	41 HINDHEDE WALK #08-02
Postcode	587972
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 INJURED PERSON 1

Name	GERMAINE FOK JIA MIN
Approximate Age	
Injuries Sustain	RIGHT KNEE
Injured person in which vehicle?	FBK7781B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLANIMPORTANT 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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.

BUKIT RATOK DRIVING CENTRE LTD
 616 BUKIT RATOK WEST AVENUE 5
 SINGAPORE 659085
 TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
 Date & Time:

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

Report Centre Personnel's Signature
 Name:
 NRIC/PIN No.:

SKETCH PLAN

Mini Circuit - Bukit Batok Driving Centre

A-FBK7781B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was practicing my U-turn in the mini circuit towards the end of the lesson. When I was positioning my bike at the U-turn, I could not balance my bike well. Before I fell, I jump off the bike while the engine is still running.

When I was off my bike, I accidentally throttle and throw the clutch off. The bike travelled and I fell to the ground. When I was on the ground, the bike ran over my right knee.

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.:

16/04/19

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

1/4/2019

Time

1840

Location of Accident

Bukit Batok Driving Centre

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBK 7781 B
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65745355 Hpt:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda GLR 125L
Type of Vehicle	Saloon, MPV, GRV, Van, Lorry, ☒ Motorcycle, Others:
Exact Purpose for which vehicle was being used at the time of accident	Training
Are you claiming under your own insurance policy?	☐ Yes ☐ No Remarks:
Vehicle category	☐ Private ☐ Commercial ☒ Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Placed Policy	☒ Yes ☐ No
Policy Number	00734151550
DRIVER	
Name of Driver	Germaine Fok Jia Min
NRIC/ FIN/ Passport	S93377906
Date of Birth	11/10/1993
Occupation	
Driving Pass Date	
Gender	☐ Male ☒ Female
Contact Number	Tel: 9199 0092 Hpt:
Address	Blk A1 Hindhead Walk #08-02 507972
Email Address	
Was driver an employee of the Insured's Company?	☐ Yes ☐ No
If No, relationship of Driver with the Insured	
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	
Weather Conditions	☒ Clear ☐ Raining ☐ Others:
Road Surface	☐ Wet ☒ Dry ☐ Others:
Damage Area	
Approximate Speed	
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	☒ No ☐ Yes
Was anybody injured in the accident? (including Witness)	☐ No ☒ Yes
Was any other vehicle(s) or property damaged?	☒ No ☐ Yes
Was there any camera video footage (in car)?	☒ No ☐ Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	☒ No ☐ Yes
If Yes, please state which police station & Report No.	
Was notice of Intended Prosecution given?	☒ No ☐ Yes
If Yes, against whom?	

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

RATOK DRIVING CENTRE LTD

☒ No

○ No

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9337790G



Name

GERMAINE FOK JIA MIN



霍家敏

Race

CHINESE

Date of birth

11-10-1993

Sex

F

Country of birth

SINGAPORE



4298705

NRIC No. S9337790G



Date of issue

28-10-2008

Address

41 BIRCHMEDE WALK
#08-02
SINGAPORE 567072



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-15

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : FBK7781B
 Chassis Number : JCG41000203
2. Name of Policyholder : BUKIT HATOK DRIVING CENTRE LTD
3. Effective Date of Insurance : 01 Jan 2019
4. Expiry Date of Insurance : 31 Dec 2019
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
 This Policy does not cover
 (a) Use for hire or reward
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business
 (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YFS
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT HATOK DRIVING CENTRE (00000662435)
 Date of Issue : 02 Jan 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Annex A

Transaction ref 20160201100049731422

The owner and vehicle particulars for Vehicle No. FBK7781B as at 01 Feb 2016 are as follows:

1. Name	: BUKIT BATOK DRIVING CENTRE LTD
2. Identification No. Type	: Company
3. Identification No.	: 198801155R
4. Place Of Passport Issue	: -
5. Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6. Mailing Address	: -
7. Vehicle No.	: FBK7781B
8. Effective Date of Ownership	: 01 Feb 2016
9. Original Registration Date	: 01 Feb 2016
10. First Registration Date	: 01 Feb 2016
11. Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: HONDA
17. Vehicle Model	: GLR125LWH
18. Year of Manufacture	: 2015
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No	: JC641000203 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: JC64E1000231 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 124 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 131
28. Maximum Laden Weight(kg)	: 289
29. Open Market Value	: \$3,464.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2016020106000225E
35. COE Expiry Date	: 31 Jan 2026
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,889.00
38. Actual Quota Premium/PQP Paid	: \$6,889.00
39. Actual ARF Paid	: \$520.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: -
45. Road Tax Amount	: \$45.00
46. Road Tax Start Date	: 01 Feb 2016
47. Road Tax End Date	: 31 Jan 2017
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1040491

Policy No.	0073451220-15	Vehicle No.	FBK7781B	GST Registration No.
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	16/04/2019 17:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/04/2019	Time of Accident hh:mm	18:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK DRIVING CENTRE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/19
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	B15 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	0073346186-15	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GERMAINE FOK JIA MIN	Driver NRIC	S9337790G	Driver DOB
Register Date of Driver License	01/04/2019	Driver Age	25	Driving Experience
Contact No.(Mobile)	91990072	Contact No.(Office)	0	Contact No.(Home)
Address 1	41 HINDHEDE WALK	Address 2	SOUTHAVEN I	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-02			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUKIT I
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBK778
Claim Description	FBK7781B ON 1 Apr 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Finalisation	Yes	Received	
Date Registered	16/04/2019 17:43	Claim Close Date	

Report Taken By

ROSLINDA

Workshop
Repairer☒ Print AK letter

Save

Submit

Attachment



Accident No.

MT/1040491

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/04/2019 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Please Select

Confidential

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Des

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
16 Apr 2019 17:43

NRIC/ Driving License

Normal

NRIC/ Driving 1

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
16 Apr 2019 17:42

SAS

Normal

SAS 2

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
16 Apr 2019 17:42

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
16 Apr 2019 17:42

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
16 Apr 2019 17:42

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
16 Apr 2019 17:42

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
16 Apr 2019 17:42

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading