

NATIONAL Assessment Centre Services. [ver 1 Jan'08]

MA419071270

Date In: 31/05/2009 17:37	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19009696/Y	SAS e-filing		
Veh No: FBJ 30254	E-mail (Adjust 3hrs, AIC 2hrs)		
D.O.A: 19/05/2009 21:30	I-Motor Claim Form	MT11044735-002	31/05/2009 18:27
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBE 981TB	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 repolar.

() 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	Assessor

MA1904013

Claimant's Particulars:	1) AIR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)
Contact No:	3) TP: 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 (ver 10 Jan 2008)	
Ref 1:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil) / TP (Non INC) against INC	\$20
	*N12: Idao Mobile	\$0
	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	31/05/2019 17:37
Date Of Accident	14/05/2019 21:30
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 12/WOODLANDS LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3025H
Insured/Policyholder	
Name Of Registered Owner	NIAN DING CHAO
NRIC No	S9604135G
Email Address	CHAOJER123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96414398
Alternative Phone No	OTHERS-96414398

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	5099384983-01
Cover Note Number	

Driver

Name of Driver	NIAN DING CHAO
NRIC No	S9604135G
Date Of Birth	01/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96414398
Fax Number	
Contact Number	OTHERS-96414398
EMail Address	CHAOJER123@GMAIL.COM

Address	BLK 305 YISHUN CENTRAL #8-175
Postcode	760305
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	RAINING
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	GBE9817B
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW CHUAN KIM
NRIC/Passport Number	S1677905I
Contact Number	97556819
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.



Policyholder's Signature

Date & Time: 31/05/2019
1646



Driver's Signature

(If driver is not the policyholder)
Date & Time: 31/05/2019
1646



31/05/2019

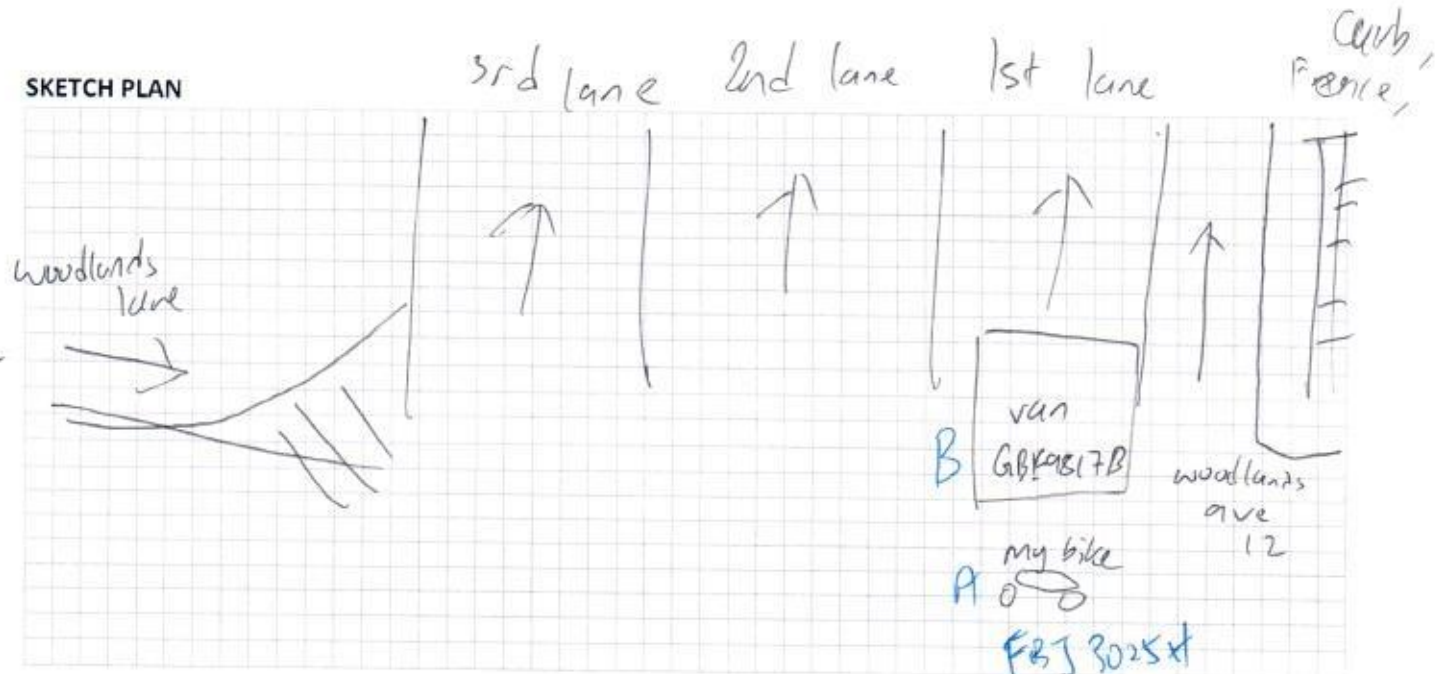
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Resh Wathan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling on my motorcycle around 60-70 km/h on woodlands ave 12 on 14th May 2019 around 9:30 pm. I was following in a safe distance when suddenly the vehicle; GBE 9817 B jammed brake abruptly causing me to jam my brakes as well causing me to skid. I flew off the bike and landed on a side. My bike did not have any contact with the vehicle.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 31/05/2019 16:46

are true in every respect.



Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/05/2019
16:46

31/05/2019

Reporting Centre Personnel's Signature: *[Signature]*

Name: *[Signature]*

NRIC/FIN No.:

Claim Handling

Accident MT/1044735

Policy No.	5099384983-01	Vehicle No.	FBJ3025H	GST Registration No.	
Certificate No.					
Policyholder Name	NIAN DING CHAO			Policyholder NRIC	S9604135G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	11/05/2019 19:02	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	14/05/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	NA				

▼ 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 305 #08-175	Address 2	YISHUN CENTRAL	Address 3	SINGAPORE 760305
Address 4		Address Type	Singapore address	Post Code	760305
Unit No.	#08-175	Related Policy Number	5099384983-01		

▼ Of Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MK	Insured Name	NIAN DING CHAO	Insured NRIC	S9604135G
Contact No.(Mobile)	95414399	Contact No. (Home)		Contact No. (Office)	
Email Address	dingchao04@hotmail.com	Vehicle Number	FBJ3025H	TP	G8E9817B
Claim Description	FBJ3025H / G8E9817B ON 14 May 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Reported No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered		Claim Close Date	31/05/2019 18:21	Date Received	31/05/2019 00:00
Report Taken By	ROSLE WAHAB				

Print AK letter















Save Submit

Attachment

Accident No.	MT/1044735	Claim No.	002
Last Doc. Received	* Yes No	Upload Date	31/05/2019 18:27
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:27	SAS	Normal	SAS 2019-5-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:27	Photos	Normal	Photos 2019-5-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:22	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:21	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:21	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:21	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:21	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:21	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 18:21	Photos	Normal	Photos 2019-5-31

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 05 / 2019) (DD/MM/YYYY), TIME: (21 : 30) (HH:MM)

LOCATION: Traffic junction of woodlands ave 12 & woodlands lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ3025H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5099384983
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bajaj Pulsar NS200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going home
 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: NIAN DINH CHAU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S96041356 CONTACT: 96414348
 c) ADDRESS: 305 Yishun Central #08-175
S960303

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ~~NIAN DINH CHAU~~ NIAN DINH CHAU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S96041356 CONTACT: 96414348
 c) ADDRESS: 305 YISHUN CENTRAL #08-175

* d) DATE OF BIRTH: (01 / 02 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/03/2018

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: G8E9817B MODEL: NISSAN
 b) DRIVER'S NAME: LOW CHUAN KIM
 c) NRIC/FIN/PASSPORT: S16779055 CONTACT: 97556819

9. THIRD PARTY VEHICLE

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

email = chaujer123@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9604135G



Name
NIAN DING CHAO

严鼎超

Race

CHINESE

Date of birth

01-02-1996

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9604135G

Name:

NIAN DING CHAO

Birth Date: 01 Feb 1996

Issue Date: 21 Dec 2016



For LKK/NAC Use Only

5398273



NRIC No. S9604135G



Date of issue

20-11-2014

Address

APT BLK 305 YISHUN CENTRAL
#08-175
SINGAPORE 760305

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

EFFECTIVE DATE

C

Class 2A
Class 2B
Class 3

Motorcycles between 201 CC and 400 CC
Motorcycles \leq 200 CC
Motor cars \leq 3000 kg with \leq 7 passengers, exclusive
of the driver; and motor tractors/vehicles \leq 2500 kg

24 May 2019
08 Mar 2018
21 Dec 2016

S9604135G

S / No.9000322927

NP 428A



Licence No:S9604135G

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="14/05/2019 16:55"/>							
Vehicle No.(For Motor)	<input type="text" value="FBJ3025H"/>	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"/>	5099384983-01		NJAN DING CHAO	S9604135G	GMC	Third Party	FBJ3025H	FBJ3025H	28/03/2019	27/03/2020
<input type="button" value="Continue"/>										