NATIONAL Assessment Centre Services. [illegible] NNAY20048980

Date In: 01/06/2020 18:49	Job description	Date & Time Completed	Done by
Ref No: X/BA/NC2000607/Y	SAS e-filing		
Veh No: FBB 3927H	E-mail (Within 8hrs, A/C 2hrs)		
D.O.A 30/05/2020 11:10	I-Motor Claim Form	M1/093553-001	01/06/2020 19:05
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/Witan		

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

TP Particulars: Veh No: SMO 8672H , 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 ( )

[illegible]

( ) 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: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

NA2003086

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($30)	$40/$43		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2013)	$73		
6) TR : Re-Inspection	$160		
7) NI : New DA + SMRT Survey			
8) NTUC Additional Services:-			
QIR	$3		
* NS: Courtesy Car / Tpt Allowance	$10		
* NG: Repair Coordination	$23		
* NV: Post Repair Inspection	$3		
* ND: DV / Collect Excess Coordination	$20		
TP (NI) : TP (Non INC) against INC	$0		
9) NI2: New Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Jul 11

[illegible]

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	01/06/2020 18:49
Date Of Accident	30/05/2020 11:10
Exact Location Of Accident	BUKIT BATOK RD TURN LEFT TO BUKIT BATOK WEST AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB3927Y
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	2XXXXX994W
Email Address	TCCHOON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83832212
Alternative Phone No	OFFICE-83832212
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	TAN CHIN CHOON
NRIC No	SXXXX368D
Date Of Birth	20/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1977
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83832212
Fax Number	
Contact Number	OTHERS-83832212
EMail Address	TCCHOON@YAHOO.COM.SG

Address	BLK 440D BUKIT BATOK WEST AVENUE 8 #03-755
Postcode	654440
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?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 21 BUKIT BATOK EAST AVE 4 , **POSTCODE**: 659840 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-6659999 - **FAX NO**: 66655793
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	SMD8672H
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

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. Reg. No. 201629994W

Policyholder's Signature
Date & Time:

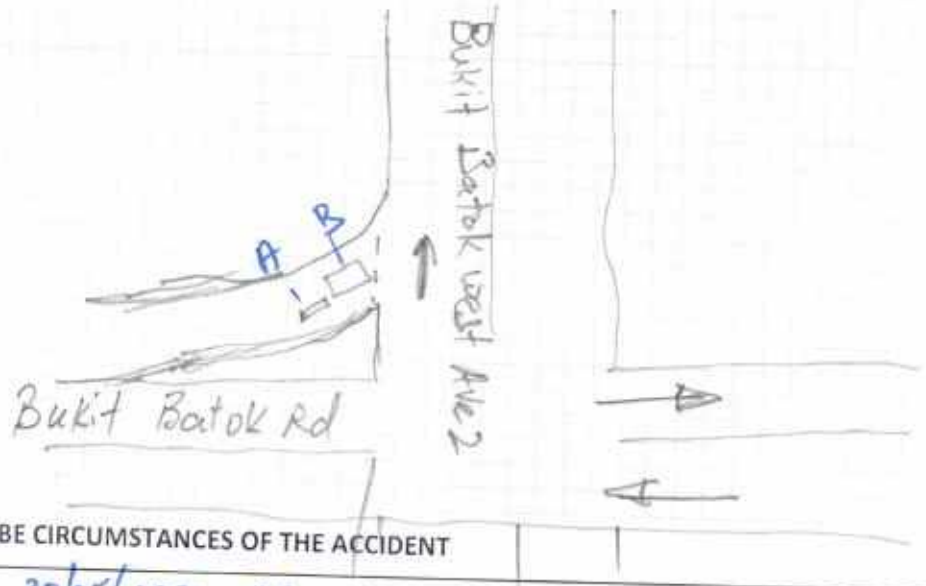
01.06.20
10.25hrs.

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

01/06/2020

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

SKETCH PLAN



A) FBB 3927Y
B) SMD 8672H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/05/2020 AT ABOUT 11:10HRS I WAS AT BUKIT BATOK ROAD & WANTED TO TURN TO BUKIT BATOK WEST AVE 2, INFRONT ON ME WAS A CAR SMD 8672H AT THE SLIP ROAD. THE CAR JAM BRAKE & I COULD NOT BREAK ON TIME, MY BIKE FBB 3927Y SIDE SWIPE REAR RIGHT SIDE OF THE SAID CAR.

DECLARATION

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

ALORIDE PTE. LTD. Reg. No. 201629999W

Policyholder's Signature
Date & Time:

01.06.20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1025 hrs

01/06/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (30/05/2020) (DD/MM/YYYY), TIME: (11:10) (HH:MM)

LOCATION: BUKIT BATOK RD TURN LEFT TO BT BATOK WEST OVER

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBB 3927 Y
   b) INSURANCE COMPANY: ALLIANZ
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: YAMAHA FZ16 150 cc
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   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: ALORIGA (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (__)

3. DRIVER
   a) NAME: TAN CHEW CHOON (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 83832212
   c) ADDRESS: _____

   *d) DATE OF BIRTH: (__/__/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS _____
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND
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

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SMP 8672H MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = tcchoon@yahoo.com.sg

VIDEO

Annex D

NOTICE OF REPORTING

This is to confirm that Tan Chin Choon, S1222368D has reported to the Police a traffic accident which occurred on 30/05/2020 at about 1110hrs along Bukit Batok Road turning left to Bukit Batok West Ave 2. The traffic accident does not consist of the below following criteria:

i) Involvement with Pedestrian/Cyclist
ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
iii) No Government property/vehicle damaged
iv) Hit and Run Accident
v) No foreign vehicle was involved
vi) Nobody involved in the accident was conveyed by ambulance

Involving the following vehicles:

V1) FBB 3927Y, (Rider: Tan Chin Choon, S1222368D, HP: 8383 2212)
V2) SMD 8672H, (Driver: Lin Hui Jun, Vanessa, S8437457A, HP: 9451 0184)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T190215 Lim Rong Feng

Date: 30/05/2020 Time: 1900hrs

S/D Ref: 52 Police Post/Unit: Bukit Batok NPC

SGT T190215 Lim Rong Feng

BUKIT BATOK NPC
21 BUKIT BATOK EAST AVENUE 4
SINGAPORE 659840
TEL: 1800-865 9999

Claim Handling

Accident MT/1093553

Policy No.	5113531735	Vehicle No.	FBB3927Y	GST Registration No.	
Certificate No.	5113531735-000005				
Policyholder Name	ALORIDE PTE. LTD.				
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Policyholder NRIC	201629994W
Contact No.(Mobile)	83832252	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Drivers Hire	No

Accident Details

Report Date	01/06/2020 19:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/05/2020	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	BUKIT BATOK RD TURN LEFT TO BUKIT BATOK WEST AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YDD OD Excess	0.00	YDD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALEXSANDRIA	Address 3	SINGAPORE 159967
Address 4		Address Type	Singapore address	Post Code	159967
Unit No.	04-08	Related Policy Number	5113531735		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	TAN CHIN CHOON	Driver NRIC	SXXXX368D	Driver DOB	23/10/1955
Register Date of Driver License	22/09/1977	Driver Age	64	Driving Experience	42
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 441D #03-755	Address 2	BUKIT BATOK WEST Avenue 6	Address 3	WEST RIDGES @ BUKIT BATOK
Address 4	SINGAPORE 654441	Address Type	Foreign address	Post Code	654441
Unit No.	03-755				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBB3927Y	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *			OD-Mit	Insured Name	ALORIDE PTE. LTD.
Contact No.(Mobile)				Contact No. (Home)	
Email Address				OI Vehicle Number	FBB3927Y
Claim Description			FBB3927Y / SMD8672H ON 30 May 2020		
Preferred Workshop		Insured Liability	Fully at Fault		
Reinstate Premium	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	DIA report	Received
Date Registered			01/06/2020 19:05	Claim Close Date	
Report Taken By			BOSLI WAHAB		

Insured NRIC 201629994W; Contact No. (Office) +; TP Vehicle Number SMD8672H; Name of Preferred Workshop; Date Received 01/06/2020 08:

Print AR letter

Save Submit

Attachment

Accident No.	MT/1093553	Claim No.	001
Last Doc. Received	Yes No	Upload Date	01/06/2020 19:08

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 Save

Attachment List

Send Mes

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (LO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Jun 2020 19:08	Photos		Normal	Photos 2020-6-1	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 19:05	Photos		Normal	Photos 2020-6-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 19:05	Photos		Normal	Photos 2020-6-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 19:05	Photos		Normal	Photos 2020-6-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 19:05	Photos		Normal	Photos 2020-6-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 19:05	Photos		Normal	Photos 2020-6-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 19:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 19:05	SAS		Normal	SAS 2020-6-1

Video List

Uploaded By/Date	Folder Date	File Name		Source

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.

Vehicle No.(For Motor) FBB3927Y

Date of Accident 30/05/2020 18:47

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5113531735	5113531735-000005	ALORIDE PTE. LTD.	201629994W	GFM	Third Party	FBB3927Y	FBB3927Y	02/11/2019	01/11/2020

Continue