

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

20010018497

Date In: 10/02/2000 17:37	Job description	Date & Time Completed	Done by
Ref No: NBARINC 200022864	SAS e-filing		
Veh No: PSH 2058E	E-mail (Ljoin 2hrs, AIC 2hrs)		
D.O.A: 01/02/2000 11:44	I-Motor Claims Form	10/02/2000 11:44	
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/Whan		

Preferred Wksp / INC Assign Wksp / QW: () Tot: () Fact: ()

TP Particulars: Veh No: SCG 5246X INC () / Non-INC ()

Owner / Driver: () Tch: ()

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: ()

- Remaining Work/Action/Coordination:
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

Driver/Owner:	1) ARI: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (210)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Archiver's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Date:	6) TR: Re-inspection For claiming against IBC Only (ver 10 Jan 2000) \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	*NI: Idas Mobile \$20	
	9) NI: Idas Mobile \$0	
	TP (Nil): TP (vs a INC) against IBC \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

XIA 2001505

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	10/02/2020 17:27
Date Of Accident	09/02/2020 17:45
Exact Location Of Accident	ALONG QUEENSWAY NEAR TO MACDONALD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2058E
Insured/Policyholder	
Name Of Registered Owner	WANG HEE YEOW (YUAN XIYAO)
NRIC No	SXXXX852J
Email Address	KENWHY82@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91453607
Alternative Phone No	OTHERS-91453607

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	5108618305
Cover Note Number	

Driver

Name of Driver	WANG HEE YEOW (YUAN XIYAO)
NRIC No	SXXXX852J
Date Of Birth	22/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2001
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91453607
Fax Number	
Contact Number	OTHERS-91453607
Email Address	KENWHY82@HOTMAIL.COM

Address	BLK 109A DEPOT ROAD #15-85
Postcode	101109
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	AFTER RAIN
Road Surface	WET

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 PLAN

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	SLG5246X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OMAR FAROOK BIN ABDUL RAZAK
NRIC/Passport Number	SXXXX357D
Contact Number	96365472
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

10 Feb 1045h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10 Feb 2020
Kee H. [Signature]

Small motor

ACCIDENT STATEMENT

ACCIDENT DATE: 9.2.20 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: Queerway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 2058E
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TAMAMA MX 135 JUPITA
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / ~~MOTORCYCLE~~ / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY): NO

2. INSURED / POLICY HOLDER

- a) NAME: WANG HEE YEOW (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S82308523 CONTACT: 91453607
- c) ADDRESS: RK 109A DEPOT ROAD #15-85 S101109

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

#No of passenger (including driver) ()

* d) DATE OF BIRTH: 22/09/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 MAR 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL65246X MODEL: Toyota
- b) DRIVER'S NAME: SMAR FAROUK BIN ABDUL PAZAK
- c) NRIC/FIN/PASSPORT: S2179357D CONTACT: 96365472

#No of passenger (including driver) ()

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

#No of passenger (including driver) ()

Email: ~~KENWU~~ Kenwuy82@hotmail.com
VIDEO

Claim Handling

Accident MT/1083743

Policy No.	5108618305	Vehicle No.	FBH2058E	GST Registration No.	
Certificate No.					
Policyholder Name	WANG HEE YEOW			Policyholder NRIC	
Product Code	MOTDRCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	91453607	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
RFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	

Accident Details

Report Date	10/02/2020 17:38	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	09/02/2020	Time of Accident hh:mm	17:45	Country of Accident	
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG QUEENSWAY NEAR TO MACDONALD				

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 Covered?	
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 109A #15-85	Address 2	DEPOT ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5108618305		

OI Driver Info

Driver Name	WANG HEE YEOW	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	58230852J	Driving Experience	
Register Date of Driver License	26/03/2001	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	91453607	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 109A #15-85	Address 2	DEPOT ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBH2058E	Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WANG HEE YEOW
Contact No.(Mobile)	96865098	Contact No.(Home)	62781463
Email Address		Vehicle Number	FBH2058E
Claim Description	FBH2058E / SLG5246X ON 9 Feb 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	10/02/2020 17:45	GIA report	Received
Report Taken By	RDSL1 WAHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083743	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 17:45

Path *

Category *

Confidential

Urgency *

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="09/02/2020 10:40"/>
Vehicle No.(For Motor)	<input type="text" value="FBH2058E"/>	Certificate Number:	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108618305		WANG HEE YEOW	58230852J	GMC	Third Party	FBH2058E	FBH2058E	08/04/2019	07/04/2020

Continue