NATIONAL Assessment Centre Services (wef 1 Jan'05) NA1190N593

Date In: 5/3/19 - 15:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC1901243V/24	SAS e-filing		
Veh No: FU15JE	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 14/3/19 - 14:35	i-Motor Claim Form	M1105345J-021	5/3/19 16:19
OD / 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: SJ 9357U 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: (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

NA1925248

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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 : Idao 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 (Non INC) against INC	$20		
9) N12: Idao 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 witholding 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	15/07/2019 15:50
Date Of Accident	14/07/2019 14:55
Exact Location Of Accident	HOUGANG AVE 8 TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FU155E
Insured/Policyholder	
Name Of Registered Owner	BONG FOOK ERN
NRIC No	S8560098B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83832742
Alternative Phone No	OFFICE-83832742
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091833167-02
Cover Note Number	
Driver	
Name of Driver	BONG FOOK ERN
NRIC No	S8560098B
Date Of Birth	04/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83832742
Fax Number	
Contact Number	OFFICE-83832742
EMail Address	NOEMAIL

Address	BLK 664A PUNGGOL DRIVE #18-212
Postcode	821664
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 - CHANGE/CROSS LANE
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?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190714/7011.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9357U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH KIM SENG
NRIC/Passport Number	S1337642E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	BONG FOOK ERN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FU155E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 orpossessed 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 any 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:

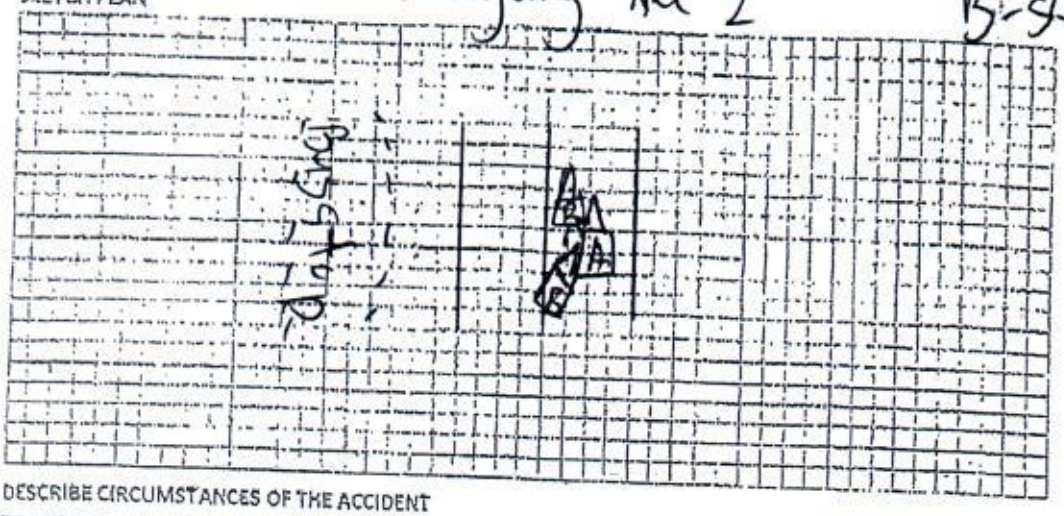
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

A - FY155E
B - SH9357H

SKETCH PLAN

Hougang Ave 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Date of Accident : 14/7/2019 Accident Time: 14 54 (24-HR-Format)

Accident Place : Hougang Ave 8 / Towards Ave 2

Vehicle Reg. No. (Car Plate No.) : FU 195 E

Vehicle Make/Model : 125 Yamaha

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : Bong Fook Ern

Owner or Company Contact No. : 83832742 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : Bong Fook Ern S8560098B

DRIVER'S Date Of Birth : 04/03/1985 DRIVER'S License Pass Date 23 Sep 2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 664A punggol Dr #18-212

DRIVER'S Contact No./ Alt No. : 1) 8383 2742 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Admin@myCarSg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): (1)

Was there any video Captured by car camera: (YES) \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SH 9357A	Vehicle Reg. No: _____
Vehicle Make\Model: Toyota Blue Taxi	Vehicle Make\Model: _____
Name Driver: Koh Kim Seng	Name Driver: _____
IC No. Driver: S1337642E	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

SINGAPORE POLICE FORCE

T/20190714/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190714/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/07/2019 17:29		

Informant's Particulars

Name of Informant: BONG FOOK ERN			Address: APT BLK 664A PUNGGOL DRIVE #18-212 SINGAPORE 821664	
ID Type / ID No.: NRIC NO / S8560098B			Contact No.: Home/Office:	Mobile: 83832742
Nationality: MALAYSIAN			Email: admin@mycar.sg	
Sex: Male	Age: 34	Date of Birth: 04/03/1985	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: grab delivery			Driving Licence Information: Class:	Date of Expiry: 14/07/2019

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2019 14:55	Type of Location: Straight Road
Location: HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU155E	Motorcycle	YAMAHA	YZF-R15	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU155E	NTUC Income Insurance Co-Operative Limited	5091833167-02	10/06/2019	31/05/2020

SINGAPORE POLICE FORCE

T/20190714/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	BONG FOOK ERN			ID No.	S8560098B
Related Vehicle	FU155E (Motorcycle)			Contact No.	83832742
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 14/07/2019
Date Treatment	14/07/2019		Date Discharge	14/07/2019	
No. of Days granted Medical Leave		03	Degree of Injury	Slight	

Brief Details.

On 14/7/2019 at about 1454 pm , I was travelling on hougang ave 8 towards hougang ave 2 . i am riding a motor cycle. Suddenly taxi SH9357U cut into my lane and hit my bike FU155E . I fell off my bike and I was injured , The police and ambulance came and took the Emory card of the TAXI . We both exchange particular and agree to do a accident claim . I when to see a doctor and was given 3 days MC.

SINGAPORE POLICE FORCE

T/20190714/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

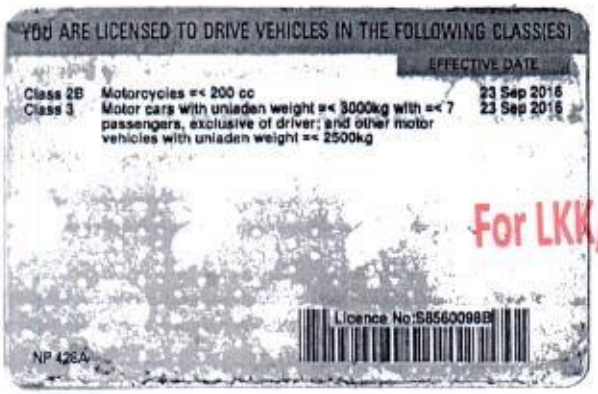
Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2019 17:29
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:

Authentication Stamp

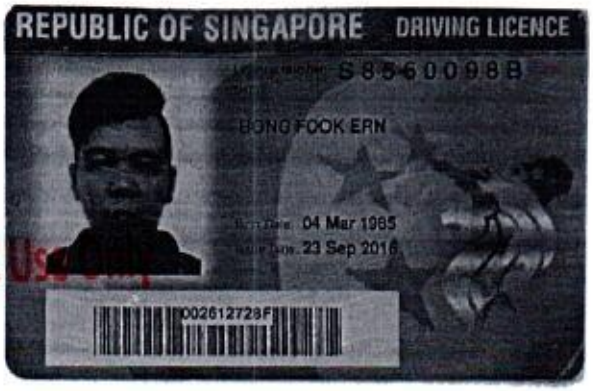
NP168


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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	23 Sep 2016
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	23 Sep 2016

Licence No:S8560098B

NP 428A


REPUBLIC OF SINGAPORE DRIVING LICENCE

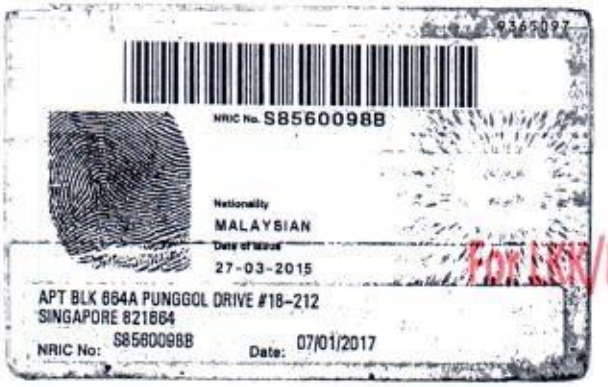
S8560098B

BONG FOOK ERN

04 Mar 1985

23 Sep 2016

002612723F


9365097

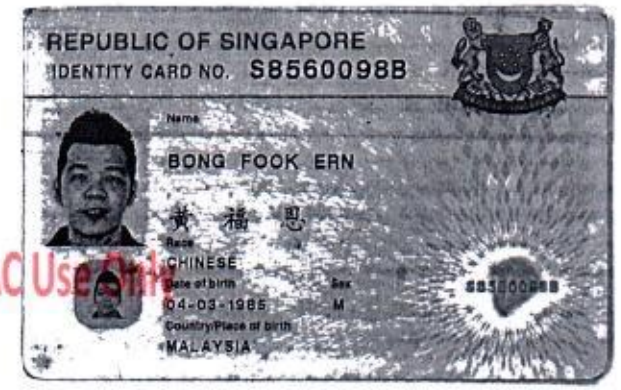
NRIC No. S8560098B

Nationality
MALAYSIAN

Date of Issue
27-03-2015

APT BLK 664A PUNGGOL DRIVE #18-212
SINGAPORE 821664

NRIC No: S8560098B Date: 07/01/2017


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8560098B

Name
BONG FOOK ERN
黃福恩

Race
CHINESE

Date of birth
04-03-1985

Sex
M

Country/Place of birth
MALAYSIA

S8560098B

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 14/07/2019 14:55
Vehicle No.(For Motor): FU155E | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5091833167-02		BONG FOOK ERN	S8560098B	GMC	Third Party	FU155E	FU155E	10/06/2019	31/05/2020

Continue

Policy Information

Policy No.	5091833167-02	Policyholder Name	BONG FOOK ERN	Policyholder NRIC	S8560098B
Certificate No.					
Address	BLK 664A #18-212 PUNGGOL DRIVE WATERWAY SUNBEAM SINGAPORE 821664				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/05/2019	Effective Date	10/06/2019 00:00	Expiry Date	31/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 664A #18-212	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM
Address 4	SINGAPORE 821664	Address Type	Singapore address	Post Code	821664
Unit No.		Related Policy Number	5091833167-02		

Insured Object: FU155E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1053455

Exit

Policy No.	S091833167-02	Vehicle No.	FU155E	GST Registration No.	
Certificate No.					
Policyholder Name	BONG FOOK ERN			Policyholder NRIC	S8560098B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83832742	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	(•) No ( ) Yes	TOA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	15/07/2019 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/07/2019	Time of Accident hh:mm	14:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 8 TWDS HOUGANG AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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 664A #18-212	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM
Address 4	SINGAPORE 821664	Address Type	Singapore address	Post Code	821664
Unit No.		Related Policy Number	S091833167-02		

OI Driver Info

Driver Name	BONG FOOK ERN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8560098B	Driver DOB	04/03/1985
Register Date of Driver License	23/09/2016	Driver Age	34	Driving Experience	2
Contact No.(Mobile)	83832742	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 664A	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM
Address 4	SINGAPORE 821664	Address Type	Singapore address	Post Code	821664
Unit No.	18-212				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	(•) Yes ( ) No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BONG FOOK ERN	Insured NRIC	S8560098B
Contact No.(Mobile)	83832742	Contact No.(Home)		Contact No.(Office)	
Email Address	ken.bong@greyhound.com.sg	OI Vehicle Number	FU155E	TP Vehicle Number	SH9357U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	FU155E / SH9357U ON 14 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/07/2019 16:19	Claim Close Date		Date Received	15/07/2019 00:00
Report Taken By	Jackson				

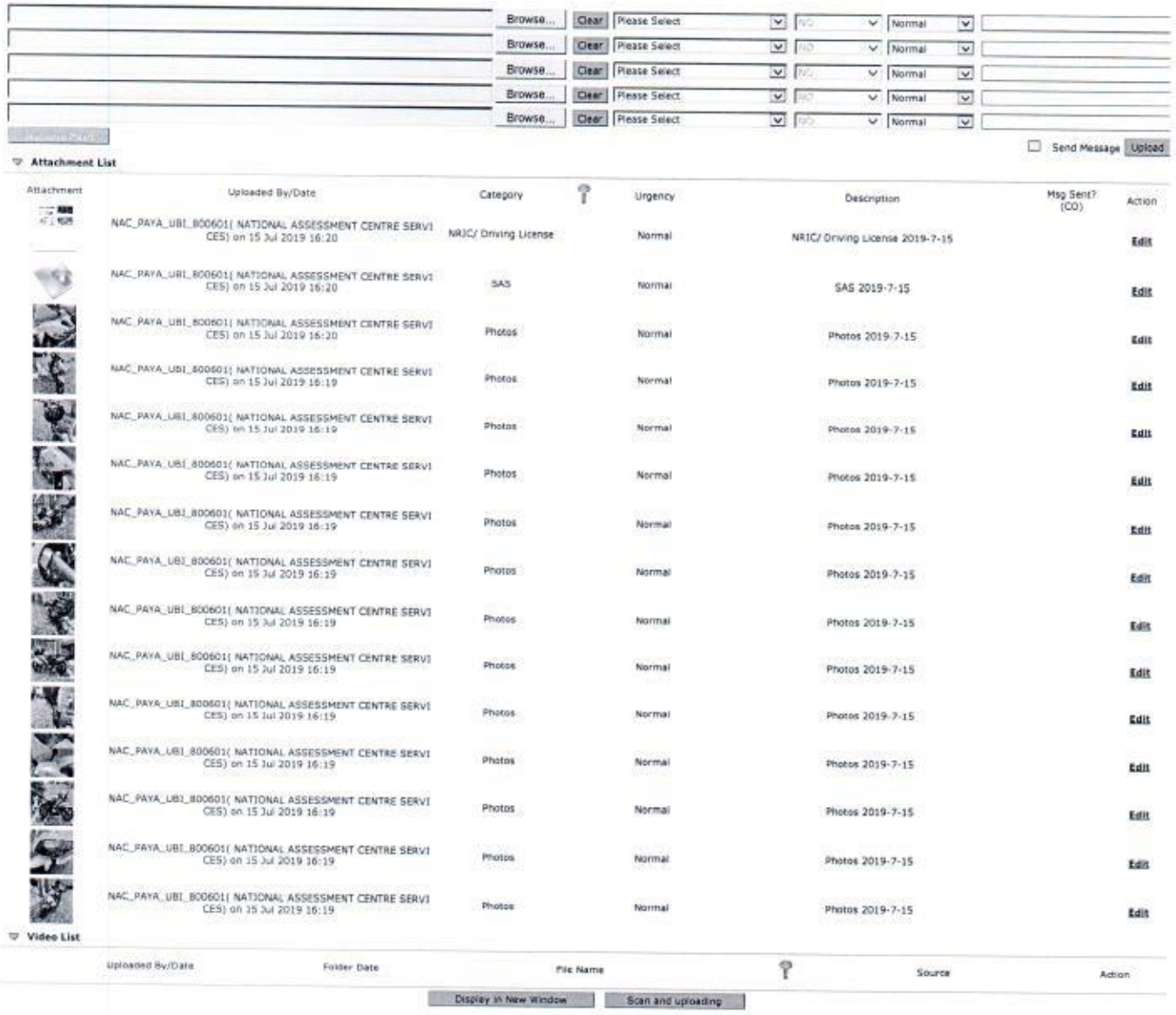
[✓] Print AK letter

Save Submit

Attachment

Accident No.	MT/1053455	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	15/07/2019 16:20

Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	


Browse...
Clear
Please Select
NO
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 16:20
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-7-15
Edit
SAS
SAS 2019-7-15
Photos
Photos 2019-7-15
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 16:19
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading