

NATIONAL Assessment Centre Services. [ver 1 Jan'09] MMA 11912063P.

Date In: 11/9/19 14:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 INC19016130164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBL3510M	I-Motor Claim Form	MT/1061991-001	11/9/19 15:47.
D.O.A: 2018/19 20:30.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

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

TP Particulars: Veh No: Unknown, 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: ()

Remedy:	INC () / Non-INC ()	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	Action:

MA1906939	Invoice Preparation Credit:	Am't (\$)	By: Amt (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For obtaining status INC Only (ver 10 Jan 2009)		
	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 \$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	11/09/2019 14:30
Date Of Accident	20/08/2019 20:30
Exact Location Of Accident	OUTRAM RD TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3510M
Insured/Policyholder	
Name Of Registered Owner	OEDO FOOD SERVICES PTE LTD
Co Reg No	199403056R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98875795

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PX150
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	NO
Policy Number	5093983419-01
Cover Note Number	-

Driver

Name of Driver	TAKEDA YOHEI
NRIC No	S6885204H
Date Of Birth	09/05/1968
Occupation	INDOOR
Date Of Driving Pass	19/07/1994
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97390110
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	60 ROBERTSON QUAY #10-08
Postcode	238252
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MANAGING DIRECTOR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190825/2042

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAKEDA YOHEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL3510M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

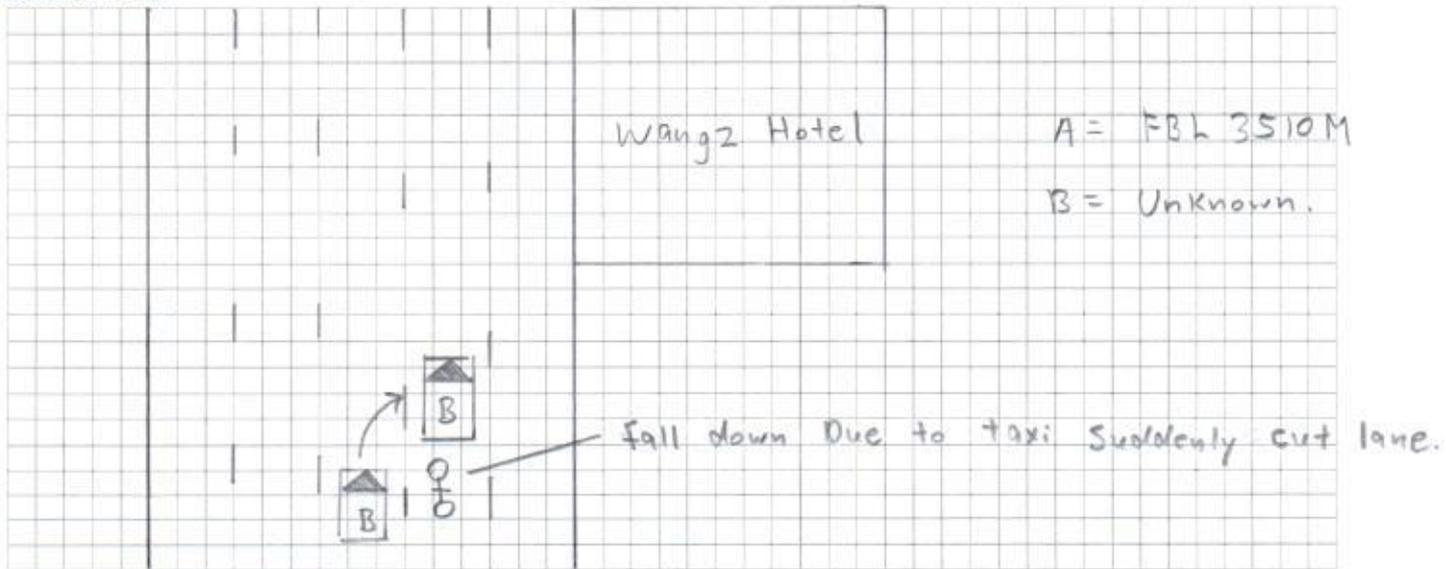


Policyholder's Signature
Date & Time:

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

Refer to Police Report T/20190825/2042

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 8 / 19) (DD/MM/YYYY), TIME: (20 : 30) (HH:MM)

LOCATION: Outram Rd twds AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 3510M.
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- 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: Takeda Yohei OE D. food services pte Ltd. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 9887 5795.
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Takeda Yohei (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 9739 0110.
- c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Managing director.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) conveyed.

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown. MODEL: Taxi
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

mark motor pte ltd

* bike take photo.

email = takeda@takopachi.com

* chop

fax =

VIDEO = no.

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()



**SINGAPORE
POLICE FORCE**



T/20190825/2042

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20190825/2042

CONTINUATION OF REPORT

Rider			
Name	TAKEDA YOHEI	ID No.	S6885204H
Related Vehicle	NIL	Contact No.	97390110
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I got into an accident along Outram road towards AYE. I was riding on my motorcycle (FBL3510M) on the right lane and a taxi suddenly cut out to my lane as he wanted to pick up a passenger. I then braked abruptly in an attempt to evade the taxi as it stopped in front of me, causing me to fall from my bike. I was then attended to by the Traffic Police and conveyed to the hospital. I am given medical leave for 21 days from 20/08/2019 to 09/09/2019. I am lodging this report for insurance and investigation purposes as advised by the Traffic Police. Incident vide to T/20190820/2205



**SINGAPORE
POLICE FORCE**



T/20190825/2042

3 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20190825/2042

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: E / Sgt 2 TAY WAN YI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFFIYAN BIN KHAIRI Contact No.: 65476390	SN 17
Authentication Stamp NP168	
	SIGNATURE

Signature Of Informant:	
Date/Time: 25/08/2019 12:26	
Classification Of Case:	

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="20/08/2019 16:00"/>
Vehicle No.(For Motor)	<input type="text" value="FBL3510M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093983419-01		OEDO FOOD SERVICES PTE LTD	199403056R	GMC	Third Party	FBL3510M	FBL3510M	16/09/2018	15/09/2019

Claim Handling

Accident MT/1061991

Policy No.	5093983419-01	Vehicle No.	FBL3510M	GST Registration No.	199403056R
Certificate No.					
Policyholder Name	OEDO FOOD SERVICES PTE LTD			Policyholder NRIC	199403056R
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98875795	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	11/09/2019 15:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/08/2019	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTRAM RD TWDS AYE				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
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	01/02/2000
GST Registration No.	199403056R	GST Status Verified	Yes
Modification History	11/09/2019 15:45:17 System changed GST Registration Date from 01/01/2015 to 01/02/2000 11/09/2019 15:45:17 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	435 ORCHARD ROAD	Address 2	#18-06 WISMA ATRIA	Address 3	SINGAPORE 238877
Address 4		Address Type	Singapore address	Post Code	238877
Unit No.		Related Policy Number	5093983419-02		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/05/1968
Unnamed driver Name	TAKEDA YOHEI	Driver NRIC	S6885204H	Driving Experience	25
Register Date of Driver License	19/07/1994	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	97390110	Contact No.(Office)		Address 3	SINGAPORE 238252
Address 1	60 ROBERTSON QUAY	Address 2	#10-06 THE QUAYSIDE	Post Code	238252
Address 4		Address Type	Singapore address		
Unit No.	10-08				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	OEDO FOOD SERVICES PTE LTD	Insured NRIC	199403056R	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68875795	
Email Address	ku@takogachi.com	O1 Vehicle Number	FBL3510M	TP Vehicle Number	LNKNC	
Claim Description	FBL3510M / UNKNOWN ON 20 Aug 2019				Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Not at Fault			
ROBARK No. Finalisation	0	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Barclayd	
Date Registered		Claim Close Date	11/09/2019 15:46	Date Received	11/09/2019	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	Claim No.	Upload Date	Category *	Confidential	Urgency *	Desci
MT/1061991	001	11/09/2019 15:47	Please Select	NO	Normal	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No		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
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Sep 2019 15:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-11

