NATIONAL Assessment Centre Services. [wef 1 Jan'05]. MNA4J20076387

Date In: 28/03/2020 16:33	Job description	Date &Time	Done by
Ref No: NBA/INC20003391/4	SAS e-Billing		
Veh No: FBC 8950R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/02/2020 12:20	I-Motor Claim Form	IMT/1086365-002	07/03/2020 11:41
OD / TP / Reporting Only	I-Motor W/O (Within: OD 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: (Tel: Fax:)

TP Particulars: Veh No: GBK 3164 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: ( )

Additional Services		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost> $3000] ( )		

Injury :

Date/Remarks

XA2001777

Claim Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Invoicing Information		Fee(s)	Initial
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($40)		
3) TF : Towing Fee	$40/$45		
4) PT : Follow-Through Survey	$120		
5) PT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OD:			
*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	$30		
9) N12: Idea Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Ref: 1:

2 / 2

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 witholding 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	28/02/2020 16:33
Date Of Accident	28/02/2020 12:20
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD BEFORE B/F ROBIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8950R

Insured/Policyholder

Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	5XXXXX1735
Email Address	WILLIAMLIMERA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98638228
Alternative Phone No	OFFICE-98638228

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	FOOD AND PARCEL DELIVERIES
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	5113531735
Cover Note Number	

Driver

Name of Driver	LIM MENG CHAI
NRIC No	SXXXX631E
Date Of Birth	27/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98638228
Fax Number	
Contact Number	OTHERS-98638228
EMail Address	WILLIAMLIMERA@GMAIL.COM

Address	BLK 169 STIRLING ROAD #02-1169
Postcode	140169
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	GBK2316U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN ZHIHAO SAMUEL
NRIC/Passport Number	SXXXX150H
Contact Number	82011864
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.
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:

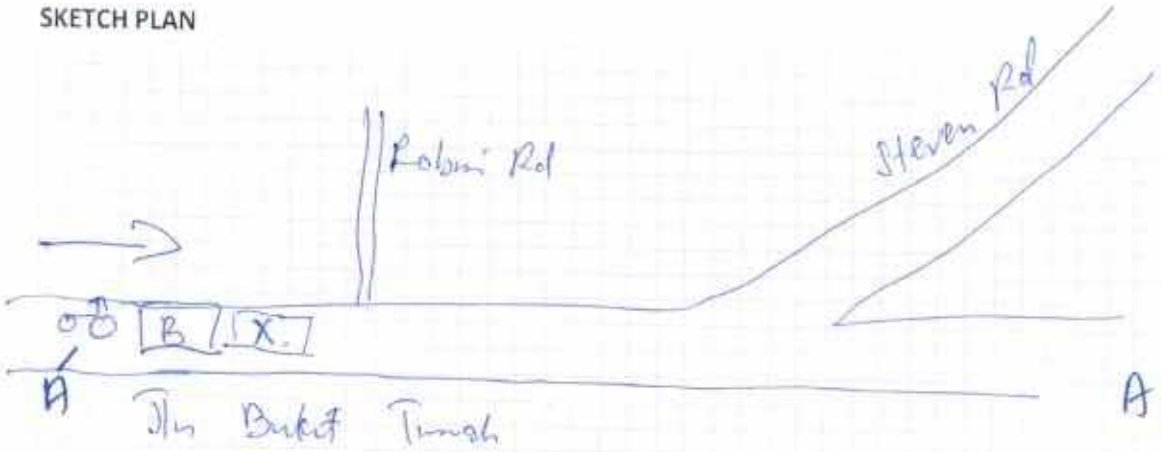
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

ALORIDE PTE. LTD.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 28/2/20 4.45pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 02/03/2020

SKETCH PLAN



A) FBE8950R

B) GBK2316H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from Jln Bukit Timah (Newton to Steven Rd direction) few cars in front of me as everyone was filtering left to exit to Stevens Rd/PIE. Vehicle X slammed brakes to avoid hitting other cars. Vehicle B (van) in turn the driver told me his auto brake activated hence inevitably my motorbike hit the van (on vehicle B) on the rear (causing abrasion on rear left bumper & rear left light was broken). My own bike had minor damage in front.

DECLARATION

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

ALORIDE PTE LTD

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 20/2/20 4.45 pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 02/03/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 02 / 2020 (DD/MM/YYYY), TIME: 12 : 20 (HH:MM)

LOCATION: ALONG BT TIMAH RD B/F ROBIN ROAD

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBC8950R
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5113531735-CC0020
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: YAMAHA JOG
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: FOOD & PARCEL DELIVERY
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A) NAME: ALCRUZ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

DRIVER
   d) NAME: LIM MENG CHAI (MALE / FEMALE) 98638228
   b) NRIC/FIN/PASSPORT: S7710631E CONTACT:
   c) ADDRESS: 169 STIRLING ROAD #02-1169 S140169
   *d) DATE OF BIRTH: 27 / 06 / 1965 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 02/07/2012
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
   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

* No of passenger (including driver) (_)

   a) VEHICLE NUMBER: GBK2316V MODEL: TOYOTA VAN
   b) DRIVER'S NAME: CHEN ZHIHAO SAMUEL
   c) NRIC/FIN/PASSPORT: S9447152H CONTACT: 82011864
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (_)

   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email : williamlimera@gmail.com

VIDEO

Exit

Claim Handling

Accident MT/1086365

Policy No.	[illegible]	Vehicle No.	FBC8950R	GST Registration No.	
Certificate No.	[illegible]			Policyholder NRIC	[illegible]
Policyholder Name	ALORIDE PTE. LTD.	Cover Type	Third Party	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NIL	Special Remark		eCode	No
Email Address				eCode Reason	
RFR	No / Yes	TLA	No / Yes	Private Hire	No
NCD Protection	No	NCD Entitlement(%)	0		

Accident Details

Report Date	[illegible]	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/02/2020	Time of Accident hh:mm	[illegible]	Country of Accident	Singapore
Reporting Centre		Orange Folks		SCM No.	
Accident Location	BUKIT TIMAH RD TWDS UPP BUKIT TIMAH RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	[illegible] ALEXANDRA ROAD	Address 2	[illegible]	Address 3	SINGAPORE [illegible]
Address 4		Address Type	Singapore address	Post Code	[illegible]
Unit No.	[illegible]	Related Policy Number	[illegible]		

OD Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	[illegible]
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	-
Email Address		OI Vehicle Number	FBC8950R	TP Vehicle Number	[illegible]
Claim Description	FBC8950R / [illegible] ON 28 Feb 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Excess No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	DIA report	Received
Date Registered	02/03/2020 11:41	Claim Close Date		Date Received	02/03/2020 00:00
Report Taken By	[illegible] WAHAB				

Print AA letter

Save | Submit

Attachment

Accident No.	MT/1086365	Claim No.	002
Last Doc. Received	Yes / No	Upload Date	02/03/2020 11:41

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos	Normal	Photos 2020-3-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos	Normal	Photos 2020-3-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos	Normal	Photos 2020-3-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos	Normal	Photos 2020-3-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos	Normal	Photos 2020-3-2		Edit

						
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos		Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos		Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 11:41	Photos		Normal	Photos 2020-3-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 11:41	NRIC/ Driving License	*	Normal	NRIC/ Driving License 2020-3-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Mar 2020 11:41	SAS		Normal	SAS 2020-3-2	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. 5113531735

Vehicle No.(For Motor) FBC6950R

Date of Accident 28/02/2020 17:02

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5113531735	5113531735-000020	ALORIDE PTE. LTD.	201629994W	GFM	Third Party	FBC8950R	FBC8950R	02/11/2019	01/11/2020

Continue