

NATIONAL Assessment Centre Services

Date In <u>04/05/19</u>	Job description	Date & Time Completed	Done by
Ref No. <u>NA/INC19007857/13</u>	SAS e-filing		
Veh No <u>FB54619M</u>	E-mail (within 8hrs. A/C 2hrs)		
DOA <u>04/05/19</u> <u>0715</u>	i-Motor Claim Form	<u>MT/1042973-</u>	<u>001</u>
OD <u>(TP)</u> 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: <u>SLN5641B</u> 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

<u>NA1903363</u>	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N:n INC) against INC \$20		
	9) N12: Idac 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	04/05/2019 12:29
Date Of Accident	04/05/2019 07:15
Exact Location Of Accident	BLK 329 ANCHORVALE STREET MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4619M
Insured/Policyholder	
Name Of Registered Owner	SOO YAN WEN, KENNETH (SI YANWEN, KENNETH)
NRIC No	S8001756A
Email Address	SOO_KENNETH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91886071
Alternative Phone No	OTHERS-91886071

Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071796430-03
Cover Note Number	

Driver

Name of Driver	SOO YAN WEN, KENNETH (SI YANWEN, KENNETH)
NRIC No	S8001756A
Date Of Birth	20/01/1980
Occupation	INDOOR
Date Of Driving Pass	06/05/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91886071
Fax Number	
Contact Number	OTHERS-91886071
EEmail Address	SOO_KENNETH@HOTMAIL.COM

Address	BLK 331C ANCHORVALE STREET #11-577
Postcode	543331
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	COLLIDED INTO PARKED VEHICLE
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

I PARKED MY VEH OVERNIGHT AT BLK 329 ANCHORVALE STREET MSCP. AT ABOUT 09:00 I SAW AT FACEBOOK THAT MY VEH WAS TOPPLE DOWN AT THE CARPARK WHERE MY VEH WAS PARK. I GO DOWN TO THE MSCP TO TAKE A LOOK ABT 10.00 THERE WAS A POLICE OFFICER AND THE DRIVER WAS THERE. THE DRIVER ADMIT THAT HIS VEH HAD HIT ONTO MY VEH AND ASKED ME TO GO TO THE WORKSHOP. HE WOULD LIKE TO PRIVATE SETTLE IF THE DAMAGE COST WITHIN HIS BUDGET BUT IF THE DAMAGE COST TO HIGH, HE ASKED ME TO PROCEED WITH INSURANCE CLAIMS.

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	SLN5641B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LENG LONG AGUSTIN'S
NRIC/Passport Number	S8034812F
Contact Number	96955026
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**.
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.

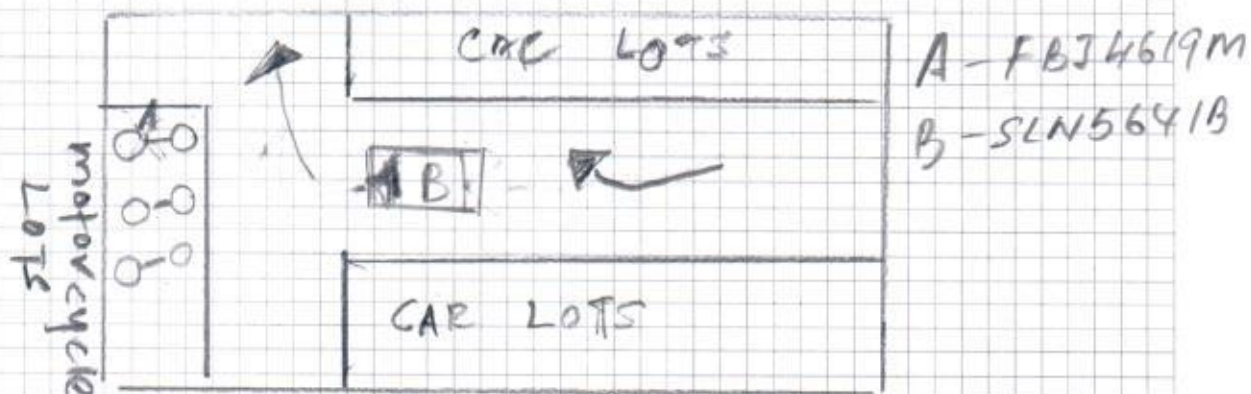
 4/5/2019
Policyholder's Signature
Date & Time:

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

 04/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BLK 329 ANCHORVALE ST
MSCP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

[Signature] 4/5/2019

Policyholder's Signature
Date & Time:

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

[Signature] 04/05/19

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

Pls call me at 96955026
I'm the vehicle owner
who accidentally banged
into your vehicle.
Agustine Lim.
(SEN 56418).

M E S S A G E
FROM THE POLICE

Dear Sir,

Police had attended to a call regarding
someone had toppled your bike. The report
number is F/20190504/0074. The said person
had left a note with his contact number.
Thus, you may proceed to contact him to
settle the matter. In the event where the issue
could not be settled, you may proceed to
any police station or lodge a traffic accident
report online.

Thank You

Sender: W/SGT NADHIRAH

Contact Number: 1800-343 0999

Police Station: Bengtong NPC

Date/Time: 04/05/2019 @ 0715HRS



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8001756A



Name
SOO YAN WEN, KENNETH
(SI YANWEN, KENNETH)
司衍文

Race
CHINESE

Date of birth
20-01-1980

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8001756A

Name
SOO YAN WEN, KENNETH
(SI YANWEN, KENNETH)

Birth Date: 20 Jan 1980

Issue Date: 14 Jul 2003

000677333H

4577278



NRIC No: S8001756A



Date of issue
21-05-2010

APT BLK 331C ANCHORVALE STREET #11-577
SINGAPORE 543331

NRIC No: S8001756A

Date: 28/08/2014

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc

28 Feb 2000
29 May 2001
06 May 2003

S8001756A

S / No. 9000002041

Licence No: S8001756A



Hello, NAC_PAYA_UBI_800601

[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="04/05/2019 07:00"/>
Vehicle No.(For Motor)	<input type="text" value="FBJ4619M"/>	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"/>	5071796430-03		SOO YAN WEN, KENNETH (SI YANWEN, KENNETH)	S8001756A	GMC	Third Party, Fire & Theft	FBJ4619M	FBJ4619M	25/05/2018	22/05/2019

Claim Handling

Accident MT/1042973

Policy No.	5071796430-03	Vehicle No.	FBJ4619M	GST Registration No.
Certificate No.				
Policyholder Name	SOO YAN WEN, KENNETH (SI YANWEN, KENNETH)			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91886071	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	04/05/2019 14:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/05/2019	Time of Accident hh:mm	07:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 329 ANCHORVALE STREET MSCP			
▼ 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 331C #11-577	Address 2	ANCHORVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-577	Related Policy Number	5071796430-03	
▼ OI Driver Info				
Driver Name	SOO YAN WEN, KENNETH (SI YANWEN, KENNETH)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8001756A	Driver DOB
Register Date of Driver License	28/02/2000	Driver Age	39	Driving Experience
Contact No.(Mobile)	91886071	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 331C	Address 2	ANCHORVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-577			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SOO YA
Contact No.(Mobile)	91886071	Contact No. (Home)	638704
Email Address	SOOKENNETH@HOTMAIL.COM	OI Vehicle Number	FBJ461
Claim Description	FBJ4619M / SLN5641B ON 4 May 2019		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/05/2019 14:45
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No.	MT/1042973	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/05/2019 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:45	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:45	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 14:43	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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