

# NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 119164816.

Date In: 16/12/19 10:02	Job description	Date & Time Completed	Done by
Ref No: NAI/INC19022052/h4	SAS e-filing		
Veh No: FBB 1250 D	E-mail (within 3hrs, AIC 2hrs)		
DOA: 15/13/19 09:00	I-Motor Claim Form	MT/1075859-001	16/12/19 14:35
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: Unknown	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: ( )

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

NAI 1909274	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 20/05)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (S-on 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	16/12/2019 10:02
Date Of Accident	15/03/2019 09:00
Exact Location Of Accident	ALONG KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB1250D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE JUN XIONG
NRIC No	S8235545F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82855455
Alternative Phone No	OFFICE-82855455

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-S
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
Fleet Policy	NO
Policy Number	5077360229-03
Cover Note Number	

### Driver

Name of Driver	HO JUN XIAN
NRIC No	S9350318Z
Date Of Birth	25/11/1993
Occupation	INDOOR
Date Of Driving Pass	16/06/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82855455
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 547 CHOA CHU KANG ST 52 #08-17
Postcode	680547
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190316/2065

#### 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	COMMERCIAL VEHICLE
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	HO JUN XIAN
Approximate Age	
Injuries Sustain	FATAL
Injured person in which vehicle?	FBB1250D
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:

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

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

## SKETCH PLAN

Unable  
to  
Provide  
Sketch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190316 / 2065

## 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 3 / 19) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Along KJE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB 1250 D  
b) INSURANCE COMPANY: IHC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
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: Lee Jun Xiong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 82855455  
c) ADDRESS:

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

### DRIVER

- a) NAME: Ho Jun Xian (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 593503182 CONTACT: 82855455  
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend

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

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

### 6. WAS ANYBODY INJURED (YES / NO) - Fatal

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

IF YES, PLEASE STATE WHICH POLICE STATION: Jurong East NPC.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown 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:

\* photo.

\* Driver IC & license

Email = VTEC82@HOTMAIL.COM

fax =

VIDEO = No.

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )



# SINGAPORE POLICE FORCE



T/20190316/2065

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20190316/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2019 12:49	Vide Report No.: J/20190315/0047	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: LEE JUN XIONG			Address: APT BLK 296B BUKIT BATOK STREET 22 #21-80 SINGAPORE 652296		
ID Type / ID No.: NRIC NO / S8235545F			Contact No.: Home/Office: Mobile: 82855455		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 18/11/1982	Type of Informant: Vehicle Owner		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Service Engineer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Fatal Others	Drink Drive: No	Date/Time of Accident: 15/03/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
Along KJE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Unknown			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1250D	Motorcycle	YAMAHA	Fazer FZ1S	Black		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20190316/2065

2 of 3

Police Station Of Origin:

Jurong East N.P.C

92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

Report No. T/20190316/2065

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	HO JUN XIAN	ID No.	S9350318Z
Related Vehicle	FBB1250D (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Fatal
<b>Vehicle Owner</b>			
Name	LEE JUN XIONG	ID No.	S8235545F
Related Vehicle	NIL	Contact No.	82855455
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/3/2019 at about 1200hrs, I received a call from my friend namely Xiao Ming(HP : 96166765) and informed me that my friend namely Ho Jun Xian was using my black Yamaha Fazer FZ1S(Reg no. FBB1250D) and travelling along KJE. At that time, he had a fatal accident and had passed away at the accident location.

I wish to inform that I do not know what had happened during the accident and I am here to lodge report for insurance claim.



**SINGAPORE  
POLICE FORCE**



T/20190316/2065

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20190316/2065

**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:

D /

Sgt 2 HARVEY LAU WEI REN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / FAIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Signature Of Informant:

Date/Time:

16/03/2019 12:49

Classification Of Case:

Authentication Stamp

NP168



[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5077360229-03		LEE JUN XIONG	S8235545F	GMC	Third Party	FBB1250D	FBB1250D	02/02/2019	01/02/2020

## Claim Handling

Accident MT/1075859

Policy No.	5077360229-03	Vehicle No.	FBB1250D	GST Registration No.	
Certificate No.					
Policyholder Name	LEE JUN XIONG			Policyholder NRIC	5823545F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82855455	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	16/12/2019 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	15/03/2019	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KOE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 296B #21-BD	Address 2	BUKIT BATOK STREET 22	Address 3	SKYLINE II @ BUKIT BATOK
Address 4	SINGAPORE 652296	Address Type	Singapore address	Post Code	652296
Unit No.		Related Policy Number	5077360229-03		
<b>01 Driver Info</b>					
Driver Name	HO JUN XIAN	Driver Type	Named Driver	Driver DOB	25/11/1993
Unnamed driver Name		Driver NRIC	S9350318Z	Driving Experience	5
Register Date of Driver License	19/04/2013	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	82855455	Contact No.(Office)		Address 3	SINGAPORE 680547
Address 1	BLK 547 #08-17	Address 2	CHOA CHU KANG STREET 52	Post Code	680547
Address 4		Address Type	Singapore address		
Unit No.	08-17				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	LEE JUN XIONG	Insured NRIC	5823545F
Contact No.(Mobile)	82855455	Contact No. (Home)	89197684	Contact No. (Office)	
Email Address	xiababy82@hotmail.com	DI Vehicle Number	FBB1250D	TP Vehicle Number	UNKN
Claim Description	FBB1250D / UNKNOWN ON 15 Mar 2019			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received
Workshop No. / Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	16/12/2019 14:34
Report Taken By	JIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1075859	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/12/2019 14:35
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	16 Dec 2019 14:35	NRIC/ Driving License	Normal
Description			
NRIC/ Driving License 2019-12-16			





NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
16 Dec 2019 14:35

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-12-16

NAC

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
16 Dec 2019 14:35

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-12-16



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
16 Dec 2019 14:35

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2019-12-16



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
16 Dec 2019 14:35

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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
16 Dec 2019 14:35

Photos

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Photos 2019-12-16



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16 Dec 2019 14:35

Photos

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Photos 2019-12-16



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16 Dec 2019 14:35

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16 Dec 2019 14:34

Photos

Normal

Photos 2019-12-16



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
16 Dec 2019 14:34

Photos

Normal

Photos 2019-12-16



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
16 Dec 2019 14:34

Photos

Normal

Photos 2019-12-16

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading