: . per at + . m. NATIONAL Assessment Centre Services. (wel I Jan'03) . : MINA 119105317 Done by Date &Time Completed Date In. Jeb description 1318/19 14:26 Ecf Ho: SAS c-Illing NA1 INC19013986/14. E-mail (within Shrs, AIC 2hrs) Veh No FV 95627 MT/105737401 i-Motor Cialm Form 1318119 16:15. DUA 1218/19 16:10. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (11) TP ' Reparing Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol: Proformd Wiss / INC Assign Wiss / GW: ( )/Non-INC ( INC ( I'l' Particulars: Veh No: SLU7761M. Owner / Driver: ( Tcl: Policy No: ( Cover Type: ( ) Period: ( Confirmed by: ( Time: Date: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: ( Warranty: YES ( )/NO( Execss: (\$ Loading: \$1,000 ( )/\$2,000 ( General Reinaghang & Edward ) Walle-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY. ) Total Loss Case Drive-In ( )/ Towed-In ( ) / NO ( ) ; Towing Co: ( ); Invoice: YES ( Remarks: 4 (186 hothus 670 logion); 4 (186 hothus 1870) 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury: W had bill MA1905901 1) AR : Acadent Reporting (330); Chamaits Particulars is C (280) 2) DA : Damego Assessment (5100) \$40/\$45 3) TF : Towing Fee Driver/Owner \$120 4) FT : Follow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey) Contact No: For elaining against INC Only (well 10 Jan 200) 6) TR: Re-lumestion Damaged Portion: 2160 7) NI ; Idao DA + SMRT Survey 8) NTUC Additional Services:-OD: QC Checked by (Engr-In-Charge): \$5 \* NS: Courtesy Car / Tpt Allowance 510 \* NG: Rapair Co-ordination \$25 \* N7; Post Repair Inspection Auditors Comments : 35 \*NS: DV / Collect Excess Coordination TE (N11): TP (Nun INC) against INC \$20 'at, 1: 9) N12: Idao Mobile Fee Charged Involve dated - / 1 MARKET

Involce 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	13/08/2019 14:26
Date Of Accident	12/08/2019 16:10
Exact Location Of Accident	BISHAN ST 22 SLIP RD INTO BISHAN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FV9562Z
Insured/Policyholder	
Name Of Registered Owner	KER SOON PENG KELVIN
NRIC No	S9229283E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97266274
Alternative Phone No	OFFICE-97266274
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400 SF
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	5086880627-02
Cover Note Number	
Driver	

-				
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_	**	×	•	

Name of Driver KER SOON PENG KELVIN

NRIC No S9229283E Date Of Birth 06/08/1992 Occupation OUTDOOR Date Of Driving Pass 11/12/2015

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97266274

Fax Number

Contact Number OFFICE-97266274

**EMail Address** NOEMAIL Address BLK 510B WELLINGTON CIRCLE #07-79

Postcode 752510

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 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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : UI

: UNKNOWN

GENDER: : FEMALE

**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

I STOP BEHIND VEH B AT THE SLIP RD FROM BISHAN ST 22 INTO BISHAN RD, WHEN NOTICED VEH B STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE, SUDDENLY VEH B STOP AFTER INCHED OUT FROM THE GIVE WAY LINE, I MANAGE TO STOP BUT CANNOT STOP IN TIME,AS THE RESULT I HIT ONTO VEH B REAR RIGHT PORTION.

#### 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 SLU7761M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver FONG KAI SOON NRIC/Passport Number S7824290F

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 12

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to statement	

# 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.:

GULERAL Shellfulliniform VI.

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**eBao**Tech

GeneralClaim

Hello, NAC_PAYA_UBI_8	00601						· Change	Languag	e Chan	ge Password	· Log Ou
My Desktop Notice of Loss	Polic	y Query									10
	Policy No	),				Date of Accident			12/08/2019 14:24		
	Vehicle N	Vehicle No.(For Motor)		FV9562Z		Certificate Number					
					[	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5086880627- 02		KER SOON PENG KELVIN	S9229283E	GMC	Third Party	FV9562Z	FV9562Z	13/12/2018	12/12/2019

# Claim Handling

Claim Handling						
Accident MT/1057374					5000 V	
Policy No.	5086880627-02	Vehicle No.	FV9562Z		GST Regis	tration N
Certificate No.						
Policyholder Name	KER SOON PENG KELVIN				Policyhold	er NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading	
Contact No.(Mobile)	97266274	Contact No.(Office)			Contact N	o.(Hame
Email Address		Special Remark			eCode	
KFK	« No Yes	TCA	No Yes		eCode Rea	
NCD Protection	No	NCD Entitlement(%)	20		Private Hi	re
Report Date	13/08/2019 16:12	Accident Report Within 24 hrs	Yes		Accident 1	ype
Date of Accident	12/08/2019	Time of Accident hh:mm	16:10		Country o	f Accide
Reporting Centre		Orange Force			ICM No.	
Accident Location	BISHAN ST 22 SLIP RD INTO BISHAN RD					
<b>▽</b> Excess						
Own damage Excess	0.00	Additional Excess			Windscree	n Exces
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
	C-6965					
	ion					
GST Registered	No		GST Regist	ration Date		
GST Registration No.			GST Status	Verified		Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 510B ±07-79	Address 2	WELLINGTON CIRC	I.E.	Address 3	
Address 4	SINGAPORE 752510	Address Type	LE	Post Code		
Unit No.	SINGAPORE /32310		Singapore address		Post Code	
OI Driver Info		Related Policy Number	5086880627-02			
Driver Name	KER SOON PENG KELVIN	Driver Type	Main Driver			
Unnamed driver Name	NEW SOOM FEMS RECVIN	Driver NRIC	S9229283E		Driver DO	R.
Register Date of Driver License	30/11/2012	Driver Age	27		Driver DOB  Driving Experience	
Contact No.(Mobile)	97266274	Contact No.(Office)	21		Contact No.(Hom	
Address 1	BLK 510B #07-79	Address 2	WELLINGTON CIRC	E	Address 3	
Address 4	SINGAPORE 752510	Address Type	Singapore address		Post Code	
Unit No.			Singapore dadicas		7 031 0000	
Does he own a Singapore	War - No	Driver Vehicle No.			Do as Tax	Can
Registered car?	Yes » No	Driver Vehicle No.			Driver Ins	urer Con
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊘ Yes ⊕ No			
Modification History						
Claim 001 New						
Claim Type •				OD-MX	Insured Name	KER SO
Contact No.(Mobile)				97266274	Contact No.	
months of the first tentering.					(Home) 01	15
				BANKS AND STREET, BANKS OF STREET, STR		FV9562
				PANDA6SIXTY9NINE@GMA		p + > 302
Email Address				1	Number	
Email Address  Claim Description				FV9562Z / SLU7761M ON	Number	. 1930.
Email Address  Claim Description  Preferred Workshop 0	Insured Liability Fully at Fau	it v		1	Number	
Email Address  Claim Description  Preferred Workshop  Bontwer No.	Preference Preferred Workshop, Na	CIA	d V	1	Number 12 Aug 2019	
Email Address  Claim Description  Preferred  Workshop 0	Preference   rully at rau	me unknown V GIA Received	d v	1	Number 12 Aug 2019  Claim Close	
Email Address  Claim Description  Preferred Workshop  Bonteen No. Finalisation	Preference Preferred Workshop, Na	me unknown V GIA Received	d v	FV9562Z / SLU7761M ON	Number 12 Aug 2019 Claim	



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