

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 119171262

Date In: 30/12/19 15:25	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 190 22 860/h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FBM 8733Z	i-Motor Claim Form	MT/1077750-001	30/12/19 16:30
ICIA: 26/12/19 18:10	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
(H) - TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wsep / INC Assign Wsep / 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 ()	

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

MA 2000032

Claimant's Particulars:	Invoice Preparation Checklist:	AM (\$)	RAM (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: 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) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repairs Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	30/12/2019 15:25
Date Of Accident	26/12/2019 18:10
Exact Location Of Accident	ALONG COMMONWEALTH AVE TWDS QUEENSTOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8733Z
Insured/Policyholder	
Name Of Registered Owner	NG BOON KUET
NRIC No	SXXXX444C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86934978
Alternative Phone No	OFFICE-86934978

Vehicle Particulars

Manufacturer	HONDA
Model	RS150R MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5100556353-01
Cover Note Number	

Driver

Name of Driver	NG BOON KUET
NRIC No	SXXXX444C
Date Of Birth	23/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86934978
Fax Number	
Contact Number	OFFICE-86934978
EEmail Address	NOEMAIL

Address	56 JLN HARMONIUM 22/12 TMN DESA TEBRAU 81800 JB MALAYSIA
Postcode	
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191226/2167.

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	BUS
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 NG BOON KUET

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBM8733Z

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.



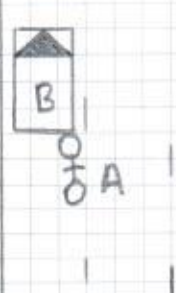
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A = FBM 8733 Z

B = Unknown
(CSBS Bus)

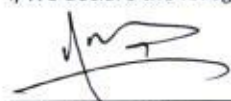
Commonwealth Ave twd's Greenstown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191226/2167

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.:



SINGAPORE POLICE FORCE



T/20191226/2167

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No 1800-8729999

Report No. T/20191226/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2019 23:26		Vide Report No.: D/20191226/0091		Station Diary No.: 257	
Informant's Particulars					
Name of Informant: NG BOON KUET			Address: 56 JLN HARMONIUM 22/12 TMN DESA TEBRAU 81800 JB MALAYSIA		
ID Type / ID No.: NRIC NO / S7268444C			Contact No.: Home/Office: Mobile: 86934978		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 23/06/1972	Type of Informant: Rider		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: Food Panda Delivery Service		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/12/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE Along Commonwealth Avenue towards Queenstown				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8733Z	Motorcycle	HONDA	RS150R MANUAL	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8733Z	NTUC Income Insurance Co-Operative Limited	5100556353-01	07/05/2019	06/05/2020



**SINGAPORE
POLICE FORCE**



T/20191226/2167

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20191226/2167

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG BOON KUET	ID No.	S7268444C
Related Vehicle	FBM8733Z (Motorcycle)	Contact No.	86934978
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 26/12/2019 at about 1810hrs, I was riding my motorcycle (FBM8733Z) along Commonwealth Avenue towards Queenstown at the most left lane. At the point of time, I was doing Food Panda delivery service.

I observed in front of mine, there was a SBS bus travelling at the bus lane (same lane as me). However, I could not stop in time and knocked onto the SBS bus. I then fell from my motorcycle and sat on the ground. At the point of time, I was semi-conscious. I only know that ambulance and police came and asked me some questions.

Subsequently, I was conveyed to National University Hospital by ambulance. I suffered minor injuries on both of my knee area. I also felt pain on my neck area. The doctor from NUH checked on me and gave me 5 days medical leave from 26/12/2019 to 30/12/2019.

I like to state that I do not know what is the SBS bus registration plate number as after the accident I was semi-conscious.



**SINGAPORE
POLICE FORCE**



T/20191226/2167

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20191226/2167

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 WU HAIHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/12/2019 23:26

Officer In Charge Of Case:

TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SIGNATURE

Hello, NAC_PAYA_UBI_800601

[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="26/12/2019 15:15"/>
Vehicle No. (For Motor)	<input type="text" value="FBM8733Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100556353-01		NG BOON KUET	S7268444C	GMC	Third Party, Fire & Theft	FBM8733Z	FBM8733Z	07/05/2019	06/05/2020

Claim Handling

Accident MT/1077750

Policy No.	5100556353-01	Vehicle No.	FBM8733Z	GST Registration No.	
Certificate No.					
Policyholder Name	NG BOON KUET	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7268444C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86934978	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<div> <div>Accident Details</div> </div>					
Report Date	30/12/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/12/2019	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG COMMONWEALTH AVE TWOS QUEENSTOWN				
<div> <div>Total Excess Applicable</div> </div>					
Excess Type	Per Accident	Windscreen Excess			
OO Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<div> <div>Benefits</div> </div>					
<div> <div>GST Registered Information</div> </div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	56 JALAN HARMONIUM 22/12	Address 2	TAMAN DESA TEBRAU	Address 3	81800 JOHOR BAHRU
Address 4	MALAYSIA	Address Type	Foreign address	Post Code	000000
Unit No.		Related Policy Number	5100556353-01		
<div> <div>D1 Driver Info</div> </div>					
Driver Name	NG BOON KUET	Driver Type	Main Driver	Driver DOB	23/06/1972
Unnamed driver Name		Driver NRIC	S7268444C	Driving Experience	11
Register Date of Driver License	13/12/2008	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	86934978	Contact No.(Office)		Address 3	81800 JOHOR BAHRU
Address 1	56 JALAN HARMONIUM 22/12	Address 2	TAMAN DESA TEBRAU	Post Code	000000
Address 4	MALAYSIA	Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	+ Yes No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG BOON KUET	Insured NRIC	S7268444C
Contact No.(Mobile)	86934978	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Vehicle Number	FBM8733Z	TP Vehicle Number	UNKN
Claim Description	FBM8733Z / UNKNOWN ON 26 Dec 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at fault		
Report No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	30/12/2019 16:29	Date Received	30/12/2019
Report Taken By	LEW SHAN HUI				
<div> <div>Print AK letter</div> </div>					

Save Submit

Attachment

Accident No.	MT/1077750	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/12/2019 16:30
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			
<div> <div>Attachment List</div> </div>			

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