

NATIONAL Assessment Centre Services. [ver 1 Jan 00] *NA 20011266*

Date In: <i>23/01/2020 16:35</i>	Job description	Date & Time Completed	Done by
Ref No: <i>X/BA/INC 20001422/Y</i>	SAS e-filing		
Veh No: <i>FBK 2648L</i>	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: <i>22/01/2020 09:35</i>	I-Motor Claims Form	<i>ML1081590-001</i>	<i>23/01/2020</i>
OD <input checked="" type="checkbox"/> TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>16:35</i>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WK32		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: *SKJ 5006T* 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 repair.

() 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: _____

Auto Club: _____

<i>NA 2000745</i>	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (240)	
Contact No:	3) TP: Towing Fee 340/345	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Warranty Commitments:	6) TR: Re-inspection \$75	
Ref. 1:	7) NI: Idas DA + SMRT Survey \$160	
2/3:	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idas Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

STAMPED

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	23/01/2020 16:15
Date Of Accident	22/01/2020 09:35
Exact Location Of Accident	NICOLL HIGHWAY TOWARDS ESPLANADE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2648L
Insured/Policyholder	
Name Of Registered Owner	CHAN YIAW CHEE
NRIC No	SXXXX058D
Email Address	YIAWCHEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91860920
Alternative Phone No	OTHERS-91860920

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	THIRD PARTY
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	5071758734-04
Cover Note Number	

Driver

Name of Driver	CHAN YIAW CHEE
NRIC No	SXXXX058D
Date Of Birth	19/08/1974
Occupation	INDOOR
Date Of Driving Pass	08/01/2015
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91860920
Fax Number	
Contact Number	OTHERS-91860920
Email Address	YIAWCHEE@HOTMAIL.COM

Address	BLK 633A SENJA ROAD #13-159
Postcode	671633
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 - CHANGE/CROSS LANE
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?	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

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	SKJ5008T
Vehicle Make/Model/Colour	VOLVO V40
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RYUJI NAGANO
NRIC/Passport Number	
Contact Number	81218487
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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

Policyholder's Signature
Date & Time:

Joe 25/1/2020
1003/Am

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

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

25/01/2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 01 / 2020 (DD/MM/YYYY), TIME: 09:35 (HHMM)

LOCATION: NICOLL Hwy to Esplanade dr.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 2648 L
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5071758734 04
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA ~~SAFARI~~ SAFARI
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CHAN YIAW CHEE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7488058 D CONTACT: 91860920
- c) ADDRESS: BLK 633A # 13-159
SEHIA ROAD, 671633

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHAN YIAW CHEE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7488058 D CONTACT: 91860920
- c) ADDRESS: BLK 633A # 13-159
SEHIA ROAD, 671633

* d) DATE OF BIRTH: 19 / 08 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKJ 5006T MODEL: VOLVO V40

b) DRIVER'S NAME: Ryuji Nagano

c) NRIC/FIN/PASSPORT: _____ CONTACT: 81218487

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)

(1)

No of passengers
(including driver)

()

No of passengers
(including driver)

()

email: Yianchee@hotmail.com
VIDEO

Claim Handling

Accident MT/1081590

Policy No.	5071758734-04	Vehicle No.	FBK2648L	GST Registrati
Certificate No.				
Policyholder Name	CHAN YIAW CHEE			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91860920	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	23/01/2020 16:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/01/2020	Time of Accident hh:mm	09:35	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NICOLL HIGHWAY TOWARDS ESPLANADE DRIVE			

▼ 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 717 #08-123	Address 2	JURONG WEST STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5071758734-04	

▼ OI Driver Info

Driver Name	CHAN YIAW CHEE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7488058D	Driving Exper
Register Date of Driver License	15/06/2011	Driver Age	45	Contact No.(H
Contact No.(Mobile)	91860920	Contact No.(Office)		Address 3
Address 1	BLK 717 #08-123	Address 2	JURONG WEST STREET 71	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FBK2648L	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CH
Contact No.(Mobile)	91860920	Contact No. (Home)	
Email Address	yiawchee@hotmail.com	OI Vehicle Number	FBK
Claim Description	FBK2648L / SKJ5006T DN 22 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Return No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	23/01/2020 16:34	GIA report	Received
Report Taken By	ROSLI WAHAB		
Claim Close Date			

Print AK letter

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 : 5071758734-04	Cover : Third Party, Fire & Theft
1. Index mark and Registration Number of Vehicle	: FBK2648L
Chassis Number	: NC421603295
2. Name of Policyholder	: CHAN YIAW CHEE
3. Effective Date of Insurance	: 05 Jun 2019
4. Expiry Date of Insurance	: 04 Jun 2020
5. Persons or Classes of Persons entitled to drive#	
(a) Named Driver(s) Only.	
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)	: CHAN YIAW CHEE
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 : COMMERCIAL AGENCY PTE LTD (00000614425)
 Date of Issue : 02 May 2019 11:27 hrs
 Reprint : 02 May 2019 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive