

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MMA 4191 68732.

| | | | |
|----------------------------|--|-----------------------|----------------|
| Date In: 23/12/19 17:40 | Job description | Date & Time Completed | Done by |
| Ref No: MAI INC19022515164 | SAS e-Milling | | |
| Veh No: FBQ 7747U | E-mail (3 jobs 2hrs, AIC 2hrs) | | |
| DOA: 23/12/19 12:30 | I-Motor Claims Form | MT/1076922-001 | 23/12/19 18:53 |
| OID: TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/When | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| 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 () | |

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

() 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 of Incident: _____ | Location: _____ |
| _____ | _____ |
| _____ | _____ |

| | | |
|---------------------------------|--|-------------|
| MAI 1909585 | Invoice # | 30.00 |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Damaged Portion: | 3) TP: 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 (over 10 Jan 2005) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *NS: Courtesy Car / Tpt Allowance \$3 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$3 | |
| | TP (NI): TP (N+ INC) against INC \$20 | |
| | 9) NI: 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 | 23/12/2019 17:40 |
| Date Of Accident | 23/12/2019 12:30 |
| Exact Location Of Accident | 1E CANTONMENT RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBQ7747U |
| Insured/Policyholder | |
| Name Of Registered Owner | EDWIN CHENG SHENG HAO |
| NRIC No | SXXXX812F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83237090 |
| Alternative Phone No | OFFICE-83237090 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | AEROX |
| 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 | 5114760561 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | EDWIN CHENG SHENG HAO |
| NRIC No | SXXXX812F |
| Date Of Birth | 18/03/1992 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/08/2014 |
| Driving Experience | 5 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83237090 |
| Fax Number | |
| Contact Number | OFFICE-83237090 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 618 BEDOK RESERVOIR RD #03-1316 |
| Postcode | 470618 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 0 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CENTRAL POLICE DIVISIONAL HQ (A DIVISION) |
| Police Station Address | ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2240000 - FAX NO: 62200877 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT A/20191223/7029

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 | |
| Vehicle Make/Model/Colour | UNKNOWN |
| Details Of Properties | |
| Vehicle Category | NA/UNKNOWN |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

12

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

A = FBQ7747 U.

B = Unknown

1 E Cantonment Rd

Refer to Police Report A/20191223/7029

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

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



**SINGAPORE
POLICE FORCE**



A/20191223/7029

1 of 2

POLICE REPORT (NP299)

Report No. A/20191223/7029

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

| | | | | | |
|--|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made 23/12/2019 16:11 | | Vide Report No. | | Station Diary No. | |
| Name Of Informant EDWIN CHENG SHENG HAO | | Address 618 BEDOK RESERVOIR ROAD #03-1316 SINGAPORE 470618 | | | |
| ID Type / ID No. NRIC NO / S9211812F | | Contact No. Home/Office: Mobile: 83237090 | | | |
| Nationality SINGAPORE CITIZEN | | Email Address EDWIN.CHENG@OUTLOOK.COM | | | |
| Occupation Singapore Armed Forces personnel | | Sex Male | Age 27 | Date of Birth 18/03/1992 | Race Chinese |
| Institution/School Name | | Language English | | | |
| Date/Time Of Incident 23/12/2019 12:30 - 23/12/2019 15:56 | | Location Of Incident 1E Cantonment Rd, Singapore 085301 | | | |

Brief details.

On the 23/12/2019 between 1230pm to 1330pm, i was going to send a document at blk 1E Cantonment Rd. I park my bike in front of blk 1E lobby at the side of the drive way.

After sending the document i went down to the lobby 1E, i saw my bike drop on the right side and it was against the wall.

No one was injured at the point of time.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 23/12/2019 16:11 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20191223/7029

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20191223/7029

My immediate reaction at the point of time was to check if there any surveillance camera around the vicinity.

| | | | |
|--------------------------|-----------------------------------|------------------------|--|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | EDWIN CHENG SHENG HAO | | |
| ID Type | NRIC NO | ID No | S9211812F |
| Gender | Male | Age | 27 |
| Race | Chinese | Language | English |
| Occupation | Singapore Armed Forces personnel | Address | 618 BEDOK RESERVOIR ROAD #03-1316 SINGAPORE 470618 |
| Mobile No | 83237090 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | EDWIN CHENG SHENG HAO (Informant) | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

23/12/2019 16:11

Classification Of Case:

Authentication Stamp

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="23/12/2019 17:31"/> | | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="PBQ7747U"/> | 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"/> | 5114760561 | | EDWIN CHENG SHENG HAO | S9211812F | GMC | Third Party, Fire & Theft | PBQ7747U | PBQ7747U | 09/12/2019 | 08/12/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Claim Handling

Accident MT/1076922

| | | | | | |
|---------------------|-----------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No. | 5114760561 | Vehicle No. | FBQ7747U | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | EDWIN CHENG SHENG HAO | | | Policyholder NRIC | 59211812P |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 83237090 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KPK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|-----------------------|
| Report Date | 23/12/2019 18:50 | Accident Report Within 24 hrs | Yes | Accident Type | Damaged whilst parked |
| Date of Accident | 23/12/2019 | Time of Accident hh:mm | 12:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 1E CANTONMENT RD | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|------|--------------------|-------------|
| Excess Type | Per Accident | Windscreen Excess | | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | Driver is Covered? | Not Covered |
| YED OD Excess | 0.00 | YED TP Excess | 0.00 | | |
| 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 618 #03-1316 | Address 2 | BEDOK RESERVOIR ROAD | Address 3 | SINGAPORE 470618 |
| Address 4 | | Address Type | Singapore address | Post Code | 470618 |
| Unit No. | 03-1316 | Related Policy Number | 5114760561 | | |

OI Driver Info

| | | | | | |
|---|-----------------------|---------------------|----------------------|------------------------|------------------|
| Driver Name | EDWIN CHENG SHENG HAO | Driver Type | Main Driver | Driver DOB | 18/03/1992 |
| Unnamed driver Name | | Driver NRIC | 59211812P | Driving Experience | 5 |
| Register Date of Driver License | 13/08/2014 | Driver Age | 27 | Contact No.(Home) | |
| Contact No.(Mobile) | 83237090 | Contact No.(Office) | | Address 3 | SINGAPORE 470618 |
| Address 1 | BLK 618 #03-1316 | Address 2 | BEDOK RESERVOIR ROAD | Post Code | 470618 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 03-1316 | | | | |
| Does he own a Singapore Registered car? | Yes - No | Driver Vehicle No. | | Driver Insurer Company | |

| | | | | | |
|-------------------------------------|------|-------------|----------|--|--|
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | Yes - No | | |

Modification History

Claim 001 New

| | | | | | |
|----------------------------------|-----------------------------------|--------------------|-----------------------|----------------------|------------------|
| Claim Type * | GD-MX | Insured Name | EDWIN CHENG SHENG HAO | Insured NRIC | 59211812P |
| Contact No.(Mobile) | 83237090 | Contact No. (Home) | | Contact No. (Office) | |
| Email Address | Edwin.Cheng@outlook.com | OT | FBQ7747U | TP | UNKNOWN |
| Claim Description | FBQ7747U / UNKNOWN DR 23 Dec 2019 | | | | |
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | Received |
| Preferred Workshop, Name unknown | | Insured Liability | Not at Fault | GIA report | Received |
| Date Registered | 23/12/2019 18:52 | Claim Close Date | | Date Received | 23/12/2019 00:00 |
| Report Taken By | SHAN HUI | | | | |

Print AK letter














Save Submit

Attachment

| | | | |
|--------------------|----------------|---------------|------------------|
| Accident No. | MT/1076922 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 23/12/2019 18:53 |
| Path * | | Category * | Confidential |
| Choose File | No file chosen | Please Select | NO |
| Choose File | No file chosen | Please Select | NO |
| Choose File | No file chosen | Please Select | NO |
| Choose File | No file chosen | Please Select | NO |
| Choose File | No file chosen | Please Select | NO |
| Choose File | No file chosen | Please Select | NO |
| Choose File | No file chosen | Please Select | NO |
| Message Read | | Send Message | Upload |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CD) | Action |
|---|--|-----------------------|---------|-------------|----------------------------------|----------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-12-23 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | SAS | Normal | Normal | SAS 2019-12-23 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | Photos | Normal | Normal | Photos 2019-12-23 | Edit |

| | | | | | |
|---|--|--------|--------|-------------------|----------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | Photos | Normal | Photos 2019-12-23 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | Photos | Normal | Photos 2019-12-23 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | Photos | Normal | Photos 2019-12-23 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | Photos | Normal | Photos 2019-12-23 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | Photos | Normal | Photos 2019-12-23 | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:53 | Photos | Normal | Photos 2019-12-23 | Edit |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:52 | Photos | Normal | Photos 2019-12-23 | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|---------------------------------------|------------------------------------|--------|
| | | Display in New Window | Scan and uploading | |