

# NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

NA19163763

Date In: 12/12/2019 16:18	Job description	Date & Time Completed	Done by
Ref No: N84/INC90249317	SAS e-filing		
Veh No: FBG 6192D	E-mail (Aquila 3hrs, AIC 2hrs)		
DOA: 12/12/2019 18:00	1-Motor Claims Form	12/12/2019 16:38	
OD: TP (Reporting Only)	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: S12 47042	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	Times:
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 ( )	

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repolar.

( ) 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: \_\_\_\_\_

NA1909455	1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
6) TR: Re-inspection \$75		
7) NI: Ideal DA + SMRT Survey \$160		
8) NIUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$23		
*N8: DV / Collect Excess Coordination \$3		
TE (NI) / TP (Non INC) against INC \$10		
*N11: Ideal 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	12/12/2019 16:18
Date Of Accident	07/12/2019 18:00
Exact Location Of Accident	JURONG PIER ROAD TOWARDS AYE (CITY)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6192D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG KIT WHYE, ADAM
NRIC No	S7909115D
Email Address	YONGWHYE2003@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90398877
Alternative Phone No	OTHERS-90398877

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5081472983-03
Cover Note Number	

#### Driver

Name of Driver	YONG KIT WHYE, ADAM
NRIC No	S7909115D
Date Of Birth	20/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90398877
Fax Number	
Contact Number	OTHERS-90398877
Email Address	YONGWHYE2003@GMAIL.COM

Address	BLK 131 JALAN BUKIT MERAH #03-1577
Postcode	160131
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	RAINING
Road Surface	WET

#### 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLZ4204Z
Vehicle Make/Model/Colour	MAZDA 6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW WEI PING
NRIC/Passport Number	S8411314Z
Contact Number	85880098
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: ;

GENDER: ;

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

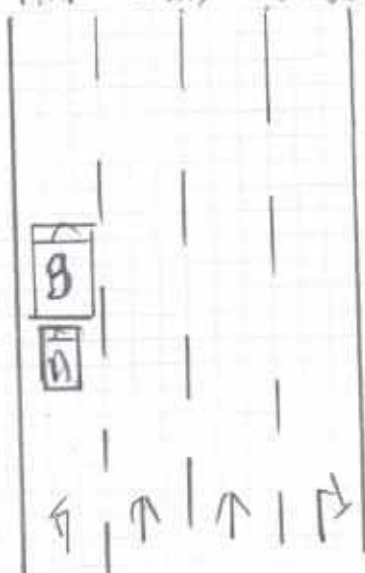
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

12/12/2019  
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



JUNE 1948 AND 1949 AYK CITY

B) SLZ 4204 Z



On the 7 December I was riding my motorbiler FB4G192D toward  
Age suddenly SL242042 break in front i cannot stop  
in time to Avoid the Collision

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

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (07.12.2019) (DD/MM/YYYY), TIME: (18:01) (HH:MM)

LOCATION: Serang Bir Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 6192 D  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5081472983  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going Back Home  
 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: Yong Kit Whye, ADAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S790911510 CONTACT: 9139 8877  
 c) ADDRESS: Salah Bukit Merah #03-1577

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

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (20/03/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13-8-2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLZ 4204 Z MODEL: MAZDA 6  
 b) DRIVER'S NAME: Chen Wei Ping  
 c) NRIC/FIN/PASSPORT: S84113142 CONTACT: 85880098

## 9. THIRD PARTY VEHICLE

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

# No of passengers  
(including driver)  
(1)

# No of passengers  
(including driver)  
(2)

# No of passengers  
(including driver)  
( )

email = yongwhyte2003@gmail.com  
 VIDEO

## Claim Handling

## Accident MT/1075490

Policy No.	5081472983-03	Vehicle No.	FBG6192D	GST Registrat
Certificate No.				
Policyholder Name	YONG KIT WHYE, ADAM			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	90398877	Contact No.(Office)		Contact No.(Hr
Email Address		Special Remark		eCode
KPK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## Accident Details

Report Date	12/12/2019 16:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/12/2019	Time of Accident hh:mm	18:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG PIER ROAD TOWARDS AYE (CITY)			

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
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 113 #02-1708	Address 2	JALAN BUKIT MERAH	Address 3
Address 4	SINGAPORE 160113	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5081472983-03	

## OI Driver Info

Driver Name	YONG KIT WHYE ADAM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	57909115D	Driver DOB
Register Date of Driver License	13/09/2004	Driver Age	40	Driving Experi
Contact No.(Mobile)	90398877	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 113 #02-1708	Address 2	JALAN BUKIT MERAH	Address 3
Address 4	SINGAPORE 160113	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBG6192D	Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No	
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	YOI
Contact No.(Mobile)		Contact No. (Home)	82
Email Address		DI Vehicle Number	FB
Claim Description	FBG6192D / SLZ4204Z ON 7 Dec 2019:		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Date Registered	12/12/2019 16:37	Preferred Workshop, Name unknown	GIA report
Report Taken By	ROS LI WAHAB	Received	
		Claim Close Date	

Print AK letter















Save Submit

## Attachment

Accident No.	MT/1075490	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2019 16:38
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2019 16:38	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2019 16:38	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2019 16:38	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2019 16:38	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2019 16:37	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2019 16:37	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2019 16:37	SAS	Normal	Si

## Video List

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



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/12/2019 15:40"/>
Vehicle No. (For Motor)	<input type="text" value="FBG6192D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	SG81472983-03		YONG KIT WHYE, ADAM	S7909115D	GMC	Third Party, Fire & Theft	FBG6192D	FBG6192D	02/04/2019	01/04/2020