

NATIONAL Assessment Centre Services.

[ref 1 Jan 03]

MA49111352

Date In: 23/08/2009 17:48	Job description	Date & Time Completed	Done by
Ref No: 21/BA/INC/901490717	SAS e-filing		
Veh No: 26810019	E-mail (3 days, AIC 2hrs)		
D.O.A: 26810019 18:48	I-Motor Claim Form	M1/05917-001	23/08/2009 18:08
OP: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Vkwn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SCW 7991L	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Action

MA4906478	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (over 10 Jan 2003)	
Sub 11	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	*N9: DV / Collect Excess Coordination \$10	
	TP (Nil): TP (Non INC) against INC \$0	
	9) N12: Idea Mobile	
	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	23/08/2019 17:48
Date Of Accident	22/08/2019 18:45
Exact Location Of Accident	ALONG WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9479L
Insured/Policyholder	
Name Of Registered Owner	CHIAM DA PENG, ALEX
NRIC No	S9118951H
Email Address	ALEXCHIAMP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98328165
Alternative Phone No	OTHERS-92704189

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099603321-01
Cover Note Number	

Driver

Name of Driver	CHIAM DA PENG, ALEX
NRIC No	S9118951H
Date Of Birth	30/05/1991
Occupation	INDOOR
Date Of Driving Pass	08/12/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98328165
Fax Number	
Contact Number	OTHERS-92704189
Email Address	ALEXCHIAMP@GMAIL.COM

Address	BLK 468B ADMIRALTY DRIVE #02-19
Postcode	752468
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?	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	SKW7941L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG WEY JENN
NRIC/Passport Number	S8385597E
Contact Number	92704189
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 23/08/19
4:14 pm

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG WOODLAND AVENUE 12

A) FBK 9479L

B) SKW 7941L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on 1st lane of Woodland Ave 12, vehicle involved in the incident was coming to a stop before the traffic light. I was unable to stop in time and swerved ~~the~~ to the left. My right panner hit the side of his car.

DECLARATION

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

Policyholder's Signature
Date & Time: 23/08/19
4:12 pm

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

Reporting Centre Personnel's Signature
Name: 23/08/2019
NRIC/FIN No.: [Signature]

Claim Handling

Accident MY1099177

Policy No.	3099651321-01	Vehicle No.	PRK9479L	GST Registration No.	
Certificate No.				Policyholder NRIC	S9118951H
Policyholder Name	CHIAM DA PENG	Cover Type	Third Party	Leading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	98328165	Special Remark		eCode	No *
Email Address		TCR	No Yes	eCode Reason	
KYC	No Yes	NCD Entitlement(N)	30	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	23/08/2019 18:02	Accident Report Within 24 hrs	Yes	Accident Type	Slip/Swipe
Date of Accident	22/08/2019	Time of Accident (mm:hh)	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	8, LONG WOODLANDS AVENUE 12				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
VEDD OD Excess	0.00	VEDD TP Excess	0.00
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 468B #02-19	Address 2	ADHIRALTY DRIVE	Address 3	SINGAPORE 752468
Address 4		Address Type	Singapore Address	Post Code	752468
Unit No.	#02-19	Related Policy Number	909803321-01		

01 Driver Info

Driver Name	Chiam Da Peng, alex	Driver Type	Main Driver	Driver DOB	30/08/1991
Unnamed driver Name		Driver NRIC	S9118951H	Driving Experience	5
Register Date of Driver License	01/03/2016	Driver Age	28	Contact No. (Home)	
Contact No. (Mobile)	98328165	Contact No. (Office)		Address 1	SINGAPORE 752468
Address 1	BLK 468B #02-19	Address 2	ADHIRALTY DRIVE	Post Code	752468
Address 4		Address Type	Singapore Address		
Unit No.	#02-19			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PRK9479L		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	CHIAM DA PENG	Insured NRIC	S9118951H
Contact No. (Mobile)	98328165	Contact No. (Home)		Contact No. (Office)	
Email Address	ALEXCHIAMDP@GMAIL.COM	Vehicle Number	PRK9479L	TP Vehicle Number	SKW7941L
Claim Description	PRK9479L / SKW7941L ON 22 Aug 2019				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Workshop Request No.	Yes	Report Option	Preferred Workshop, Name unknown	Claim Close Date	23/08/2019 18:08
Date Registered				Date Received	23/08/2019 00:00
Report Taken By					ROSLI WAHAB

☐ Print AK letter

Attachment

Accident No.	MY1099177	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/08/2019 18:08

Path *

Category *	Confidential	Urgency *	Description *
Clear	Please Select *	NO *	Normal *
Clear	Please Select *	NO *	Normal *
Clear	Please Select *	NO *	Normal *
Clear	Please Select *	NO *	Normal *
Clear	Please Select *	NO *	Normal *
Clear	Please Select *	NO *	Normal *
Clear	Please Select *	NO *	Normal *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sett? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH)) on 23 Aug 2019 18:08	Photos	Normal	Photos 2019-8-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH)) on 23 Aug 2019 18:08	Photos	Normal	Photos 2019-8-23	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 18:08	Photos		Normal	Photos 2019-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 18:08	Photos		Normal	Photos 2019-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 18:08	Photos		Normal	Photos 2019-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 18:08	Photos		Normal	Photos 2019-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 18:08	SAS		Normal	SAS 2019-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-23
Video List					
Uploaded By/Date	Folder Data	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 08 / 2019) (DD/MM/YYYY), TIME: (18 : 48) (HH:MM)

LOCATION: Woodland AVE 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 9479 L
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5080086269-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CBZ HONDA CB400X
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL
 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: CHIAM DA PENG, MEX (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S91189511 CONTACT: 9822 8165
 C) ADDRESS: 8K 468B ADMIRALTY DRIVE #02-19

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEONG MEY JEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8385597E CONTACT: 9272 4189
 c) ADDRESS:

* d) DATE OF BIRTH: (10 / 10 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11 Aug 2008

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: SKW 7941 L MODEL: HYUNDAI HARRIDE
 b) DRIVER'S NAME: CHONG MEY JEN
 c) NRIC/FIN/PASSPORT: S8385597E CONTACT: 92704189

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S8385597E MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email = alexchiamp@gmail.com

VIDEO

DE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9118951H

For LKK/NAC Use Only



CHIAM DA PENG, ALEX

詹達澎

Race

CHINESE

Date of birth

30-05-1991

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9118951H

CHIAM DA PENG, ALEX

For LKK/NAC Use Only



Birth Date 30 May 1991

Issue Date 22 May 2014



3929596



NRIC No. S9118951H

For LKK/NAC Use Only



Date of issue

08-09-2006

Address

APT BLK 468B ADMIRALTY DRIVE
#02-19
SINGAPORE 752468

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EXPIRY DATE

Class 2B
Class 2A

MOTORCYCLES NOT EXCEEDING 200 CC
MOTORCYCLES BETWEEN 201 CC AND 400 CC

22 May 2014
08 Dec 2015

For LKK/NAC Use Only

9919951H

S / No. 9000243013



NP 428A

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 : 5080086269-01 **Cover** : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBK9479L |
| Chassis Number | : JH2NC4790GK100033 |
| 2. Name of Policyholder | : CHIAM DA PENG |
| 3. Effective Date of Insurance | : 05 May 2017 |
| 4. Expiry Date of Insurance | : 04 May 2018 |
| 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: CHIAM DA PENG ALEX
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 17 Apr 2017 22:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive