

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 00]

MNA 419138928

Date In: 21/10/2019 10:25	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19018496/F	SAS e-illing		
Veh No: FBP 4880S	E-mail (3 Julia St, AIC 2hrs)		
DOA: 19/10/2019 11:45	1-Motor Claim Form	MT/1067672-001	21/10/2019 11:21 hrs
OD: TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SFF 7 TSSG	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: ()

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

Injury: _____

Date of Incident: _____	Location: _____

NBA907854

Claimant: _____	1) AL: 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	
Architect's Comments: _____	For claiming against INC Only (w/c 10 Jan 2005)	
Ref: _____	6) TR: Re-inspection \$75	
21/11	7) NI: Idao DA + SMRT Survey \$160	
2/2	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idao 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	21/10/2019 10:25
Date Of Accident	19/10/2019 11:45
Exact Location Of Accident	ALONG STEVEN ROAD TWDS SCOTT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4880S
Insured/Policyholder	
Name Of Registered Owner	KELVIN CHIA WEN JIE(XIE WENJIE)
NRIC No	S8328689Z
Email Address	KELVINCHIAWJ83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87420483
Alternative Phone No	OFFICE-87420483

Vehicle Particulars

Manufacturer	YAMAHA
Model	XT1200Z SUPER TENERE
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108853484
Cover Note Number	

Driver

Name of Driver	KELVIN CHIA WEN JIE(XIE WENJIE)
NRIC No	S8328689Z
Date Of Birth	15/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87420483
Fax Number	
Contact Number	OFFICE-87420483
Email Address	KELVINCHIAWJ83@GMAIL.COM

Address	BLK 780D WOODLANDS CRESCENT #11-61 SINGAPORE
Postcode	734780
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 - 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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SFF7755G
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

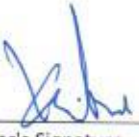
SKETCH PLAN


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:

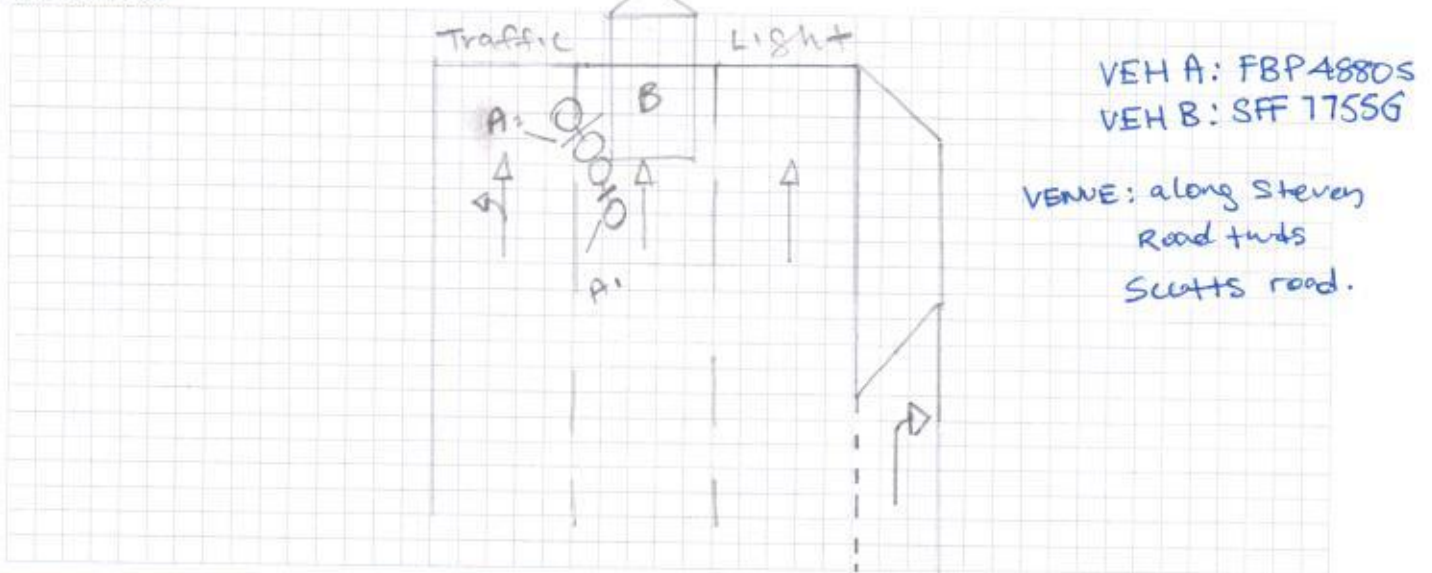
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report
ref no. T/20191019/2058

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.:



SINGAPORE POLICE FORCE



T/20191019/2058

1 of 3

Report No. T/20191019/2058

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2019 13:54		Vide Report No.:		Station Diary No.: 62
Informant's Particulars				
Name of Informant: KELVIN CHIA WEN JIE		Address: APT BLK 780D WOODLANDS CRESCENT #11-61 SINGAPORE 734780		
ID Type / ID No.: NRIC NO / S8328689Z		Contact No.: Home/Office: Mobile: 87420483		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 36	Date of Birth: 15/09/1983	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: DELIVERYMAN		Driving Licence Information: Class: 2B,2A,2,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2019 11:45	Type of Location: Straight Road
Location: Along Road 1 STEVENS ROAD				
Along Stevens towards Scotts Road. Between junction of Balmoral Road and Anderson Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4880S	Motorcycle	YAMAHA	XT1200Z SUPER TENERE	Black	Slightly Damaged	0
SFF7753G	Car	TOYOTA	VELLFIRE	White	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20191019/2058

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

2 of 3

Report No. T/20191019/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4880S	NTUC Income Insurance Co-Operative Limited	5108853484	12/04/2019	11/04/2020

Brief Details.

On 19/10/2019 at about 1148hrs, I was riding along Stevens Road going towards Scotts Road and I was travelling on the third lane on my motorcycle (FBP4880S). When suddenly a white Toyota vellfire (SFF7755G) jammed break at the junction of Stevens Road towards Scotts Road, between Balmoral Road and Anderson Road. The red light was amber at that time and the white Toyota had already crossed the stopped line when it jammed break. I had kept a car length distance away from the white Toyota but due to the car which stopped suddenly after the stop line, I break and turned my motorcycle towards the left and my attachments hit onto the rear bumper of the car. I was expecting him to continue to drive off as he had drove past the stop line but he just stopped after the stop line.

I could not regain control after turning my motorcycle as such I fell and I got back up with minor scratches on my right hand. I then took a few photo of the incident but the driver did not talk to me and he just drove off. No particulars was exchanged. He did not render any assistance as well. I was assisted by another Malaysian rider. I am not sure if there is any CCTV at the junction.

Earlier before the accident, I was riding along Mount Pleasant Road and I had encounter the white Toyota who had abruptly changed into my lane without signaling. I then manage to stop beside the white Toyota while waiting for the traffic light along Mount Pleasant Road. I then tried to get him to talk to me but the driver just point at his car camera and ignored me. The driver then continue driving after the traffic light turned green and I had managed to stop beside the white Toyota again at the junction of Whitley Road towards Stevens Road and I wanted to tell him about him changing lane abruptly but he ignored me again.



**SINGAPORE
POLICE FORCE**



T/20191019/2058

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

3 of 3

Report No. T/20191019/2058

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:

E1

Sgt 3 THONG RAYMOND

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

19/10/2019 13:54

Classification Of Case:

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#) [Change Passw](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/10/2019 09:47"/>
Vehicle No.(For Motor)	<input type="text" value="FBP4880S"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expir
<input checked="" type="radio"/>	5108853484		KELVIN CHIA WEN JIE (XIE WENJIE)	S8328689Z	GMC	Comprehensive	FBP4880S	FBP4880S	12/04/2019	11/04

Claim Handling

Accident MT/1067672

Policy No.	5108853484	Vehicle No.	FBP4880S
Certificate No.			
Policyholder Name	KELVIN CHIA WEN JIE (XIE WENJIE)		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive
Contact No.(Mobile)	87420483	Contact No.(Office)	
Email Address		Special Remark	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	0

▼ Accident Details

Report Date	21/10/2019 11:16	Accident Report Within 24 hrs	Yes
Date of Accident	19/10/2019	Time of Accident hh:mm	11:45
Reporting Centre		Orange Force	
Accident Location	ALONG STEVEN ROAD TWDS SCOTT ROAD		

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	1000.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 780D #11-61	Address 2	WOODLANDS CRESCENT
Address 4	SINGAPORE 734780	Address Type	Singapore address
Unit No.	10-144	Related Policy Number	5093816146-02

▼ OI Driver Info

Driver Name	KELVIN CHIA WEN JIE (XIE WENJIE)	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S8328689Z
Register Date of Driver License	28/06/2016	Driver Age	36
Contact No.(Mobile)		Contact No.(Office)	
Address 1	BLK 780D #11-61	Address 2	WOODLANDS CRESCENT
Address 4	SINGAPORE 734780	Address Type	Singapore address
Unit No.	10-144		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	

Declaration

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

Claim 001

New

Claim Type *

OD-MX

Contact No.(Mobile)

Email Address

Claim Description

FBP4880S / S

Preferred Workshop
Contact No.
Finalisation

Yes

Insured Liability

Partially at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

21/10/2019 1

Report Taken By

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1067672

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

21/10/2019 11:0

Path *

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Category



Urgency



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Oct 2019 11:20

NRIC/ Driving License

Y

Normal



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Oct 2019 11:20

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Normal



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Oct 2019 11:20

Photos

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Photos

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