

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

19 MAY 19058513

Date In: 06/05/2019 17:55	Job description	Date & Time Completed	Done by
Ref No: NAB/KMCL9007954/Y	SAS e-filing		
Veh No: 182 60688	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 04/05/2019 03:45	I-Motor Claim Form	my10043312-001	06/05/2019 18:42
QIB / 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: (

Tel:

Fax:

TP Particulars:

Veh No: SN15641B

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 repairer.

() 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:

NAB1903255

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessor's Comments:

Ref: 1:

2/3:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*NS: Courtesy Car / Tpr Allowance \$5

*NG: Repair Coordination \$10

*NT: Post Repair Inspection \$25

*ND: DV / Collect Excess Coordination \$5

TP (NI): TP (Non INC) \$30

9) NI: Idao Mobile

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

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	06/05/2019 17:55
Date Of Accident	04/05/2019 03:40
Exact Location Of Accident	BLOCK 329 ANCHORVALE LINK MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6068B
Insured/Policyholder	
Name Of Registered Owner	LI DECAI
NRIC No	S8119698B
Email Address	DECAI19@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98243881
Alternative Phone No	OTHERS-98243881

Vehicle Particulars

Manufacturer	SUZUKI
Model	HAYABUSA 1300-1.3
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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
Fleet Policy	NO
Policy Number	5094280766-01
Cover Note Number	

Driver

Name of Driver	LI DECAI
NRIC No	S8119698B
Date Of Birth	07/07/1981
Occupation	INDOOR
Date Of Driving Pass	12/11/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98243881
Fax Number	
Contact Number	OTHERS-98243881
Email Address	DECAI19@YAHOO.COM.SG

Address	BLK 326D ANCHORVALE ROAD #16-290
Postcode	544326
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

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	SLN5641B
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LENG LONG
NRIC/Passport Number	S8034812F
Contact Number	96955026
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 6/5/19 15:12 hr

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/5/19 15:12 hr

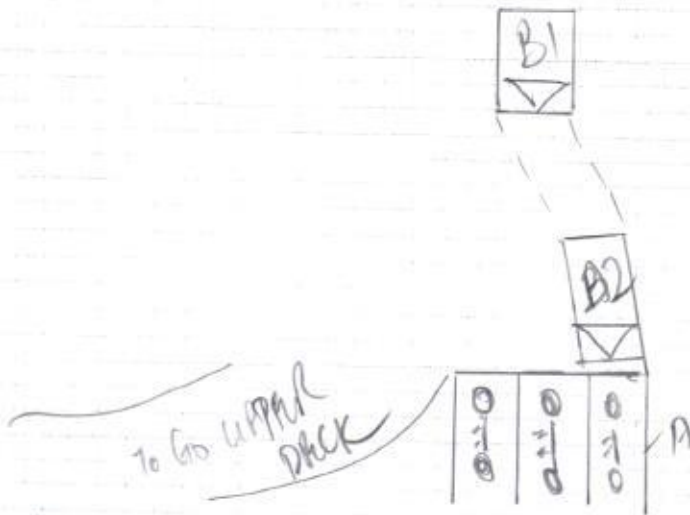
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BLK 329 ANCHORAGE LINK MSCP



A) FBC 6068 B

B) SLN 5641 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motor bike Parking in lot, ~~another~~ vehicle B knock onto my bike (A)

DECLARATION

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

[Signature]

[Signature]

[Signature]
6/5/2019
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

Policyholder's Signature

Date & Time: 6/5/19 15:15hr

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/5/19 15:15hr

Claim Handling

Accident MT/1043212

Policy No.	5094280766-01	Vehicle No.	FBC60688	GST Registration No.	
Certificate No.					
Policyholder Name	LI DECAI			Policyholder NRIC	S81196988
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98243881	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	06/05/2019 18:30	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/05/2019	Time of Accident hh:mm	03:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLOCK 329 ANCHORVALE LINK 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			

▼ GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 326D #16-290	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 544326
Address 4		Address Type	Singapore address	Post Code	544326
Unit No.		Related Policy Number	5094280766-01		

▼ OI Driver Info

Driver Name	LI DECAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S81196988	Driver DOB	07/07/1961
Register Date of Driver License	30/03/2002	Driver Age	37	Driving Experience	17
Contact No.(Mobile)	98243881	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 326D #16-290	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 544326
Address 4		Address Type	Singapore address	Post Code	544326
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBC60688	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LI DECAI	Insured NRIC	S81196988
Contact No.(Mobile)	98243881	Contact No.(Home)	63416882	Contact No.(Office)	
Email Address	decai19@yahoo.com.sg	OI Vehicle Number	FBC60688	TP Vehicle Number	SLN56418
Claim Description	FBC60688 / SLN56418 ON 4 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Settlement No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	06/05/2019 18:36
Report Taken By				Date Received	06/05/2019 00:00

Print AK letter






















Save Submit

Attachment

Accident No.	MT/1043212	Claim No.	001		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	06/05/2019 18:42		
Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:42	SAS	Normal	SAS 2019-5-6	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-6	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:42	Photos	Normal	Photos 2019-5-6	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:42	Photos	Normal	Photos 2019-5-6
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:37	Photos	Normal	Photos 2019-5-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:37	Photos	Normal	Photos 2019-5-6
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:36	Photos	Normal	Photos 2019-5-6
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Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 4 / 5 / 19 (DD/MM/YYYY), TIME: 03 : 40 (HH:MM)

LOCATION: B/329 Anchorvale Link (Car park)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 6068 B
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5094280766
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hayabusa 1300
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: NA
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: LI DECAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8119698 B CONTACT: 9824 3881
c) ADDRESS: B/326 D Anchorvale road #16-290
S 544326

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 5641 B MODEL: Subaru
b) DRIVER'S NAME: LIM LENG LONG
c) NRIC/FIN/PASSPORT: S8034812 F CONTACT: 96955026

9. THIRD PARTY VEHICLE

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

email = decai19@yahoo.com.sg
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8119698B



Name
LI DECAI

李 德 财

Race
CHINESE

Date of birth
07-07-1981

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number: S8119698B

Name:
LI DECAI

Birth Date: 07 Jul 1981

Issue Date: 27 Feb 2006



4743973




NRIC No. S8119698B

Date of issue
09-07-2011

APT BLK 328D ANCHORVALE ROAD #18-29D
SINGAPORE 544328

NRIC No: S8119698B Date: 30/10/2014

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	30 Mar 2000
Class 2A Motorcycles between 201 cc and 400 cc	29 May 2001
Class 2 Motorcycles > 400 cc	19 Nov 2002
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	20 Dec 2000

NP 426A

Licence No: S8119698B



Hello, NAC_BUKIT_MERAH_800676

[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 17:52"/>
Vehicle No. (For Motor)	<input type="text" value="FBC6068B"/>	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"/>	5094280766-01		LI DECAI	S8119698B	GMC	Third Party	FBC6068B	FBC6068B	23/09/2018	22/09/2019