NATIONAL Assessment Centre Services. [wef 1 Jan'08] . NNAV19/34215

Date In: 10/10/2019 09:40	Job description	Date & Time Completed	Done by
Ref No: NBB/MC/19017863/Y	SAS e-filing		
Veh No: FBL 2246 T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/10/2019 13.00	I-Motor Claim Form	MV/10662117-001	10/10/2019 10:52
OD / (TP) / Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: XE 4280R 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%. F: 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: ( )

Claims Handling Instruction	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

X/19/07645

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

Invoicing Instructions		
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100) INC ($80)		
3) TF : Towing Fee	$40/$45	
4) FT : Follow-Through Survey	$120	
5) FT : Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2008)	$75	
6) TR : Re-Inspection		
7) N1 : Idea DA + SMRT Survey	$160	
8) NTUC Additional Services-		
NSP		
*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: Idea Mobile	30	
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	10/10/2019 09:40
Date Of Accident	09/10/2019 13:00
Exact Location Of Accident	OUTSIDE 45 TUAS SOUTH AVENUE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL2246H
Insured/Policyholder	
Name Of Registered Owner	CHEONG WEI PENG CYNTHIA
NRIC No	S6941635G
Email Address	CYNTHIACHEONGWP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97986690
Alternative Phone No	OTHERS-97986690
Vehicle Particulars	
Manufacturer	SYM
Model	COMBIZ 125-125CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082732826-03
Cover Note Number	
Driver	
Name of Driver	CHEONG WEI PENG CYNTHIA
NRIC No	S6941635G
Date Of Birth	27/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97986690
Fax Number	
Contact Number	OTHERS-97986690
EMail Address	CYNTHIACHEONGWP@YAHOO.COM

Address	BLK 157 LORONG 1 TOA PAYOH #10-1197
Postcode	310157
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 PLN

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	XE4230R
Vehicle Make/Model/Colour	HINO 500
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QIU JUN TAO
NRIC/Passport Number	G2095359X
Contact Number	98253411
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.
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

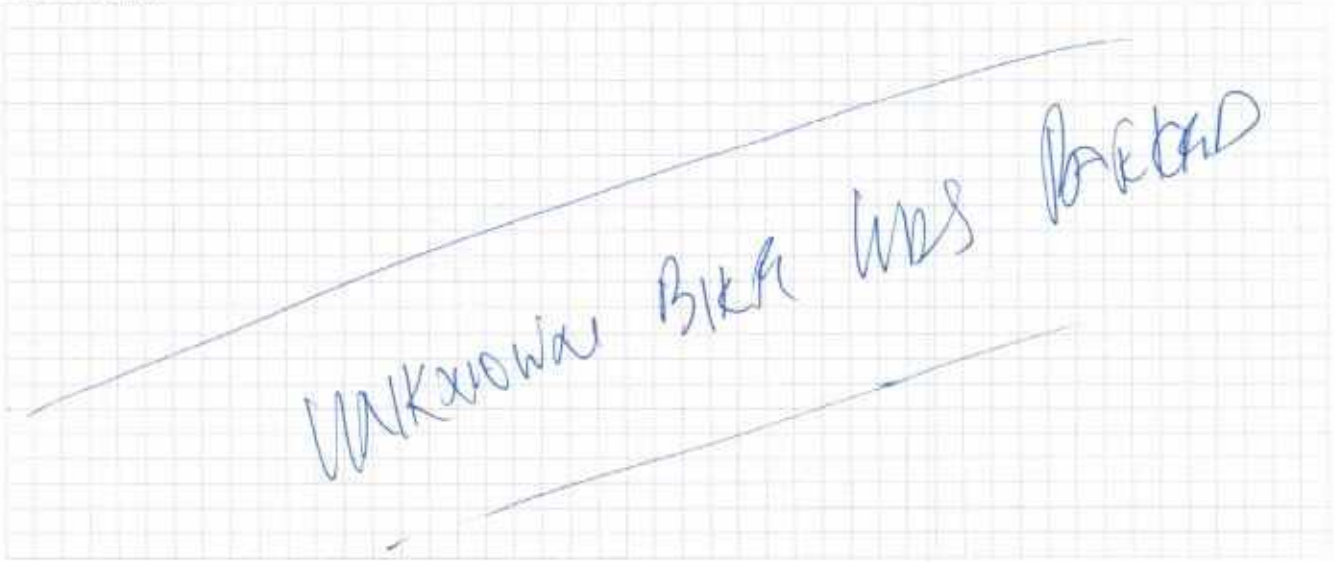
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 6.00pm 04/10/19

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

10/10/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

① Bike was stationed & Parked at motorcycle parking lot.
② Truck turned out of building - 47 Tuas South Ave 1 SC (637328) & hit on the stationed bike - SFBL 2246H
③ No Injury.
④ Driver left a note to put down his details. → Qiu Jun Tao
⑤ Insured only noticed the bike was hit when ERP system broke.
⑥ Driver Qiu came over 2 later after contacting him.
⑦ Took his FIN card

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 6.00 pm 09/10/19	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

19/10/2019

Qiu Jun Tao
G2095359X
H.P. 98253411
REFUSERVICE PTE LTD
XE423OR

10/10/2019
Res L. Lim HDB

Claim Handling

Accident MT/1066217

Policy No.	5082732826-03	Vehicle No.	FBL2246H	GST Registration No.	
Certificate No.					
Policyholder Name	CHEONG WEI PENG CYNTHIA			Policyholder NRIC	S6941635G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97986690	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	10/10/2019 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	09/10/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE 45 TUAS SOUTH AVENUE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	TP Standard Excess	0.00		
YSED OD Excess	0.00	YSED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	300.00	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 157 #10-1197	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH VALE
Address 4	SINGAPORE 310157	Address Type	Singapore address	Post Code	310157
Unit No.	10-1197	Related Policy Number	5082732826-03		

OI Driver Info

Driver Name	CHEONG WEI PENG,CYNTHIA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6941635G	Driver DOB	27/11/1969
Register Date of Driver License	14/01/2010	Driver Age	49	Driving Experience	9
Contact No.(Mobile)	97986690	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 157 #10-1197	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH VALE
Address 4	SINGAPORE 310157	Address Type	Singapore address	Post Code	310157
Unit No.	10-1197				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBL2246H	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	QD-MX	Insured Name	CHEONG WEI PENG CYNTHIA	Insured NRIC	S6941635G
Contact No.(Mobile)	97986690	Contact No.(Home)		Contact No.(Office)	
Email Address	CYNTHIACHEONGWP@YAHOO.C	OI Vehicle Number	FBL2246H	TP Vehicle Number	XE4230R
Claim Description	FBL2246H / XE4230R ON 9 Oct 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Renewal No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/10/2019 10:04	Claim Close Date		Date Received	10/10/2019 00:00
Report Taken By	ROSLI WAHAB				

Print As letter

Save Submit

Attachment

Accident No.	MT/1066217	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/10/2019 10:52

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	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	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_B00678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:52	Photos	Normal	Photos 2019-10-10	
	NAC_BUKIT_MERAH_B00678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:52	Photos	Normal	Photos 2019-10-10	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:52	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:52	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:52	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:53	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:47	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:47	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:47	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:47	Photos		Normal	Photos 2019-10-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:47	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:46	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:46	Photos		Normal	Photos 2019-10-10
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:44	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:44	Photos		Normal	Photos 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2019 10:44	SAS		Normal	SAS 2019-10-10

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (02/10/2019) (DD/MM/YYYY), TIME: (1:pm) (HH:MM)

LOCATION: 47 Tuas South Dve 1 S(637328) motor for parking outside the building

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBL 2246H
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: SYM
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use BIKE PARKED
   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: Cynthia Cheong Wei Peng (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S6946359 CONTACT: 97598690
   c) ADDRESS: 157 Toa Payoh Ter 1 ~~#04-207~~ S(310157) #10-1197

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (__)

DRIVER
   a) NAME: Same as Insured (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (27/11/1969) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 14/01/2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Customer
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)
   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: YE 4230R MODEL: HINO 500
   b) DRIVER'S NAME: Qiu Jun Tao
   c) NRIC/FIN/PASSPORT: G2045359X CONTACT: 98253411

* No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) (__)

email = cynthiacheongwp@yahoo.com

VIDEO

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

- My Desktop
- Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) FBL2246H

Date of Accident 09/10/2019 09:33

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5082732826-03		CHEONG WEI PENG CYNTHIA	S6941635G	GMC	Comprehensive	FBL2246H	FBL2246H	01/08/2019	31/07/2020

Continue