

NATIONAL Assessment Centre Services			
Date In: 01/06/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20006060/13	SAS e-filing		
Veh No: FBN2715K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/05/20 1800	i-Motor Claim Form	MT/1093526-001	
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: SJR2857J	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

NA2005032		Invoice Preparation Checklist	Am't (\$)	Am't (\$)
			Inc Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:		3) TF: Towing Fee \$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey \$120		
		5) FT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT 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: Idao 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	01/06/2020 15:08
Date Of Accident	30/05/2020 18:00
Exact Location Of Accident	BLK 683 HOUGANG AVE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBN2715K
Insured/Policyholder	
Name Of Registered Owner	CHEONG FOOK CHAI
NRIC No	SXXXX536Z
Email Address	FOOKCHAI106@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81175361
Alternative Phone No	OTHERS-81175361
Vehicle Particulars	
Manufacturer	YAMAHA
Model	-
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	REPORTING ONLY
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	5112034639
Cover Note Number	
Driver	
Name of Driver	CHEONG FOOK CHAI
NRIC No	SXXXX536Z
Date Of Birth	26/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1988
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81175361
Fax Number	
Contact Number	OTHERS-81175361
E-Mail Address	FOOKCHAI106@GMAIL.COM

Address	BLK 455A ANG MO KIO STREET 44 #09-11
Postcode	561455
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	SIDE SWIPE
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

I WAS RIDING MY MOTORBIKE AT THE DRIVEWAY OF BLK 683 HOUGANG AVE 3. SUDDENLY VEH B REVERSED HIS VEH INTO THE PARKING LOT AND COLLIDED ONTO MY MOTORBIKE.

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	SJR2851J
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)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 1 July 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

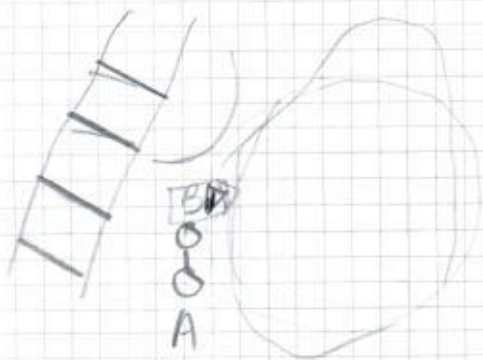
Name:

NRIC/FIN No.:

SKETCH PLAN

BLK 683 HOUGANG AVE 8

A - FBN2715K
B - SJR2851J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

Policyholder's Signature
Date & Time: 1 Jun 2024

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (30/5/20) (DD/MM/YYYY), TIME: (1800) (HH:MM)

LOCATION: BLK 683 Hougang Ave 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBND715K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: cheong Fook Chai (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S68735362 CONTACT: 81175361
 c) ADDRESS: BLK 455A Ang Mo Kio Ave 8 #144
 #09-11

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: cheong Fook Chai (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S68735362 CONTACT:
 c) ADDRESS: BLK 455A Ang Mo Kio Ave 8 #144
 #09-11

* d) DATE OF BIRTH: (26/10/1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30 Year

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO

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

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: STR 2851J MODEL: Toyota Vios
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = fookchai106@gmail.com

Fax =

VIDEO =

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

01/06/2020 12:54

Vehicle No.(For Motor)

FBN2715K

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"/>	5112034639		CHEONG FOOK CHAI	S6873536Z	GMC	Third Party, Fire & Theft	FBN2715K	FBN2715K	27/08/2019	26/08/2020

Continue

Claim Handling

Accident MT/1093526

Policy No.	5112034639	Vehicle No.	FBN2715K	GST Registration No.	
Certificate No.					
Policyholder Name	CHEONG FOOK CHAI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	56873536Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81175361	Special Remark		Contact No.(Home)	0
Email Address				eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	01/06/2020 16:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/05/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 683 HOUGANG AVE 8				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 455A #09-11	Address 2	ANG MO KIO STREET 44	Address 3	TECK GHEE
Address 4	SINGAPORE 561455	Address Type	Singapore address	Post Code	561455
Unit No.		Related Policy Number	5112034639		

OI Driver Info

Driver Name	CHEONG FOOK CHAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	56873536Z	Driver DOB	26/10/1961
Register Date of Driver License	19/11/1988	Driver Age	51	Driving Experience	31
Contact No.(Mobile)	81175361	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 455A	Address 2	ANG MO KIO STREET 44	Address 3	TECK GHEE
Address 4	SINGAPORE 561455	Address Type	Singapore address	Post Code	561455
Unit No.	#09-11				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *

DD-MX

Insured Name

CHEONG FOOK CHAI

In NR

Contact No.(Mobile)

81589843

Contact No. (Home)

65540768

Co NR

Email Address

OI

FBN2715K

TP NR

Claim Description

FBN2715K / SJR2851J ON 30 May 2020

Na

Preferred Workshop

Insured Liability

Not at Fault

Wt

Report No.

Yes

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

01/06/2020 16:07

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

To bu Re

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1093526	Claim No.	001
Last Doc. Received	Yes No	Upload Date	01/06/2020 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Attachment Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	SAS		Normal	SAS 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	Photos		Normal	Photos 2020-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jun 2020 16:07	Photos		Normal	Photos 2020-6-1

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	