

NATIONAL Assessment Centre Services.

[ver 1 Jan 05] MNA419/13942

Date In: 29/01/2019 09:33	Job description	Date & Time Completed	Done by
Ref No: NBSA/INC/19015243/N	SAS e-filing		
Veh No: GVE 8838 N	E-mail (update 3hrs, AIC 2hrs)		
D.O.A: 28/01/2019 13:40	1-Motor Claim Form	M/1059963-001	29/01/2019
OD - TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:05
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SJS 6922G 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 repairer.

() 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 of Incident: _____

X119906582

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee 340/345	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
_____	5) PT: Follow-Through Survey (Resurvey) \$30	
_____	6) TR: Re-inspection \$75	
_____	7) NI: Idco DA + SMRT Survey \$160	
_____	8) NTUC Additional Services:	
_____	*NS: Courtesy Car / Tpl Allowance \$3	
_____	*NG: Repairs Co-ordination \$10	
_____	*NV: Post Repair Inspection \$25	
_____	*NS: DV / Collect Excess Coordination \$5	
_____	TP (N11): TP (Non INC) against INC \$20	
_____	*NI: Idco Mobile \$0	
_____	Invoice dated _____ Fee Charged _____	
_____	Invoice dated _____ Fee Charged _____	

WAVE 200
CREATED

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	29/08/2019 09:33
Date Of Accident	28/08/2019 13:40
Exact Location Of Accident	U-TURN AT HENDERSON ROAD (BESIDE CMPB)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8838Y
Insured/Policyholder	
Name Of Registered Owner	THE BIKE SETTLEMENT PTE. LTD.
Co Reg No	201309233C
Email Address	KELVIN@THEBIKESSETTLEMENT.COM
Mobile Phone No	(LOCAL) +65-97360951
Alternative Phone No	OFFICE-97360951

Vehicle Particulars

Manufacturer	NISSAN
Model	NV250
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078016355-03
Cover Note Number	

Driver

Name of Driver	NG KAI WEN, KELVIN
NRIC No	S8327606A
Date Of Birth	01/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2002
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97360951
Fax Number	
Contact Number	OTHERS-97360951
EMail Address	KELVIN@THEBIKESSETTLEMENT.COM

Address	BLK 51 UPPER SERANGOON VIEW #16-03
Postcode	534020
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	SJS6922G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW LAY ENG
NRIC/Passport Number	S7317996C
Contact Number	94387555
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.
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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.

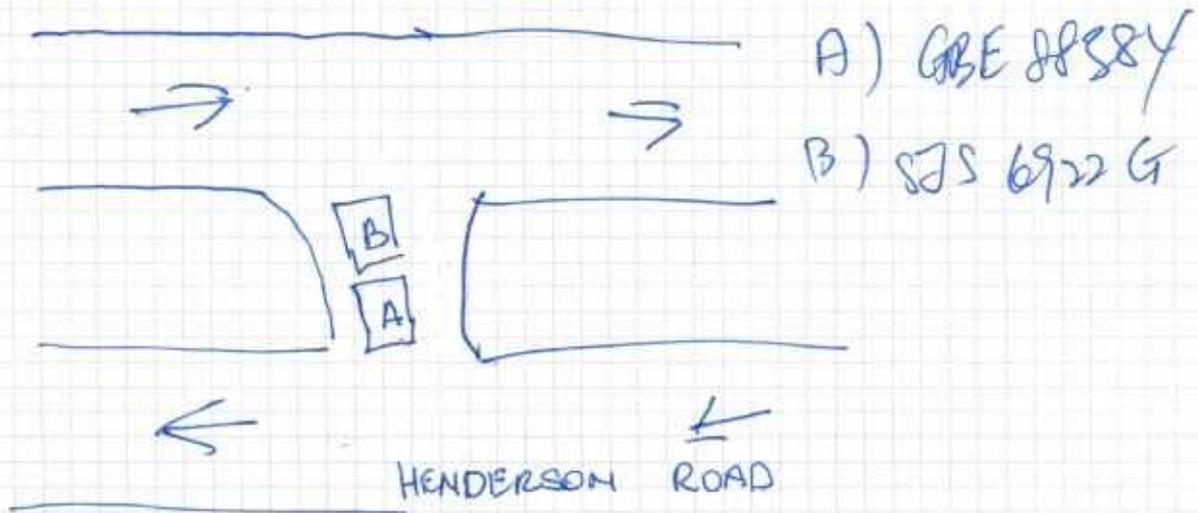


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/08/2019 AT ABOUT 13:40HRS I WAS AT HENDERSON ROAD TO TURN RIGHT TO MAKE A U-TURN. THE CAR B BRAKE & I COULD NOT BRAKE ON TIME & HIT THE REAR OF CAR B

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.:

Claim Handling

Accident #1/1099963

Policy No.	5076016355-03	Vehicle No.	GBR883BY	GST Registration No.	201309233C
Certificate No.					
Policyholder Name	THE BIKE SETTLEMENT PTE. LTD.			Policyholder NRIC	301309233C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Leading	E
Contact No. (Mobile)	97360051	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No *
KFK	- No Yes	TEA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	29/08/2019 09:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to head
Date of Accident	28/08/2019	Time of Accident (hh:mm)	13:40	Country of Accident	Singapore
Reporting Centre		Orange Park		ICM No.	
Accident Location	U-TURN AT HENDERSON ROAD (RESIDE CHFB)				

Excess

Own Damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	25/04/2013
GST Registration No.	201309233C	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	1002 JALAN BUKIT MERAH	Address 2	#05-1A	Address 3	SINGAPORE 339756
Address 4		Address Type	Singapore address	Post Code	139456
Unit No.	05-18	Related Policy Number	5076016355-03		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/09/1963
Unnamed Driver Name	NO KAI WEN, KEVIN	Driver NRIC	S632780GA	Driving Experience	17
Register Date of Driver License	11/06/2002	Driver Age	35	Contact No. (Home)	
Contact No. (Mobile)	97360051	Contact No. (Office)		Address 1	SINGAPORE 534020
Address 1	31 UPPER SERANGOON VIEW	Address 2	#16-03 HERON BAY	Address 3	
Address 4		Address Type	Foreign address	Post Code	534020
Unit No.	16-03	Driver Vehicle No.	GBR883BY	Driver/Driver Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration

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

Claim #03 **Save**

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability Pully at Fault

Reported

Report Taken By

Save **Submit**

Attachment

Accident No.	Claim No.	Last Doc. Received	Upload Date	Category *	Confidential	Urgency *	Description *
NT11039963	003	Yes - No	29/08/2019 10:03	Please Select	NO	Normal	
				Please Select	NO	Normal	
				Please Select	NO	Normal	
				Please Select	NO	Normal	
				Please Select	NO	Normal	
				Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (00)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 29 Aug 2019 10:03	Photos	Normal	Photos 2019-8-29	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 29 Aug 2019 10:03	Photos	Normal	Photos 2019-8-29	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 29 Aug 2019 10:03	Photos	Normal	Photos 2019-8-29	

Claim Handling(accident reporting Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	Photos		Normal	Photos 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2019 10:03	SAS		Normal	SAS 2019-8-29

Video List

Uploaded By/Date	Folder Name	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

ACCIDENT STATEMENT

ACCIDENT DATE: (28/08/2019) (DD/MM/YYYY), TIME: (13:40) (HH:MM)

LOCATION: HENDERSON ROAD (B&SDE CMPS)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 8838 Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: NISSAN NV250
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: THE BIKE SETTLEMENT PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9736 0951
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: NG KAI WEN KELVIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8327606A CONTACT: 9736 0951
c) ADDRESS: 51 UPPER SERANGOON VIEW #16-03 SINGAPORE 534020

* d) DATE OF BIRTH: (01/09/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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) (NO)
7. a) REPORTED TO POLICE (YES/NO) (NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 6922G MODEL: VOLKSWAGEN
b) DRIVER'S NAME: LOW LAY ENG
c) NRIC/FIN/PASSPORT: S7317996C CONTACT: 9438 7555

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)

(1)

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

email = kelvin@thebikeselement.com

VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENSE



License Number: S8327606A
 Name: NG KAI WEN, KELVIN
 For LKK/NAC Use Only
 Birth Date: 01 Sep 1983
 Issue Date: 30 Apr 2003

1000460081J

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S8327606A



For LKK/NAC Use Only
 NG KAI WEN, KELVIN
 黄凯文
 Race: CHINESE
 Date of birth: 01-09-1983
 Country/Place of birth: SINGAPORE
 Sex: M




(I AM LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S))

Class	Motor Cars and Motor Tractors (the weight of which unladen does not exceed 2500 kilograms)	PASS DATE
Class 3		11 Jun 2002

For LKK/NAC Use Only

License No: S8327606A

5334437



NRIC No: S8327606A



For LKK/NAC Use Only
 Date of issue: 31-07-2014
 APT BLK 51 UPPER SERANGOON VIEW #16-03
 SINGAPORE 534020
 NRIC No: S8327606A
 Date: 08/03/2017

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078016355-03		THE BIKE SETTLEMENT PTE. LTD.	201309233C	GCV	Comprehensive	GBE8838Y	GBE8838Y	01/03/2019	29/03/2020

Continue