

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA19143578**

Date In: 27/01/19-12:35	Job description	Date & Time Completed	Done by
Ref No: HA/INC19209158/24	SAS e-filing		
Veh No: F0K28052	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/01/19-1115	i-Motor Claim Form	M71068965-000	30/01/19 13:45
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 / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **JAD1459A** 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: ()

Remarks:	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QI*		
	*N5: Courtesy Car / Tpl 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	30/10/2019 12:35
Date Of Accident	28/10/2019 11:15
Exact Location Of Accident	PETIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3855Z
Insured/Policyholder	
Name Of Registered Owner	SEAH TECK YEW (XIE DEYAO)
NRIC No	S8741668B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92272792
Alternative Phone No	OFFICE-92272792

Vehicle Particulars

Manufacturer	KYMCO
Model	DOWNTOWN 350I ABS
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	5082754439-03
Cover Note Number	

Driver

Name of Driver	SEAH TECK YEW (XIE DEYAO)
NRIC No	S8741668B
Date Of Birth	22/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92272792
Fax Number	
Contact Number	OFFICE-92272792
E Mail Address	NOEMAIL

Address	BLK 548A SEGAR ROAD #16-610
Postcode	671548
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 - OPENING DOOR OF VEHICLE
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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191028/2112.

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	SHD1409H
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)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name SEAH TECK YEW (XIE DEYAO)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBK3855Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

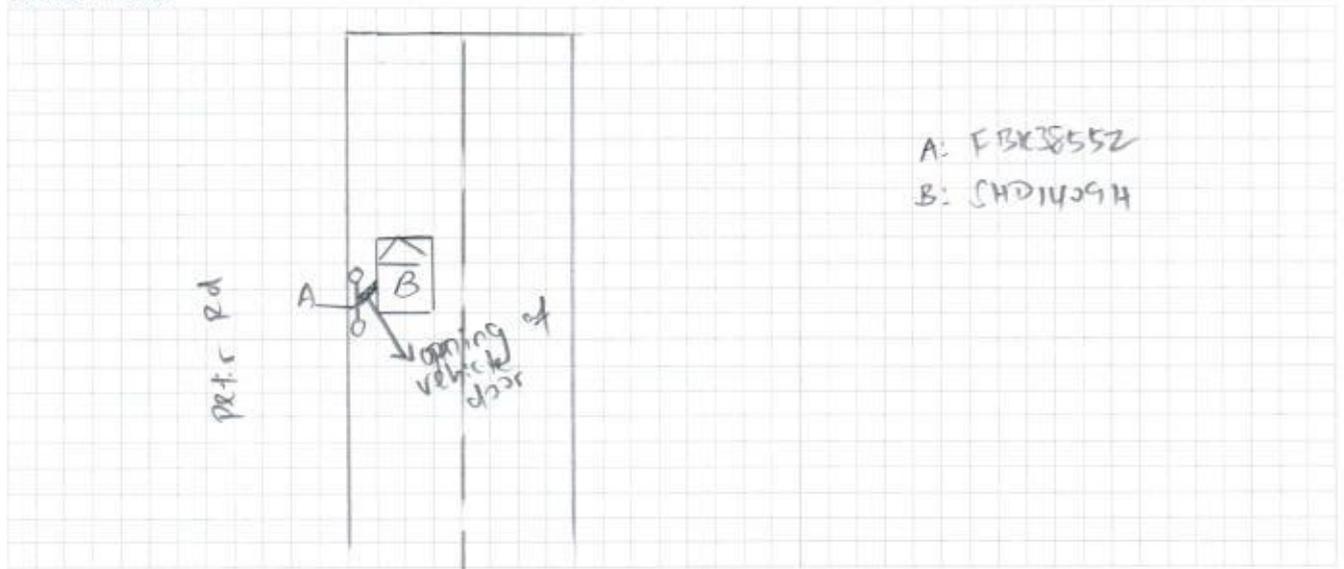
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Refer to police report - 7/219/028/2112.

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/20191028/2112

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20191028/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2019 23:59	Vide Report No.:	Station Diary No.: 186
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Informant's Particulars			
Name of Informant: SEAH TECK YEW		Address: APT BLK 548A SEGAR ROAD #16-610 SINGAPORE 671548	
ID Type / ID No.: NRIC NO / S8741668B		Contact No.:	Mobile: 92272792
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 22/12/1987	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: FOOD PANDA DELIVERY		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/10/2019 11:15	Type of Location: Straight Road
Location: Along Road 1 PETIR ROAD				
Before traffic light, in front of BP LRT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3855Z	Motorcycle	KYMCO	DOWNTOWN 350I ABS	Silver	Seriously Damaged	0
SHD1409H	Car					1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3855Z	NTUC Income Insurance Co-Operative Limited	5082754439-03	15/08/2019	14/08/2020



**SINGAPORE
POLICE FORCE**



T/20191028/2112

2 of 3

Report No. T/20191028/2112

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	SEAH TECK YEW	ID No.	S8741668B
Related Vehicle	FBK3855Z (Motorcycle)	Contact No.	92272792
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/10/2019	Date Discharge	28/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 28/10/2019 at 1115hrs, I was traveling along Petir Road, in front of Hillion Mall. A taxi bearing vehicle SHD1409H was stopped before a traffic light. The driver did not put on hazard light and was also stopped at a double yellow line. Upon traveling forward, the passenger in the taxi opened the vehicle door and a collision happened. I fell off from my vehicle and landed on the ground. I was conveyed by ambulance to Ng Teng Fong Hospital and was issued 05 days MC 28/10/19 - 01/11/2019. Traffic police was there and taken my media card. My vehicle sustained damaged such as dents, cracks and scratches. I sustained abrasion on my right wrist and a cut on my right leg which required stitches.



**SINGAPORE
POLICE FORCE**



T/20191028/2112

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20191028/2112

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:

J /
Sgt 2 CHERYL YEO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/10/2019 23:59

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAN
Contact No.: 65475200



Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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"/>	5082754439-03		SEAH TECK YEW (XIE DEYAO)	S87416688	GMC	Third Party, Fire & Theft	FBK3855Z	FBK3855Z	15/08/2019	14/08/2020

Continue

Claim Handling

Accident MT/1068965

Policy No.	5082754439-03	Vehicle No.	FBK3855Z	GST Registration No.	
Certificate No.					
Policyholder Name	SEAH TECK YEW (XIE DEYAO)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8741668B
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details					
Report Date	29/10/2019 19:05	Time of Accident (h:mm)	11:10	Accident Type	Side Swipe
Date of Accident	28/10/2019	Orange Force		Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	PETIR ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

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

Policyholder Mailing Address					
Address 1	BLK 548A #16-610	Address 2	SEGAR ROAD	Address 3	SEGAR PALMVIEW
Address 4	SINGAPORE 671548	Address Type	Singapore address	Post Code	671548
Unit No.		Related Policy Number	5082754439-03		

DI Driver Info			
Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	DD-MX	Insured Name	SEAH TECK YEW (XIE DEYAO)	Insured NRIC	S8741668B
Contact No.(Mobile)	92272792	Contact No.(Home)		Contact No.(Office)	
Email Address	JOE88ZSEAH@GMAIL.COM	DI Vehicle Number	FBK3855Z	TP Vehicle Number	SHD1409H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBK3855Z / SHD1409H ON 28 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/10/2019 13:45	Claim Close Date		Date Received	30/10/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1068965	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2019 13:46

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
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<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
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Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(CO)



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 30 Oct 2019 13:46

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-10-30



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 30 Oct 2019 13:46

SAS

Normal

SAS 2019-10-30



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
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Photos

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Photos 2019-10-30



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Photos 2019-10-30



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CES) on 30 Oct 2019 13:45

Photos

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Photos 2019-10-30



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 30 Oct 2019 13:45

Photos

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Photos 2019-10-30



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Photos

Normal

Photos 2019-10-30



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 30 Oct 2019 13:45

Photos

Normal

Photos 2019-10-30

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading