

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MMA 119113984

Date In: 29/1/19 10:45	Job description	Date & Time Completed	Done by
Ref No: NA/IMC19015248/h4	SAS e-filing		
Veh No: FY 8690C	E-mail (within 3hrs, AIC 2hrs)		
DDA: 28/1/19 13:00	I-Motor Claim Form	MT/1060056-001	29/1/19 14:59
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SMN 2689Y	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 rep/rep.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 10/1/19 16:16)
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Action

NA 1906383	Invoice Allocation Check	Amo (\$)	Amo (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	29/08/2019 10:45
Date Of Accident	28/08/2019 13:00
Exact Location Of Accident	ALONG TAI SENG ST TWDS KIM CHUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY8690C
Insured/Policyholder	
Name Of Registered Owner	CHEAH KIAN TIONG
NRIC No	S1433111E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87386551
Alternative Phone No	OFFICE-87386551

Vehicle Particulars

Manufacturer	DAELIM
Model	VL125
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	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	5108936326
Cover Note Number	-

Driver

Name of Driver	CHEAH KIAN TIONG
NRIC No	S1433111E
Date Of Birth	24/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87386551
Fax Number	
Contact Number	OFFICE-87386551
Email Address	NOEMAIL

Address	BLK 527 HOUGANG AVE 6 #09-209
Postcode	530527
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 - MAJOR/MINOR RD
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190828/2155

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 Witness 1

Name	UNKNOWN
Phone Number	98315276
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN2689Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK HONG KIAT
NRIC/Passport Number	S1172207E
Contact Number	81258356

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEAH KIAN TIONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FY8690C

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 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.:

Bread talk HQ

Tai seng street

A = FY 8690E
B = SMN 2689Y

Refer Police Report T/20190828/2155

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

五

Driver's Signature
(If driver is not the policyholder)





**SINGAPORE
POLICE FORCE**



T/20190828/2155

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20190828/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2019 21:25	Vide Report No.:	Station Diary No.: 129
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Informant's Particulars

Name of Informant: CHEAH KIAN TIONG			Address: APT BLK 527 HOUGANG AVENUE 6 #09-209 SINGAPORE 530527		
ID Type / ID No.: NRIC NO / S1433111E			Contact No.: Home/Office: Mobile: 87386551		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 24/06/1960	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2019 13:00	Type of Location: Y-Junction
Location: Along Road 1 TAI SENG STREET KIM CHUAN ROAD Along Tai Seng Street towards Kim Chuan Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY8690C	Motorcycle	DAELIM	VL 125	Blue		0
SMN2689Y	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY8690C	NTUC Income Insurance Co-Operative Limited	5108936326	16/04/2019	15/04/2020



**SINGAPORE
POLICE FORCE**



T/20190828/2155

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190828/2155

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	CHEAH KIAN TIONG	ID No.	S1433111E
Related Vehicle	FY8690C (Motorcycle)	Contact No.	87386551
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver

Name	QUEK HONG KIAT	ID No.	S1172207E
Related Vehicle	SMN2689Y (Car)	Contact No.	81258356
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/08/2019 at about 1300hrs, I was travelling along Tai Seng Street towards Kim Chuan Road on my motorcycle FY8690C. While proceeding straight, I observed that there was a vehicle from my left SMN2689Y trying to make a left turn onto Tai Seng Street. I alerted the driver of SMN2689Y by honking but to no avail. The vehicle hit onto the left side of my motorcycle and I fell.

No one was seriously injured, no police or ambulance were at scene. Both of us exchanged particulars and left the scene. After the accident, I did not feel well and went to Central 24HR Clinic located at Hougang to receive treatment. I had 3 days of MC from 28/08/2019 to 30/08/2019 for left arm discomfort.



**SINGAPORE
POLICE FORCE**



T/20190828/2155

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190828/2155

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 ASHLEY TOH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/08/2019 21:25

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

1000498283E

Name: CHEAH KIAN TIONG

Birth Date: 24 Jun 1960

Issue Date: 20 May 2003

1000498283E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1433111E

Name: CHEAH KIAN TIONG

Race: CHINESE

Date of birth: 24-06-1960

Country of birth: SINGAPORE

Sex: M

4345912

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

PASS DATE: 06 Jul 1987

2b Motorcycles not exceeding 200 cc

Licence No: S1433111E

NP 428A

For LKK/NAC Use Only

4345912

NRIC No: S1433111E

Date of issue: 31-01-2009

Address: APT BLK 527 HOUGANG AVENUE 8 #09-209 SINGAPORE 530527

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="29/08/2019 10:42"/>							
Vehicle No. (For Motor)	<input type="text" value="FY8690C"/>	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"/>	5108936326		CHEAH KIAN TIONG	S1433111E	GMC	Third Party, Fire & Theft	FY8690C	FY8690C	16/04/2019	15/04/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1060056

Policy No.	5108936326	Vehicle No.	FYB690C	GST Registration No.	
Certificate No.					
Policyholder Name	CHEAH KIAN TIONG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1433111E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87386551	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	29/08/2019 14:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	28/08/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAI SENG ST TWDS KIM CHUAN RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED 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 527 #09-209	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530527
Address 4		Address Type	Singapore address	Post Code	530527
Unit No.		Related Policy Number	5108936326		

OT Driver Info

Driver Name	CHEAH KIAN TIONG	Driver Type	Main Driver	Driver DOB	24/06/1960
Unnamed driver Name		Driver NRIC	S1433111E	Driving Experience	32
Register Date of Driver License	06/07/1987	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	87386551	Contact No.(Office)		Address 3	SINGAPORE 530527
Address 1	BLK 527 #09-209	Address 2	HOUGANG AVENUE 6	Post Code	530527
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHEAH KIAN TIONG	Insured NRIC	S1433111E	
Contact No.(Mobile)		Contact No.(Home)	63862733	Contact No.(Office)		
Email Address		OT Vehicle Number	FYB690C	Vehicle Number	SMN2689Y	
Claim Description	FYB690C / SMN2689Y ON 28 Aug 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Benefit No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				29/08/2019 14:58	Claim Close Date	
Report Taken By				LIEW SHAN HUI	Date Received	29/08/2019 08

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1060056	Claim No.	001			
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	29/08/2019 14:59			
Path *		Category *	Confidential	Urgency *	Description	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

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Normal

Clear




















Please Select

NO

Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:59	SAS	Normal	SAS 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:59	Photos	Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:59	Photos	Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:59	Photos	Normal	Photos 2019-8-29	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:58	Photos	Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:58	Photos	Normal	Photos 2019-8-29	

Video List

Uploaded By/Date

Folder Date

File Name

Source

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Scan and uploading