

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MTA 908574

Date In: 13/11/2019 13:47	Job description	Date & Time Completed	Done by
Ref No: NBRATNC902012014	SAS e-filing		
Veh No: EBS942E	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 6/11/2019 20:00	I-Motor Claim Form	MT/1070872-002	13/11/2019
OD : TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:01
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: dxkwnw. CH. 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 repair.

( ) 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:

Time:

Location:

Weather:

Witness:

Police:

Insurance:

Other:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TV: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	IE (NI) : TP (N-INC) against INC \$20	
	*N12: Idas 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	13/11/2019 13:47
Date Of Accident	07/11/2019 20:00
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ942E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VINCENT NEO KOK HONG
NRIC No	S8311750H
Email Address	VINCENT.NEOKH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98332296
Alternative Phone No	OTHERS-98332296

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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	REPORTING ONLY
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	5071015396-04
Cover Note Number	

### Driver

Name of Driver	VINCENT NEO KOK HONG
NRIC No	S8311750H
Date Of Birth	04/05/1993
Occupation	INDOOR
Date Of Driving Pass	08/05/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98332296
Fax Number	
Contact Number	OTHERS-98332296
Email Address	VINCENT.NEOKH@YAHOO.COM

Address BLK 289G BUKIT BATOK STREET 26  
#03-112  
Postcode 656289  
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? 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 - SINGAPORE CITY  
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

PLEASE REFER TO POLICE REPORT T/20191109/7005

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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 VINCENT NEO KOK HONG

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBJ942E

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.

Policyholder's Signature

Date & Time: 1506  
12 Nov 19

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

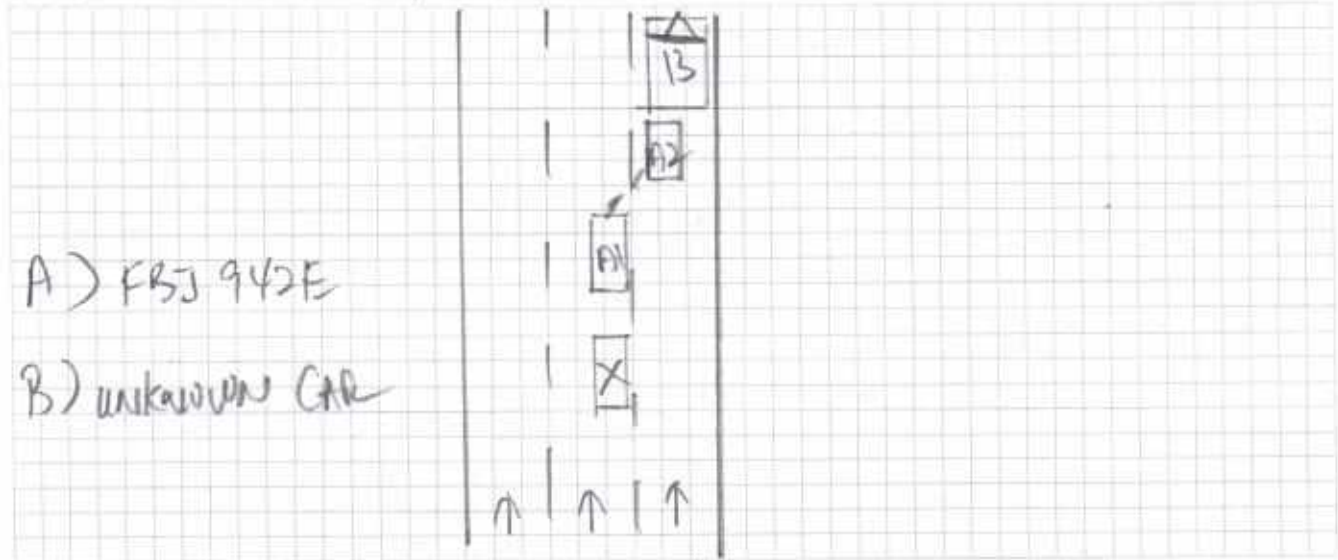
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

# SKETCH PLAN

PIR TOWARDS MAS




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traveling back on PIE from work about 8pm  
 Riding on right most lane. One bike behind me, hunkling, so  
 I keep right to let him pass. Then the car in front stops  
 and I cannot stop in time then crash into the rear of  
 car.

Police Report 7/2019/109/2005

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 1506  
 12 Nov/19

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

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



**SINGAPORE  
POLICE FORCE**



T/20191109/7005

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

2 of 3

Report No. T/20191109/7005

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	VINCENT NEO KOK HONG	ID No.	S8311750H
Related Vehicle	FBJ942E (Motorcycle)	Contact No.	98332296
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/11/2019	Date Discharge	08/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

Traveling back on PIE from work about 8pm

Riding on right most lane. One bike was behind me, honking, so i keep right to let him pass. Then the car in front stop and i cannot stop in time then crash into rear of car





**SINGAPORE  
POLICE FORCE**



T/20191109/7005

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

3 of 3

Report No. T/20191109/7005

**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 /  
TAN JUN YAN  
Contact No.: 65476311

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:  
09/11/2019 11:06

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: (07 / Nov / 2019) (DD/MM/YYYY), TIME: (20 : 00) (HH:MM)

LOCATION: PIE TOWARDS JBR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 942E  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5071015396-04  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA JUPITER MX  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 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: VINCENT NEO KAL HUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S83117501 CONTACT: 9833 2296  
 c) ADDRESS: 2896 BT BATOK ST 25 #03-112, 5650289

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: VINCENT NEO KAL HUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S83117501 CONTACT: 9833 2296  
 c) ADDRESS: 2896 BT BATOK ST 25 #03-112, 5650289

\* d) DATE OF BIRTH: (04 / 05 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08 May 2006

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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: TRAFFIC POLICE LBI

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN CAR MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email = VINCENT.NEO KIH@YAHOO.COM  
 VIDEO

## Claim Handling

Accident MT/1070872

Policy No.	5071015396-04	Vehicle No.	FBJ942E	GST Registrati
Certificate No.				
Policyholder Name	VINCENT NEO KOK HONG			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## Accident Details

Report Date	11/11/2019 17:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/11/2019	Time of Accident hh:mm	19:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE(TUAS) LAMP POST 943			

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	0.00	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 289IS #01-112	Address 2	BUKIT BATOK STREET 25	Address 3
Address 4	SINGAPORE 656289	Address Type	Singapore address	Post Code
Unit No.	07-251	Related Policy Number	5071015396-04	

## OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	Driver DOB
Register Date of Driver License		Driver Age	Driving Experi
Contact No.(Mobile)		Contact No.(Office)	Contact No.(Hi
Address 1		Address 2	Address 3
Address 4		Address Type	Foreign address
Unit No.			Post Code
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	Driver Insurer

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	VIN
Contact No.(Mobile)	98332296	Contact No.(Home)	
Email Address	stay_in_lab@yahoo.com	Q1 Vehicle Number	FBJ
Claim Description	FBJ942E / UNKNOWN CAR ON 7 Nov 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Request No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	11/11/2019 14:01	Claim Close Date
Report Taken By	ROSLE WAHAB		

Print AK letter

Save Submit

## Attachment

11/13/2019

## Claim Handling( Claim Task )

Accident No.

MT/1070872

Claim No.

002

Last Doc. Received:

\* Yes ☐ No ☐

Upload Date

13/11/2019 14:01

Path \*

Choose File No file chosen

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Choose File No file chosen

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Message Read

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Category \*

Confider

Please Select

NO

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NO

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NO

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NO

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NO

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NO

## Attachment List

Attachment

Uploaded By/Date

Category



Urgency

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 13 Nov 2019 14:01

Photos

Normal

Phc

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 13 Nov 2019 14:01

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Normal

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NRIC/ Driving License

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Normal

NRIC/ Driv

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S (BUKIT MERAH)) on 13 Nov 2019 14:01

SAS

Normal

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## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading



## THE SCHEDULE

### Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5071015396-04
The Policyholder	: VINCENT NEO KOK HONG BLK 289G #03-112 BUKIT BATOK STREET 25 NATURE VIEW SINGAPORE 656289
Period of Insurance	: 30 Jun 2019 To 29 Jun 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$167.19
<b>Interest Insured</b>	
Cover Type	: Third Party, Fire & Theft
Named Driver (1)	: VINCENT NEO KOK HONG
Named Driver (2)	: NEO KOK MENG
Make/Model	: YAMAHA/JUPITER MX (HC)
Capacity	: 135cc
Registration Number	: FBJ942E
Chassis Number	: MH350C004DK662419
Excess (Section 1)	: N/A
Excess (Section 2)	: N/A
Hire Purchase Company	: N/A
Number of Seater	: 2
Registration Year	: 2013
Insure with COE	: YES
NCD Entitlement	: 20%
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative: M2

Agency	: TELESales-DIRECT MARKETING (00000601661)
Date of Issue	: 13 May 2019 15:44 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive