NATIONAL Assessment Centre Services. [wef 1 Jan'06]. MNAV20056549

	Job description	Date &Time Completed	Done by
Date In: 03/07/2020 11:25	SAS e-filing		
Ref No: NBA/TALC20006935/V	E-mail (Repairs 6hrs, A/C 2hrs)		
Veh No: FBF 3302D	I-Motor Claim Form	M/10959415-002	03/07/2020 11:43
D.O.A: 01/07/2020 07:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SME5242E , 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 ( )

( ) 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: ( )

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

Injury :

NA2003547

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)	INC ($10)	
2) DA : Damage Assessment ($100)	$40/$45	
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 2005)	$75	
6) TR : Re-inspection	$160	
7) N1 : Idea DA + SMRT Survey		
8) NTUC Additional Services		
OD:		
* N5: Courtesy Car / Tpt Allowance	$5	
* N6: Repair Coordination	$10	
* N7: Post Repair Inspection	$25	
* N8: DV / Collect Excess Coordination	$5	
TP (N11): TP (Non INC) against INC	$20	
9) N12: Idea 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 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	03/07/2020 11:25
Date Of Accident	02/07/2020 07:30
Exact Location Of Accident	ALONG SUMANG WALK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF3302D
Insured/Policyholder	
Name Of Registered Owner	CHUA KIAM BENG (CAI JIANMING)
NRIC No	SXXXX006C
Email Address	PATRICK_CHUA@MSN.COM
Mobile Phone No	(LOCAL) +65-98564777
Alternative Phone No	OTHERS-98564777
Vehicle Particulars	
Manufacturer	SYM
Model	JOYRIDE 200 A-171CC (A)
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	5054255252-08
Cover Note Number	
Driver	
Name of Driver	CHUA KIAM BENG (CAI JIANMING)
NRIC No	SXXXX006C
Date Of Birth	17/09/1973
Occupation	INDOOR
Date Of Driving Pass	05/12/2001
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98564777
Fax Number	
Contact Number	OTHERS-98564777
EMail Address	PATRICK_CHUA@MSN.COM

Address	BLK 327A SUMANG WALK #18-906
Postcode	821327
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	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	SME5242E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW CHERNG SHENG
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.
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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**.
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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.

3 Jul 20

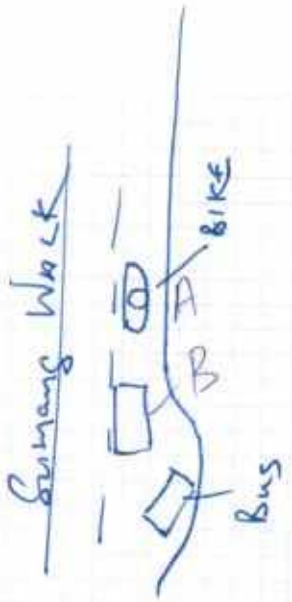
Policyholder's Signature
Date & Time:

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

03/07/2020

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

SKETCH PLAN



A) FBF 3300D
B) SME 5245E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAVELING ALONG SUMANG WALK. VEHICAL Infront of bike stop for bus turning out. BIKE HIT VEHICAL INFRONT.

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.:

03/07/2020

ACCIDENT STATEMENT

ACCIDENT DATE:(2/ Jul 2020)(DD/MM/YYYY), TIME:(07 : 30)(HH:MM)

LOCATION: Sumang Walk

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: FBF3302D
   b)INSURANCE COMPANY: N74C
   c)POLICY NUMBER: 5054255252-08
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: Joy Rok 150.
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
   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: CHUA KIAM BENG (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: S7334005C CONTACT: 98564737
   c)ADDRESS: 327A Sumang Walk

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) ( )

3. DRIVER
   a)NAME: As Above (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: As Above CONTACT:
   c)ADDRESS: As Above
   *d)DATE OF BIRTH: (17 / 09 / 1973)(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: PERSONAL
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: NA.
8. THIRD PARTY VEHICLE

No of passenger (including driver) ( )

   a) VEHICLE NUMBER: SME5242E MODEL: Toyota.
   b) DRIVER'S NAME: Low Cheong Sheng
   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 = PATRICK_CHUA@MSN.COM

VIDEO

Claim Handling

Accident MT/1095915

Policy No.	9054255252-08	Vehicle No.	FBF3302D	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA KIAN BENG (CAI JIANMING)			Policyholder NRIC	S7334006C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
EPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	02/07/2020 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/07/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUMANG WALK TOWARDS SUMANG LANE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
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 327A #18-906	Address 2	SUMANG WALK	Address 3	PUNGGOL VUE
Address 4	SINGAPORE 821327	Address Type	Singapore address	Post Code	821327
Unit No.		Related Policy Number	9054255252-08		

OI Driver Info

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

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	CHUA KIAN BENG (CAI JIANMI	Insured NRIC	S7334006C
Contact No.(Mobile)	98564777	Contact No. (Home)	64798851	Contact No. (Office)	
Email Address	PATRICK_CHUA@MSN.COM	OI Vehicle Number	FBF3302D	TP Vehicle Number	SME5242E
Claim Description	FBF3302D / SME5242D ON 2 Jul 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			03/07/2020 11:33	Claim Close Date	
				Date Received	03/07/2020 0
Report Taken By			ROSLI WAHAB	Workshop Repairer	
				Total Loss but Repaired	

Print A4 letter

Save Submit

Attachment

Accident No.	MT/1095915	Claim No.	002
Last Doc. Received	Yes No	Upload Date	03/07/2020 11:43

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	

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 11:43	Photos		Normal	Photos 2020-7-3	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 11:43	Photos		Normal	Photos 2020-7-3	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:43	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:43	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:43	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:43	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:43	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:42	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:42	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:42	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:42	Photos	Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:42	NRIC/ Driving License Y	Normal	NRIC/ Driving License 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 11:43	SAS	Normal	SAS 2020-7-3

Video List

Uploaded By/Date	Folder Data	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) FBF3302D
Date of Accident 03/07/2020 10:41
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5054255252-08		CHUA KIAM BENG (CAI JIANMING)	S7334006C	GMC	Third Party, Fire & Theft	FBF3302D	FBF3302D	23/05/2020	22/05/2021

Continue