

NATIONAL Assessment Centre Services

Date In: 11/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19019954/C13	SAS e-filing		
Veh No: FBL3738Z	E-mail (w/duc, 8hrs, A/C, 2hrs)		
D.O.A: 25/09/19 0850	i-Motor Claim Form	MT/1070936-001	
<input checked="" type="radio"/> 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: Veh No: J008650 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:- (INC hotline: 6788 6616) 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

NA1908962 Invoice Preparation Checklist Amt (\$)

Claimant's Particulars:- 1) AR: Accident Reporting (\$30); INC (\$80)

Driver/Owner: 2) DA: Damage Assessment (\$100); \$40/\$45

Contact No: 3) TF: Towing Fee \$120

Damaged Portion: 4) FT: Follow-Through Survey \$30

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$75

Auditors' Comments:- 6) TR: Re-inspection \$160

Cat. 1: 7) N1: Idac DA + SMRT Survey \$20

Cat. 2 / 3: 8) NTUC Additional Services:- \$30

9) N12: Idac 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	11/11/2019 15:36
Date Of Accident	25/09/2019 08:50
Exact Location Of Accident	PIE NEAR EXIT 9(EUNOS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3738Z
Insured/Policyholder	
Name Of Registered Owner	GIAN KONG RU, JOSEPH
NRIC No	S8717280E
Email Address	JOSEPHGIAN87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97497162
Alternative Phone No	OTHERS-97497162

Vehicle Particulars

Manufacturer	SYM
Model	MAXSYM+4
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? YES

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
------------------	------------

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084113614-03
Cover Note Number	

Driver

Name of Driver	GIAN KONG RU, JOSEPH
NRIC No	S8717280E
Date Of Birth	09/06/1987
Occupation	INDOOR
Date Of Driving Pass	06/02/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97497162
Fax Number	
Contact Number	OTHERS-97497162
Email Address	JOSEPHGIAN87@GMAIL.COM

Address	BLK 109 BUKIT PURMEI ROAD #06-133
Postcode	090109
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JOD8650 (MOTORCYCLE)
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190925/7014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE FILES TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JOD8650
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 GIAN KONG RU, JOSEPH
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FBL3738Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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:

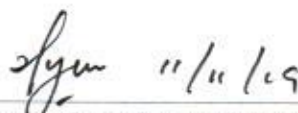
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



8/11/19

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

EUNOS
EXIT 9

PIE

A - FBL3738Z

B - JOA8650



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20190925/7014

DECLARATION

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

2/2/19.

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/20190925/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190925/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2019 16:01		Vide Report No.: G/20190925/0084		Station Diary No.:	
Informant's Particulars					
Name of Informant: GIAN KONG RU, JOSEPH			Address: APT BLK 109 BUKIT PURMEI ROAD #06-133 SINGAPORE 090109		
ID Type / ID No.: NRIC NO / S8717280E			Contact No.: Home/Office: Mobile: 97497162		
Nationality: SINGAPORE CITIZEN			Email: josephgian87@gmail.com		
Sex: Male	Age: 32	Date of Birth: 09/06/1987	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/09/2019 08:50	Type of Location: PIE Exit 9 Eunos
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3738Z	Motorcycle	SYM	MAXSYM+4 001+CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3738Z	NTUC Income Insurance Co-Operative Limited	5084113614-03	16/09/2019	15/09/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GIAN KONG RU, JOSEPH	ID No.	S8717280E
Related Vehicle	FBL3738Z (Motorcycle)	Contact No.	97497162
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/09/2019	Date Discharge	25/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

This accident involves a collision between 2 motorcycles (FBL3738Z (white maxsym) and a Malaysian bike) on PIE at near Exit 9 Eunos.

As the accident happened too quickly, the details of the accident were unclear.

i am the owner of FBL3738Z, requesting to retrieve the video footage of the accident from my bike camera.

Hopefully this will facilitate in making a factual police report to assist in the investigations.

Understand that the bike is currently impounded by TP. Hope you can contact me at 97497162 for any follow up actions.

Thanks



**SINGAPORE
POLICE FORCE**



T/20190925/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190925/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF
Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/09/2019 16:01

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8717280E

Name: GIAN KONG RU, JOSEPH

Birth Date: 09 Jun 1987

Issue Date: 19 May 2007

001500754E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8717280E



Name: GIAN KONG RU, JOSEPH

严孔儒

Race: CHINESE

Date of birth: 09-06-1987

Sex: M

Country/Place of birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Pass Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	07 Oct 2013
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	06 Feb 2015
Class 2	MOTORCYCLES EXCEEDING 400 CC	21 Apr 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	19 May 2007

S / No. 9000261326

Licence No: S8717280E

NP 429A

5760782



IDRIC No. S8717280E



Date of issue: 28-06-2017

Address: APT BLK 109 BUKIT PURMEI ROAD
#06-133
SINGAPORE 090109

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

25/09/2019 08:50

Vehicle No. (For Motor)

FBL3738Z

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5084113614-03		GIAN KONG RU, JOSEPH	S8717280E	GMC	Comprehensive	FBL3738Z	FBL3738Z	16/09/2019	15/09/2020

Continue

Claim Handling

Accident MT/1070936

Policy No.	S084113614-03	Vehicle No.	FBL3738Z	GST Registra
Certificate No.				
Policyholder Name	GIAN KONG RU, JOSEPH			Policyholder I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97497162	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<div>NoYes</div>	TCA	<div>NoYes</div>	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
▼ Accident Details				
Report Date	12/11/2019 09:45	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	25/09/2019	Time of Accident hh:mm	08:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PJE NEAR EXIT 9(EDINOS)			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	500.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	500.00	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 109 #06-133	Address 2	BUKIT PURMEI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S084113614-03	
▼ OI Driver Info				
Driver Name	GIAN KONG RU,JOSEPH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8717280E	Driver DOB
Register Date of Driver License	09/10/2013	Driver Age	32	Driving Exper
Contact No.(Mobile)	97497162	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 109	Address 2	BUKIT PURMEI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-133			
Does he own a Singapore Registered car?	YesNo	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div>YesNo</div>	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	C
Contact No.(Mobile)	97497162	Contact No. (Home)	A
Email Address	josephgian87@gmail.com	OT Vehicle Number	F
Claim Description	FBL3738Z / J0D8650 ON 25 Sept 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Income to assign workshop
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			

12/11/2019 09:52

Claim Close Date

ROSLINDA

Workshop Repairer

Save Submit

Attachment

Accident No.

MT/1070936

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

12/11/2019 00:00

Path

Category

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:52	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:52	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:51	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:50	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div>	<div>Scan and uploading</div>

ASSIGNMENT (IDAC)By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govm. Property () b) Road Work Object ()
(Eg: signboard, barrier, tree etc)
- c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
- a) Fallen Object () b) Flood ()
- c) Other, _____
- 6) Parked & Found Damaged:
- a) Vandalism () b) Hit by Moving Object ()
- 7) Theft Case
- a) Stolen () b) Damage found ()
when recovered.
- 8) Fire
- a) Whilst driving () b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal informationRemarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

Veh No: FBL3738 Z Yr Regn: 14 Sep 2016

Type: M.Car (M.Cycle) Bus / Van / Lorry / Taxi / Prime Mover / MPV
/ Truck / Trailer or

Make & Model: SYM / Maxsym 400 ^{CVT} c.c. 400

Colour: White Transmission Type: Auto Manual
No Key

Eng/No: _____ Sp. Reading: _____

C/No: RFGLXA 902GS F00079

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 120/70
R: 160/60

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR SUMI /
TOYO / YOKO or _____

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. _____ mm L/Bal. _____ mm

Parallel Import: Yes (No) Towed-In: Yes / No

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: 5 Vehicle in Idac: Yes / No

D.O.I. 12/11/2019 Time: 9.30 am.

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
- e. Animal () f. Govm Object () g. Road Work Object ()
- h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
- e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

FOR MOTORCYCLE

Motorcycle

Vehicle No: FBL3738Z

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate	NEC	✓	
3001	995065	Front Tyre		?	076
3002	995095	Front Rim	BT	✓	
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard	CUT	✓	
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp	CUT	✓	
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing	CUT	✓	
3017	992130	Front Windshield	CUT	✓	
3018	992134	Front Wing Mirror RH	CUT	✓	
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar	BT	✓	
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH	CUT	✓	
1252	992179	Fuel Tank			
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever			
3035	992293	Hand Brake Lever	CUT	✓	
3036	991119	Side Fairing RH	CRA	✓	
3037	994220	Side Fairing Top Garnish	CUT	✓	
3038	994219	Side Fairing Inner Garnish	CUT	✓	
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish	CUT	✓	
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing			
3043	993378	Rear Fairing RH	?		
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower RH	CUT	✓	
		Front RH Spot Light	BR	✓	
		Step Board RH Upper	CUT	✓	
		" " RH Lower	CUT	✓	
		RH Wing Mirror Cover	MIS	✓	
		Front RH Step Board Pad	MIS	✓	

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator		?	
1053	992738	Radiator Cowling		?	
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest			
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield	CUT	✓	
3061	991058	Exhaust Muffler Assy	DO	✓	
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box			
3078	992928	Rear Box Bracket	CUT	✓	
3079	991328	Emblem			
1136	990247	Sticker			
		Front Box Cover	CUT	✓	
		" " Side Garnish	CUT	✓	
		Front RH Box Assy	CUT	✓	
		" " " Cover	CUT	✓	
		RH Air Vent	MIS	✓	

No of Items: _____

Assessor: _____

ORIGINAL COPY

Accident MT/1070936

LOS

SAL

SUB

Policy No.5084113614-03

Vehicle No.FBL3738Z

GST Registration No.

Certificate No.

Policyholder NameGIAN KONG RU, JOSEPH

Policyholder NRIC58717280E

Product CodeMOTORCYCLE INSURANCE

Cover TypeComprehensive

Loading0

Contact No.(Mobile)97497162

Contact No.(Office)0

Contact No.(Home)0

Email Address

Special Remark

eCodeNo

KFKNoYes

TCA

eCode Reason

NCD ProtectionNo

NCD Entitlement(%)20

Private HireNo

Accident Details

Report Date12/11/2019 09:45

Accident Report Within 24 hrsNo

Accident TypeSide Swipe

Date of Accident23/09/2019

Time of Accident hh:mm09:50

Country of AccidentSingapore

Reporting CentreNATIONAL ASSESSMENT CENTRE

Orange ForceNo

ICM No.

Accident LocationPIE NEAR EXIT 9(EUNOS)

Total Excess Applicable

Excess TypePer Accident

Windscreen Excess

OD Standard Excess500.00

TP Standard Excess0.00

YIED OD Excess0.00

YIED TP Excess0.00

Driver is Covered?Not Covered

Additional Excess

Total OD Excess Applicable500.00

Total TP Excess Applicable0.00

Benefits

GST Registered Information

GST RegisteredNo

GST Registration Date

GST Registration No.

GST Status VerifiedYes

Modification History

Policyholder Mailing Address

Address 1BLK 109 #06-133

Address 2BURIT PURMEI ROAD

Address 3SINGAPORE 090109

Address 4

Address TypeSingapore address

Post Code090109

Unit No.

Related Policy Number5084113614-03

OI Driver Info

Driver NameGIAN KONG RU,JOSEPH

Driver TypeMain Driver

Unnamed driver Name

Driver NRIC58717280E

Driver DOB09/06/1987

Register Date of Driver License09/10/2013

Driver Age32

Driving Experience5

Contact No.(Mobile)97497162

Contact No.(Office)0

Contact No.(Home)0

Address 1BLK 109

Address 2BURIT PURMEI ROAD

Address 3SINGAPORE 090109

Address 4

Address TypeSingapore address

Post Code090109

Unit No.#06-133

Does he own a Singapore Registered car?YesNo

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?0 mg

Any Injury?YesNo

12/11/2019 14:17 s018940-Modify Accident Report Within 24 hrs(Yes-->No)

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

Claim TypeOD-MD

Insured NameGIAN KONG RU, JOSEPH

Insured NRIC58717280E

Contact No.(Mobile)97497162

Contact No. (Home)NIL

Contact No. (Office)

Email Addressjosephgan87@gmail.com

OI Vehicle NumberFBL3738Z

TP Vehicle NumberJOD8650

Claim DescriptionFBL3738Z / JOD8650 ON 25-Sept 2019

Name of Preferred Workshop

Preferred Workshop Contact RealisationYes

Preferred Repair Option

income to assign workshop

Insured Liability report

Partially Received

Date Registered12/11/2019 09:53

Claim Close Date

Date Received12/11/20

Report Taken ByROSINDA

Workshop Repairer

Total Loss but Repaired

Print AK letter

OD Excess Collected by Workshop

Modification History

12/11/2019 16:15 <069588 Modify Claim Type(OD-MX-->OD-MD)

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment **Activity Handling** Attachment

Vehicle Info

Vehicle Make	SYM	Vehicle Model	MAXSYM 400I CVT	Engine Capacity	
Date of Registration	14/09/2016	Classis No.	RFG1XA902GS800079		
Towing Required *	* Yes No	Vehicle in IDAC *	* Yes No	Parallel Import *	Yes * No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAVA		
Windscreen Parts & Labour Cost		Total Loss *	Yes * No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

Remark	NO OF REPAIR: 5 DAYS:FRT TYRE-UNCONFIRM,FRT RIM-REPLACE,FRT FENDER WHEEL GUARD-REPLACE,FRT HEADLAMP-REPLACE,SIDE FAIRING RH-REPLACE,SIDE FAIRING FRT TOP FAIRING INNER GARNISH-REPLACE,REAR RH FAIRING-UNCONFIRM,FAIRING LOWER RH-CONFIRM,FRT RH SEAT LIGHT-REPLACE,STEP BOARD RH UP-REPLACE,STE REPLACE,RH WING MIRROR COVER-REPLACE,FRT RH STEP BOARD PAD-REPLACE,EXHAUST MUFFLER HEAT SHIELD-REPLACE,EXHAUST MUFFLER ASSY-REPLACE,FRT BOX C/ SIDE GARNISH-REPLACE,FRT RH BOX ASSY-REPLACE,FRT RH BOX COVER-REPLACE,RH AIR VENT-REPLACE
--------	---

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Cor
root					
Not Applicable	1	276004	HEAD LAMP (M/C) FAIRING	1	Replace
ABS	2	452001	WINDSCREEN SHIELD (M/C)	1	Replace
ABSORBER	3	45300102	WING MIRROR (RIGHT)	1	Replace
ACCELERATOR	4	27400101	HANDLE BAR (M/C) (FRONT)	1	Replace
ACTUATOR	5	27400202	HANDLE BAR (M/C) BALANCER (RIGHT)	1	Replace
ADVERTISEMENT STICKER	6	273005	HAND BRAKE LEVER	1	Replace
AIR BAG	7	32200101	NUMBER PLATE (FRONT)	1	Replace
AIR BLOWER	8	344001	RADIATOR	1	Unconfirm
AIR BOX	9	344005	RADIATOR COWLING	1	Unconfirm
AIR CHAMBER BOX	10	15100102	BOX (M/C) (REAR)	1	Replace
AIR CLEANER					
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

Save Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: FBL 37382 Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: BAN HOCK HIN CO

Collection Date: 25.11.19 Time: 13:25 with Keys: Yes / No

Tow Truck No: 682440 G Tow Man: TAN JING HONG NRIC: S600289F

Signature: [Signature]

For office use

Attended by: Shan Hui

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Yap Chee Ling <CheeLing.Yap@income.com.sg>
Sent: Monday, 25 November 2019 9:12 AM
To: LKK Paya Ubi
Subject: RE: FBL3738Z | MT/1070936 - SYM MAXSYM 400I CVT

Hi IDAC,

Please release the above bike to Ban Hock Hin.

Thank you.

Yap Chee Ling (Ms)

Executive

Operations, Motor and Personal Lines (PL)

T +65 6430 7893

www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. Find out more at Income.com.sg/careers



From: Yap Chee Ling
Sent: Monday, 25 November 2019 9:10 AM
To: 'Raymond' <raymond@bhh.com.sg>
Subject: FBL3738Z | MT/1070936 - SYM MAXSYM 400I CVT

Morning Raymond,

We refer to our tele-conversation.

Please pick up the above bike from NAC Paya Ubi, raise estimate on the damages (with pricing) and to arrange a survey via mtsurvey@income.com.sg one day in advance (before 430pm) for the survey to be conducted the next working day.

Kindly email the surveyor's markings to me after the bike has been surveyed.

Thank you.

Yap Chee Ling (Ms)

Executive

Operations, Motor and Personal Lines (PL)

T +65 6430 7893

www.income.com.sg

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.