

**NATIONAL Assessment Centre Services** (cont.) Part 10

Ref No: **NBA/INC/9008721/1** **MAY 19 06 387**

Date In: **16/05/2019 14:48** Job description: **SAS e-filing** Date & Time Completed: Done by:

Veh No: **FRJ 2452** E-mail (within 8hrs, AIC 2hrs):

D.O.A: **15/05/2019 15:25** i-Motor Claim Form: **mt104885001** **16/05/2019**

OD: **TP & Reporting Only** i-Motor W/O (Within: OD 2hrs TP 4hrs): **16/02**

TP Insurer: i-Photo Uploaded:

Assessment/Survey Report:

Ass't Report by Fax / Hand to Owner/Wksp:

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: Fax: ( )

TP Particulars: Veh No: **STA 2081X** 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: 90-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Lending: \$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

**21A1903587**

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) RT: Follow-Through Survey (Resurvey) \$30		
Cal 1:	For claiming against INC Only (wef 10 Jan 2015)		
Cal 2/3:	6) TR: Re-inspection \$75		
	7) NI: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Issue Mobile		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Issue Mobile \$10		
	Invoice dated: Fee Charged		
	1/1/1 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	16/05/2019 14:48
Date Of Accident	15/05/2019 15:25
Exact Location Of Accident	JUNCTION OF BT BATOK EAST AVE 6/OLD JURONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ249Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU SIQUAN
NRIC No	G8456640W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83553511
Alternative Phone No	OTHERS-83553511
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	YBX125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106011120
Cover Note Number	
<b>Driver</b>	
Name of Driver	WU SIQUAN
NRIC No	G8456640W
Date Of Birth	29/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83553511
Fax Number	
Contact Number	OTHERS-83553511
Email Address	NOEMAIL

Address	BLK 215 HENDERSON ROAD #04-03 HENDERSON INDUSTRIAL PARK
Postcode	159544
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	AFTER RAIN
Road Surface	WET

#### 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

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	SHA2681X
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOK PEK DONG
NRIC/Passport Number	S1317301Z
Contact Number	97983545
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:

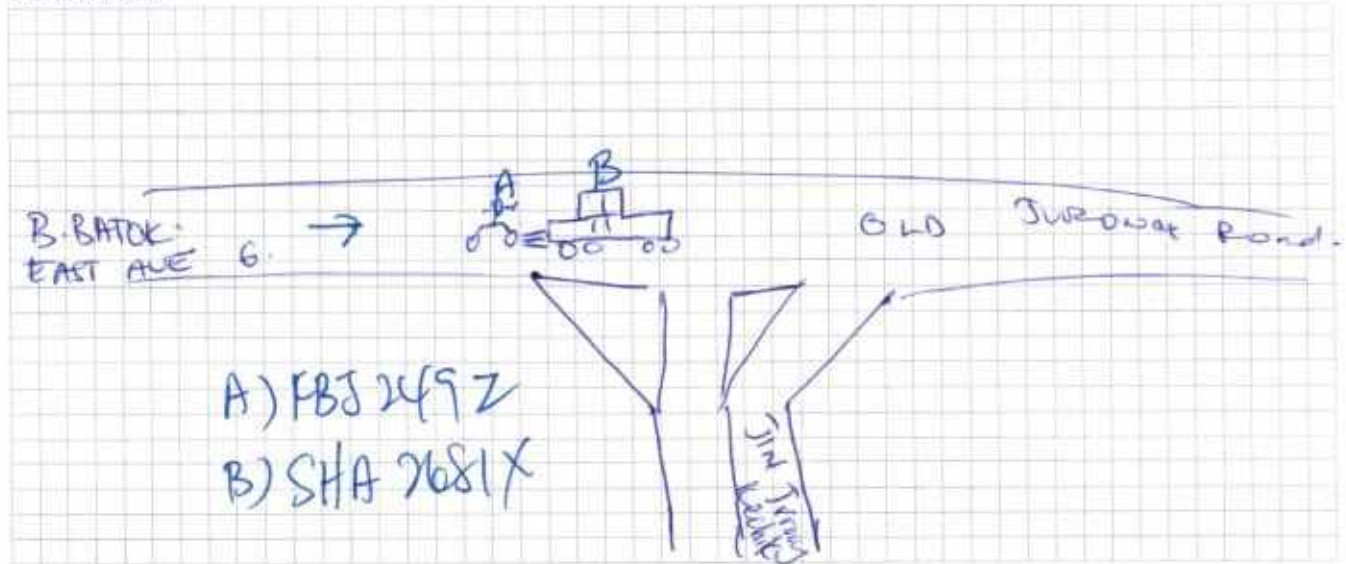
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

WU SI QUAN  
Policyholder's Signature  
Date & Time: 16/5/2019  
@ 1429 hrs

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

16/5/2019  
Reporting Centre Personnel's Signature  
Name: Rashid Vithan  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At The started time and date, I was travelling along Bukit Batok East Ave 6, At the traffic light ~~point~~ junction of Jln Jurong Kechik, the light was red. As I was stopping due to the red light, my bike skidded and I hit a taxi (Comfort blue Quanta plate no: SHA 2681X). I hit the rear bumper of the taxi. The taxi have only slight scratches at the bottom left. The road condition was wet but not raining at that time.

## DECLARATION

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

WU SI QUAN  
Policyholder's Signature  
Date & Time:

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

16/05/2013  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Claim Handling

Accident MT/1044865

Policy No.	5106011120	Vehicle No.	FBJ249Z	GST Registration No.	
Certificate No.					
Policyholder Name	WU SIQUAN	Cover Type	Third Party	Policyholder NRIC	GB456640W
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	83553511	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KYC	= No Yes	MCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	16/05/2019 15:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	15/05/2019	Time of Accident hh:mm	15:25	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUNCTION OF BT BATOK EAST AVE 6/OLD JURONG ROAD				
<b>▼ Excess</b>					
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			
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	215 HENDERSON ROAD	Address 2	#04-03 HENDERSON INDUSTRIAL	Address 3	SINGAPORE 159554
Address 4		Address Type	Singapore address	Post Code	159554
Unit No.	04-03	Related Policy Number	5106011120		
<b>▼ GE Driver Info</b>					
Driver Name	WU SIQUAN	Driver Type	Main Driver	Driver DOB	23/07/1985
Unnamed Driver Name		Driver NRIC	GB456640W	Driving Experience	3
Register Date of Driver License	16/03/2018	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	83553511	Contact No.(Office)		Address 3	SINGAPORE 159554
Address 1	215 HENDERSON ROAD	Address 2	#04-03 HENDERSON INDUSTRIAL	Post Code	159554
Address 4		Address Type	Singapore address		
Unit No.	04-03				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBJ249Z	Driver Insurance Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test (Reading)	0 mg	Any Injury?	Yes = No		

Modification History:

Claim 001 [New](#)

Claim Type *	OD-MK	Insured Name	WU SIQUAN	Insured NRIC	GB456640W
Contact No.(Mobile)	83578864	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	FBJ249Z	TP Vehicle Number	SHA2881X
Claim Description	FBJ249Z / SHA2881X ON 15 May 2019				
Preferred workshop		Insured Liability	Fully at Fault		
Preferred No. Finalisation	Yes	Engineered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/05/2019 16:02	Claim Close Date		Date Received	16/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print as letter

Save Submit

## Attachment

Accident No.	MT/1044865	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/05/2019 16:02
Path *			
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	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 May 2019 16:02	Photos	Normal	Photos 2019-5-16		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 May 2019 16:02	Photos	Normal	Photos 2019-5-16		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 May 2019 16:02	Photos	Normal	Photos 2019-5-16		



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 May 2019 16:02

Photos

Normal

Photos 2019-5-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 May 2019 16:02

Photos

Normal

Photos 2019-5-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 May 2019 16:02

Photos

Normal

Photos 2019-5-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 May 2019 16:02

Photos

Normal

Photos 2019-5-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 May 2019 16:02

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-5-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 May 2019 16:02

SAS

Normal

SAS 2019-5-16

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

## ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 5 / 2019 (DD/MM/YYYY), TIME: 15 : 35 (HH:MM)

LOCATION: Junction Butik Batok East Ave 6 and Old Jurong Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 2H92  
 b) INSURANCE COMPANY: NIVE Income  
 c) POLICY NUMBER: 510601120  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha / Y8E 125  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Transportation  
 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: WU SIQUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G8456640W CONTACT: 83553511  
 c) ADDRESS: 215 Henderson Road  
#04-03 Henderson Industrial Park

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

### DRIVER

- a) NAME: WU SIQUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G8456640W CONTACT: 83553511  
 c) ADDRESS: Blk 215 Henderson Road  
#04-03 Henderson Industrial Park

\*d) DATE OF BIRTH: (29 / 07 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 / 01 / 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Ownself

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Just stop  
 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: NIL

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 2601X MODEL: Hyundai Sonata Taxi  
 b) DRIVER'S NAME: Joe Pek Ong  
 c) NRIC/FIN/PASSPORT: S13173012 CONTACT: 97983545

### 9. THIRD PARTY VEHICLE

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

Email =

VIDEO



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G8456640W**

Name: **WU SIQUAN**

Birth Date: **29 Jul 1985**

Issue Date: **16 Jan 2016**

Valid Till: **15/01/2021**

002519607E




**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employee:  
**TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD**

Name: **WU SIQUAN**

Work Permit No.: **0 7312980-**

Sector: **SERVICE**

K0657664






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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE  
**16 Jan 2016**

Licence No: **G8456640W**

NP 428A



**VISIT PASS**  
Immigration Regulations

03-08-2018

Name:  
**WU SIQUAN**

File:  
**G8456640W**

Date of Birth: **29-07-1985** Sex: **M**

Nationality:  
**CHINESE**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status





## 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 : 5106011120

Cover : Third Party

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle    | : FBJ249Z           |
| Chassis Number                                      | : LBPKE1785D0014692 |
| 2. Name of Policyholder                             | : WU SIQUAN         |
| 3. Effective Date of Insurance                      | : 01 Dec 2018       |
| 4. Expiry Date of Insurance                         | : 30 Nov 2019       |
| 5. Persons or Classes of Persons entitled to drive# |                     |

(a) Named Driver(s) Only.

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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: WU SIQUAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 01 Dec 2018 11:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive