

NATIONAL Assessment Centre Services

(2011-2012)

Date In: 08/06/2019 14:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010111/K4	E-mail (within 8hrs, A/C 2hrs):		
Veh No: FN3939C	i-Motor Claim Form: MT/1047737-002	10/6/19/10/15	
D.O.A: 04/06/2019 07:05	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP / Reporting Only	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: SHC57215	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

NA1904210

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	08/06/2019 14:45
Date Of Accident	04/06/2019 07:05
Exact Location Of Accident	JUNC OF BISHAN RD / BISHAN ST 22 AND BISHAN 1 & 14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN3939C
Insured/Policyholder	
Name Of Registered Owner	SEBASTIAN LI JUN NAN
NRIC No	S8946498F
Email Address	LI.SEBASTIAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96193060
Alternative Phone No	OTHERS-96193060

Vehicle Particulars

Manufacturer	HONDA
Model	NSR250R2R
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5051143086-07
Cover Note Number	

Driver

Name of Driver	SEBASTIAN LI JUN NAN
NRIC No	S8946498F
Date Of Birth	11/12/1989
Occupation	INDOOR
Date Of Driving Pass	16/07/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96193060
Fax Number	
Contact Number	OTHERS-96193060
EMail Address	LI.SEBASTIAN@HOTMAIL.COM

Address	BLK 419 ANG MO KIO AVENUE 10 #09-1077
Postcode	560419
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	SIDE SWIPE
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?	YES
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5721J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KUAN CHONG
NRIC/Passport Number	S0156992I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEBASTIAN LI JUN NAN
------	----------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

FN3939C

YES

SKETCH PLAN

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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: 7 Jun 2019 1730

Driver's Signature

(If driver is not the policyholder)

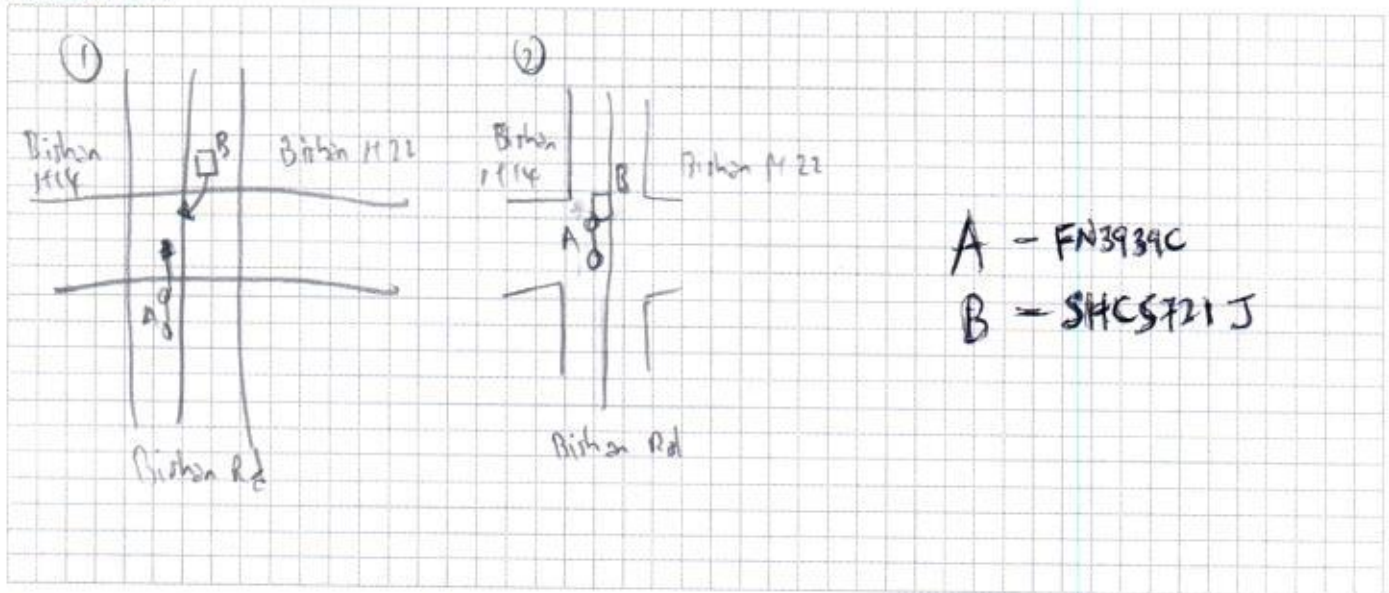
Date & Time: 7 Jun 2019 1730

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Bishan Road towards Lorive road on lane 1. I slowed down while approaching the traffic light junction. A red taxi cab was in lane 1 opposite on the opposite side of traffic. The lights were green in my favour. As he was reaching the pocket, he sped up to attempt a u-turn but stopped while blocking lane 1 (in my direction). I tried to filter into lane 2 to avoid hitting him but was unable to do so in time. I hit the left side of the cab and lost consciousness for a few seconds. I regained consciousness after and hobbled to the side of the road. Noticed that my motorcycle had skidded to the side of the road. I noticed the taxi driver had since moved his vehicle to the side of the road before any photos could be taken of the incident.

DECLARATION

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

Policyholder's Signature

Date & Time: 7 Jun 2019 1730

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7 Jun 2019 1730

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(Bukit Merah)

Reported on 7/6/2019

@ 1725 Hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (04/06/2019) (DD/MM/YYYY), TIME: (07:05) (HH:MM)

LOCATION: Junction of Bishan Road, Bishan Jt 22 and Bishan Jt 14

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FN 3939C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: NTUC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sebastian Li Jun Nan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8946498F CONTACT: 9619 3060
c) ADDRESS: Blk 419 Ang Mo Kio Ave 10 #09-1277 S'pore 560419

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15 Feb 2011

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: SMC 5721J MODEL: Lim Kuan chong
b) DRIVER'S NAME: Lim Kuan chong
c) NRIC/FIN/PASSPORT: S015 69921 CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: S015 69921 MODEL: 10K
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Li. Sebastian @ hotmail.com

LI. SEBASTIAN

Email = SEBASTIAN.LI@HOTMAIL.COM

VIDEO

Sebastian

li. Sebastian

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8946498F



Name
SEBASTIAN LI JUN NAN

李俊南

Race
CHINESE

Date of birth
11-12-1989

Country of birth
SINGAPORE

Sex
M



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8946498F

Name
SEBASTIAN LI JUN NAN

Birth Date 11 Dec 1989

Issue Date 16 Jul 2009



For LKK/NAC Use Only



3649640

NRIC No. S8946498F



Date of issue
15-12-2004

Address

APT BLK 419 ANG MO KIO AVENUE 10
#09-1077
SINGAPORE 560419

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC
Class 2	MOTORCYCLES EXCEEDING 400 CC
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

ISSUE DATE
16 Jul 2009
15 Feb 2011
03 Jul 2012
03 Aug 2016

S / No. 9000250479



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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="04/06/2019 07:05"/>							
Vehicle No.(For Motor)	<input type="text" value="FN3939C"/>	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"/>	5051143086-07		SEBASTIAN LI JUN NAN	S8946498F	GMC	Third Party	FN3939C	FN3939C	27/01/2019	26/01/2020
<input type="button" value="Continue"/>										

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/1047737](#)
[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5051143086-07	Vehicle No.	FN3939C	GST Registration No.	
Certificate No.					
Policyholder Name	SEBASTIAN LI JUN NAN			Policyholder NRIC	S8946498F
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 ▼
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	No

[Accident Details](#)

Report Date	06/06/2019 11:40	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/06/2019	Time of Accident hh:mm	07:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM 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 419 #09-1077	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HEARTLANDS
Address 4	SINGAPORE 560419	Address Type	Singapore address	Post Code	560419
Unit No.		Related Policy Number	5051143086-07		

[OI Driver Info](#)

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	

Claim Handling

Accident MT/1047737

Policy No.	5051143086-07	Vehicle No.	FN3939C	GST Registration No.
Certificate No.				
Policyholder Name	SEBASTIAN LI JUN NAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	06/06/2019 11:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/06/2019	Time of Accident hh:mm	07:05	Country of Accident
Reporting Centre		Orange Force		ICM 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 419 #09-1077	Address 2	ANG MO KIO AVENUE 10	Address 3
Address 4	SINGAPORE 560419	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5051143086-07	

▼ OI 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	SEBAS
Contact No.(Mobile)	96193060	Contact No. (Home)	655224
Email Address	li.sebastian@hotmail.com	OJ Vehicle Number	FN3939
Claim Description	FN3939C / SHC5721J ON 4 Jun 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/06/2019 10:20
		Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1047737 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 10/06/2019 10:15

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:20	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:18	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 10:17	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



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