

NATIONAL Assessment Centre Services [Stamp: 2005]

Date In: 13/04/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005181/13	SAS e-filing		
Veh No: FBK 833G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/04/20 1405	i-Motor Claim Form	07/1091385-001	
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: SJX 7806B	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

Client's Particulars	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
				Add Bill
NA2000581	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Date 1:	6) TR: Re-inspection \$75			
Date 2/3:	7) NI: Idas DA + SMRI Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp 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: Idas Mobile 30			
	Invoice dated	Fee Charged		
	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	13/04/2020 12:49
Date Of Accident	10/04/2020 14:05
Exact Location Of Accident	X-JUNC OF SIMEI ST 1 & SIMEI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK833G
Insured/Policyholder	
Name Of Registered Owner	MARCUS LIM CHUN KIT
NRIC No	SXXXX395F
Email Address	MARCUSLCK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-89089093
Alternative Phone No	OTHERS-89089093

Vehicle Particulars

Manufacturer	SYM
Model	JOYMAX
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
Fleet Policy	NO
Policy Number	5114324636
Cover Note Number	

Driver

Name of Driver	MARCUS LIM CHUN KIT
NRIC No	SXXXX395F
Date Of Birth	25/06/1993
Occupation	INDOOR
Date Of Driving Pass	25/05/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89089093
Fax Number	
Contact Number	OTHERS-89089093
E Mail Address	MARCUSLCK@HOTMAIL.COM

Address	BLK 138 EDGEDLE PLAINS #05-110
Postcode	820138
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	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	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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200411/2001

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FROM THE WITNESS
Was there any audio recorded?	NO

Details of Witness 1

Name	KENNETH
Phone Number	81389339
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX7806B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 MARCUS LIM CHUN KIT

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBK833G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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)**

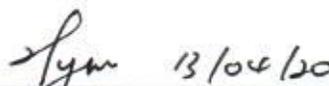
I understand, acknowledge, agree and consent that:

- (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.



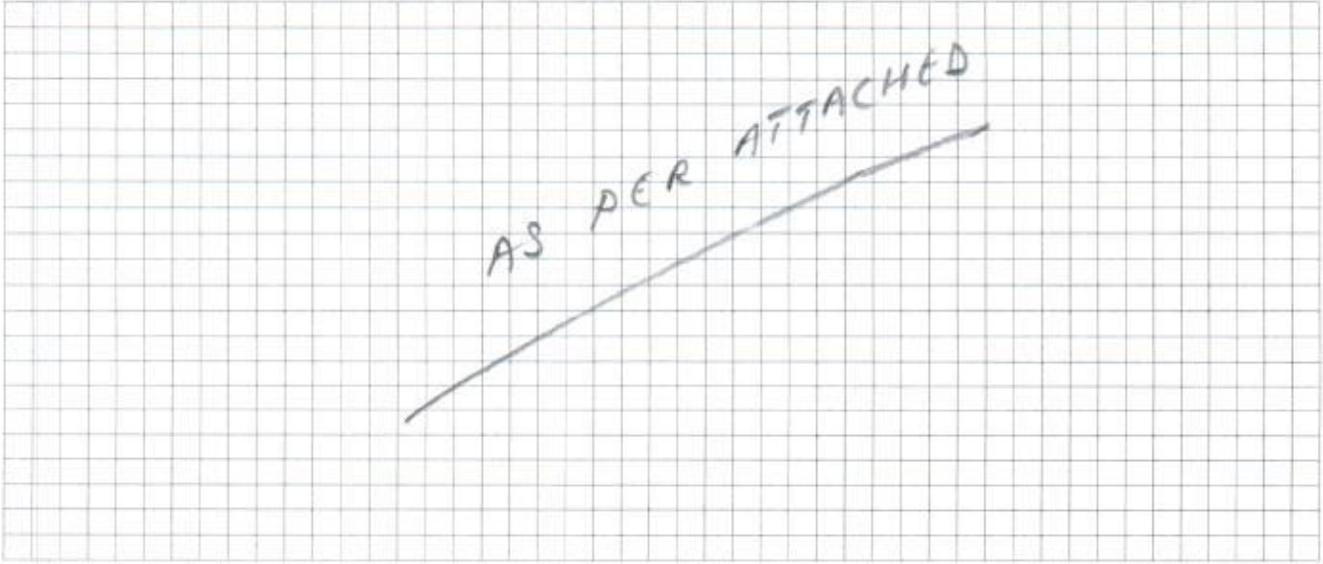
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN

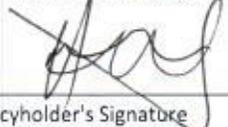


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200411/2001

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:

 13/04/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Google Maps Simei Rd



Image capture: Jun 2019 © 2020 Google

Singapore

Google

Street View



A - FBK833G

B - SJX7806B

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120041755 Vehicle Registration No: FBK833G
Name(as shown in NRIC) : MARCUS LIM CHUN KIT NRIC/FIN/Passport No : SXXXX395F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 138 EDGEDLE PLAINS #05-110 Singapore(820138
Contact (Tel) : _____ Mobile No. : 89089093
Email Address : _____
Date of Accident : _____ Time of Accident : 14:05
Place of Accident : 10/04/2020
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPLOAD WRONG PHOTOS

Policyholder / Driver's Signature
Date:

lyon 13/04/2020

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



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200411/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MARCUS LIM CHUN KIT	ID No.	S9323395F
Related Vehicle	FBK833G (Motorcycle)	Contact No.	89089093
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 10/04/2020 at around 1405hrs, I was riding along Simei Street 1 towards Simei Road. It was a red traffic light and opposite direction is green light. After a change in traffic light, my traffic light turned green along with the "turn right" green arrow. I proceeded to turn right, a vehicle from my right suddenly beat the red light, and I had to make an emergency brake. I skidded and fell to the ground.

At that point, of time, I suffered some injured. Injuries are like abrasion on my right foreman, a small cut on my right thumb, injured my left shoulder, right lower waist soreness, right feet has swelling and stiffness on my neck. I called for police assistance and traffic police and ambulance came to my scene. A witness submitted his in-car camera SD card to the traffic police. I was conveyed to Changi General Hospital and was diagnosed with 5 days MC. My phone (Huawei P30 Pro) was also damaged as well.

The car that beat the red light, his car plate number is SJX7806B
My motorbike plate number is FBK833G.

I was informed by SIO Bei Feng contact: 65476415 to lodge a traffic accident report vide G/20200410/0256.



**SINGAPORE
POLICE FORCE**



T/20200411/2001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20200411/2001

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: F / SI NAZRIN BIN SUHAIMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2020 01:26
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200	Classification Of Case: SN 085

Authentication Stamp
NP168

Signature: _____

Singapore Police Force

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114324636		MARCUS LIM CHUN KIT	S9323395F	GMC	Third Party	FBK833G	FBK833G	22/11/2019	21/11/2020

Continue

Claim Handling

Accident MT/1091335

Policy No.	5114324636	Vehicle No.	FBK833G	GST Registration No.	
Certificate No.					
Policyholder Name	MARCUS LIM CHUN KIT			Policyholder NRIC	S9323395F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	89089093	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	14/04/2020 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/04/2020	Time of Accident hh:mm	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	X-JUNC OF SIMEI ST 1 & SIMEI RD				

Total Excess Applicable

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 138 #05-110	Address 2	EDGE DALE PLAINS	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	820138
Unit No.	05-110	Related Policy Number	5114327137		

OI Driver Info

Driver Name	MARCUS LIM CHUN KIT	Driver Type	Main Driver	Driver DOB	25/06/1990
Unnamed driver Name		Driver NRIC	S9323395F	Driving Experience	3
Register Date of Driver License	01/01/2017	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	89089093	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 138	Address 2	EDGE DALE PLAINS	Post Code	820138
Address 4		Address Type	Singapore address		
Unit No.	#05-110	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MARCUS LIM CHUN KIT	In: NF
Contact No.(Mobile)	89089093	Contact No.(Home)		Co NC (O)
Email Address	MARCUS2SLIM@GMAIL.COM	OJ Vehicle Number	FBK833G	TP Ve Nu
Claim Description	FBK833G / SJX7806B ON 10 Apr 2020			
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Na Pn Wt
Date Registered	14/04/2020 09:59	Preferred Repair Option	Preferred Workshop, Name unknown	
Report Taken By	ROSLINDA	GIA report	Received	
		Claim Close Date		Da Re
		Workshop Repairer		To bu Re

Print AK letter

Save Submit

Attachment

Accident No.	MT/1091335	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/04/2020 00:00
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal

