

NATIONAL Assessment Centre Services

Date In: 06/01/20	Job description	Date & Time Completed	Done by
Ref No: NM/INC20000241/13	SAS e-filing		
Veh No: FBQ16P6B	E-mail (within 3hrs: AIC 2hrs)		
D.O.A: 20/12/19 1215	i-Motor Claim Form	MT/1078587-001	
OD TP / Reporting Only	i-Motor W/O (Within: OIS 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (KIM KEAT (BBDC))	Tel:	Fax:
TP Particulars:	Veh No: SKIDDED	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% F: 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

NA2000335

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OI*:		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	06/01/2020 10:19
Date Of Accident	20/12/2019 12:15
Exact Location Of Accident	PYLON SLALOM(BBDC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ1686B
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	
Driver	
Name of Driver	KOH HAN PHENG(XU HANPENG)
NRIC No	SXXXX433A
Date Of Birth	08/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91594210
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 121 YUAN CHING ROAD #09-427
Postcode	610121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

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 INJURED PERSON 1

Name	KOH HAN PHENG(XU HANPENG)
Approximate Age	
Injuries Sustain	PAIN ON RIGHT CHEST
Injured person in which vehicle?	FBQ1686B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.

EUROBATOK DRIVING CENTRE LTD
15 EUN BATOK STREET AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 7777

Policyholder's Signature
Date & Time

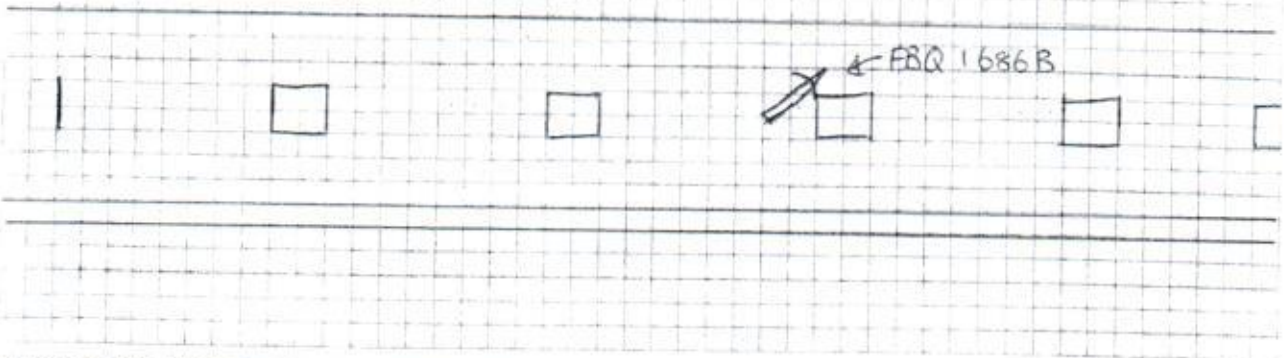
Driver's Signature
If driver is not the policyholder:
Date & Time

Report Centre Personnel's Signature
Name
NRIC/FIN/ID

06/01/20

SKETCH PLAN

Bukit Batok Driving Centre, Circuit course



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/19, I was learning subject 3-01. At about 12:15pm, I was going through the pylon slalom but was going slightly too fast and hit the 3rd pylon. I fell from the motorcycle on the right side and felt a slight pain in the right chest area.

BUKIT BATOK DRIVING CENTRE LTD

15 BUKIT BATOK STREET AVENUE 5

SINGAPORE 659085

TEL: 6561 1237 FAX: 6569 0777

Policyholder's Signature
Date & Time:

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

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

sfym 06/01/20

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

20/12/19

Time

215

Location of Accident

Pylon station 02

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

HBG 1686B

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (If Policyholder is company)

Address

Contact Number

Tel: 65943515

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda CBR600F

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bps Motorcycle, Others:

Exact Purpose for which vehicle was being used

Training

at the time of accident.

Are you claiming under your own insurance policy?

☒ Yes

☐ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☒ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☒ Yes

☐ No

Policy Number

00734151220

DRIVER

Name of Driver

KOH HAN PHENG

NRIC/ FIN/ Passport

S8030433A

Date of Birth

08-09-1980

Occupation

DRIVING Instructor

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp: 91594210

Address

BLK 121 YUAN CHANG RD #09-427 S610121

Email Address

Tortoise.kal@gmail.com

Was driver an employee of the Insured's Company?

☐ Yes

☐ No

If No, relationship of Driver with the Insured.

Vehicle Number of Driver's Own Vehicle (If applicable)

Insurance of Driver's Own Vehicle (If applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Self-fall

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

Approximate Speed

15km/h

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☒ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

☐ No

☐ Yes

If yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

As Driver

Pain on right chest area.

☐ Yes

☒ No

☐ Yes

☒ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

15 LUK BATOK ST AVENUE 5

SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 9777

Signature of Policy Holder

(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)

Date & Time

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-15

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBQ1686B |
| Chassis Number | : LWBMC4695L1600359 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 07 Aug 2019 |
| 4. Expiry Date of Insurance | : 06 Aug 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)

Date of Issue : 02 Jan 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	FBQ1686B		
Vehicle Type:	P00 - Passenger Motorcycle / Autocycle / Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4695L1600359	Engine No.:	MC46E5092371
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block / House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Claim Handling

Accident MT/1078587

Policy No.	0073451220-15	Vehicle No.	FBQ1686B	GST Registrat
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64673167	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	06/01/2020 11:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/12/2019	Time of Accident hh:mm	12:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PULON STARION(BBDC)			
Excess				
Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date		01.
GST Registration No.	M200805321	GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	415-BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114136654	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH HAN PHENG(XU HANPENG)	Driver NRIC	5XXXX433A	Driver DOB
Register Date of Driver License	20/12/2019	Driver Age	39	Driving Exper
Contact No.(Mobile)	91594210	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 121	Address 2	YUAN CHENG ROAD	Address 3
Address 4	SINGAPORE 610121	Address Type	Singapore address	Post Code
Unit No.	4D9-422			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Workshop No. Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MD

RACHEL@BBDC.SG

FBQ1686B ON 20 Dec 2019

Insured Name

Contact No. (Home)

OI Vehicle Number

Insured Liability

Preferred Workshop (refer below)

GIA report

Received

Claim Close Date

Workshop Repairer

Save

Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

✓

Accident No. MT/1078587

Claim No. 001

Last Doc. Received * Yes No

Upload Date 06/01/2020 00:00

Path +

Category +

Confid

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

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Message Read

Clear Please Select NO

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Attachment List

Attachment Uploaded By/Date Category ? Urgency




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:20

NRIC/ Driving License

Y

Normal

NRIC/ D




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:20

NRIC/ Driving License

Y

Normal


NRIC/ D



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Video List

Uploaded By/Date Folder Date File Name ?

Display in New Window Scan and uploading