

# NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

NA20035874

Date In: 30/06/2020 17:26	Job description	Date & Time Completed	Done by
Ref No: NBS/202006921/4	SAS e-filing		
Veh No: FBF 937K	E-mail (Legal 2hrs, A/C 2hrs)		
OOA: 23/06/2020 14:00	1-Motor Claims Form	mt/095502002	01/07/2020 17:57
OT: TP Reporting Only	1-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBF 9863D	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 ( )	
Bucess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) 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: ( )

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

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2003523	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (110)
Contact No:	3) TV: Towing Fee	\$40/43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claimant against INC Only (over 10 Jan 2005)	\$73
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	OR:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repairs Coordination	\$10
	• NI: Post Repair Inspection	\$23
	• NI: DV / Collect Owners Coordination	\$3
	TP (NI) / TP (Non INC) against INC	\$30
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	30/06/2020 17:26
Date Of Accident	23/06/2020 14:00
Exact Location Of Accident	JURONG WEST CTRL 3 BESIDE JURONG POINT SHPG CTR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1937K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INFINITY DRIVE PTE LTD
Co Reg No	2XXXXX437R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87505926
Alternative Phone No	OFFICE-87505926

### Vehicle Particulars

Manufacturer	SYM
Model	GTS 200-172CC
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	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	5110284168-01
Cover Note Number	

### Driver

Name of Driver	FOO KWEE FONG
NRIC No	FXXXX208N
Date Of Birth	26/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2001
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87505926
Fax Number	
Contact Number	OTHERS-87505926
Email Address	NOEMAIL

Address	BLK 2A UPPER BOON KENG ROAD #10-696
Postcode	3810002
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLING
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200627/2029

#### 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	FBQ9863D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	FOO KWEE FONG
Approximate Age	
Injuries Sustain	BROKEN RIGHT LOWER LEG
Injured person in which vehicle?	FBF1937K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## 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.



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.:

01/07/2020

Resli

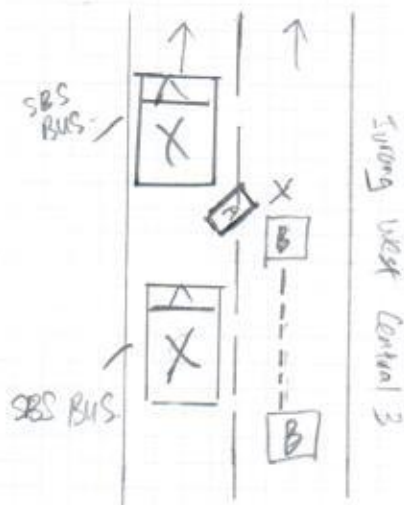
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SKETCH PLAN

Jurong West CR13 Beside Jurong Point Stop CR.

A) FBF 1937K

B) FBQ 9863D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200627/2029

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:

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

01/07/2020

Rosli Mustafa





Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20200627/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2020 12:59	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: FOO KWEE FONG			Address: APT BLK 2A UPPER BOON KENG ROAD #10-696 SINGAPORE 381002	
ID Type / ID No.: FIN NO / F1494208N			Contact No.: Home/Office:	Mobile: 87505928
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 47	Date of Birth: 26/08/1972	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,3 Date of Expiry: 13/02/2023	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/06/2020 14:00	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST CENTRAL 3				
along Jurong West Central 3 beside Jurong Point Shopping Centre				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1937K	Motorcycle					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200627/2029

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3  
Report No. T/20200627/2029

**CONTINUATION OF REPORT**

Rider			
Name	FOO KWEE FONG	ID No.	F1494208N
Related Vehicle	FBF1937K (Motorcycle)	Contact No.	87505928
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 13/02/2023
Date Treatment	23/06/2020	Date Discharge	27/06/2020
No. of Days granted Medical Leave	20	Degree of Injury	NIL

**Brief Details.**

On 23/06/2020 at about 1400hrs, I was riding my motorcycle bearing registration plate number V1) FBF1937K along Jurong West Central 3 towards Jurong West Street 64 on the 2nd lane of a 2 lane road. I had stopped my vehicle behind a SBS Bus and I noticed that behind me was also another SBS Bus. I then decided to make a lane change on to the first lane, I then made a check and noticed that there was no oncoming traffic hence I proceeded to ride onto the first lane. As I was entering the first lane, I felt an impact from the right side and I fell onto the ground. I then noticed that there was people who came forward and assisted me. Shortly, ambulance came and I was conveyed to Ng Teng Fong General Hospital. I was discharged on 27/06/2020 and was given Hospitalization Leave from 25/06/2020 till 14/07/2020.

I wish to state that the injuries I had sustained was Broken Right Lower Leg .





SINGAPORE  
POLICE FORCE



T/20200627/2029

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20200627/2029

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:

J /

Sgt 2 NG WEI LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD

SUYUTI

Contact No.: 65476356

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/06/2020 12:59

Classification Of Case:





	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:57	Photos		Normal	Photos 2020-7-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:57	Photos		Normal	Photos 2020-7-1
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:55	Photos		Normal	Photos 2020-7-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:55	SAS		Normal	SAS 2020-7-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5110284168-01-000012

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **FBF1937K**  
Chassis Number : RFGLM18WXB001304
2. Name of Policyholder : INFINITY DRIVE PTE LTD
3. Effective Date of Insurance : 13 Jun 2020
4. Expiry Date of Insurance : 12 Jun 2021
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
This Policy does not cover  
(a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)  
Date of Issue : 04 May 2020 11:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive