

Date In: 13/7/20 15:50	Job description	Date & Time Completed	Done by
Ref No: MAL INC 2000 7234164	SAS e-filing		
Yeh No: FBQ 6283 Y	E-mail (within 3hrs, AIC 2hrs)		
IP/A: 9/7/20 12:20	1-Motor Claim Form	MT/1096812 ⁰⁰¹	14/7/20 15:01
<input checked="" type="checkbox"/> TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SHA 3896L. 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 repolar.

Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks	INC/Non-INC	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: _____

Damage/Assignment: _____

Invoice Description	Amount (\$)	SSA/Inc (\$)	Adf/Bill
1) AR: Accident Reporting (\$30);	30.00		
2) DA: Damage Assessment (\$100); INC (\$10)	80.00		
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming assis: INC Only (wef 10 Jan 2021)			
6) TR: Re-Inspection \$75			
7) NI: Idea DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10	10.00		
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TP (N11): TP (Via INC) against INC \$20			
9) N12: Idea Mobile \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

NA2003714

Equipment Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bugr-In-Charge):

Auditors' Comments:

Signature:

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	13/07/2020 15:50
Date Of Accident	09/07/2020 12:20
Exact Location Of Accident	BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6283Y
Insured/Policyholder	
Name Of Registered Owner	WONG KIM YAU
NRIC No	SXXXX118G
Email Address	DIGI86995628@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86995628
Alternative Phone No	OFFICE-86995628

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114863889
Cover Note Number	

Driver

Name of Driver	WONG KIM YAU
NRIC No	SXXXX118G
Date Of Birth	10/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86995628
Fax Number	
Contact Number	OFFICE-86995628
E-Mail Address	DIGI86995628@GMAIL.COM

Address	BLK 509 HOUGANG AVE 10 #02-119
Postcode	530509
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	RAINING
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200713/2050

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	SHA3896L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	WONG KIM YAU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBQ6283Y
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:

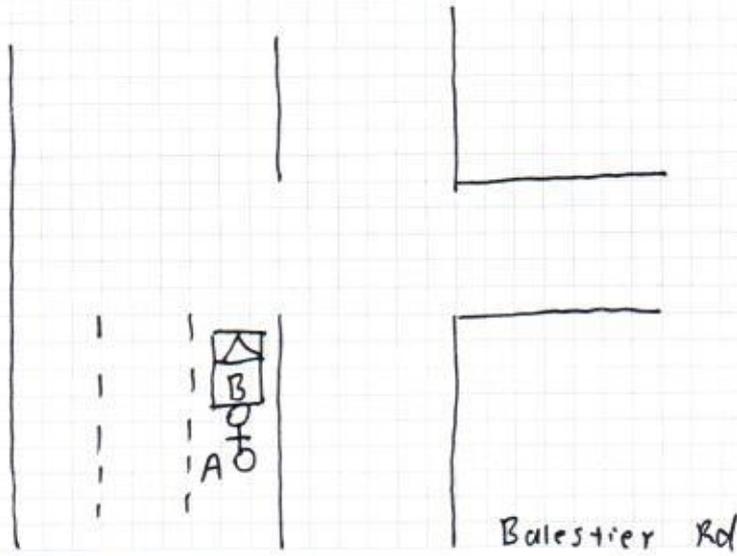
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

SKETCH PLAN



A = FBQ 6283Y

B = SHA 3896L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200713/2050

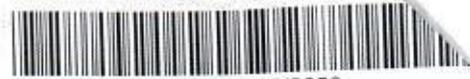
DECLARATION

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.:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200713/2050

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6283Y	NTUC Income Insurance Co-Operative Limited	5114863889	13/12/2019	12/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG KIM YU	ID No.	S8986118G
Related Vehicle	FBQ6283Y (Motorcycle)	Contact No.	86995628
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/07/2020	Date Discharge	09/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS RIDING TO WORK, THERE WAS A TAXI INFRONT OF ME. WE WERE TRAVELLING IN THE SAME DIRECTION, BUT I WAS INTENDING TO GO STRAIGHT AND THE TAXI WAS TURNING RIGHT. THE TAXI INFRONT OF ME SUDDENLY JAM BRAKES AND I ALSO APPLIED BRAKES BUT IT WAS TOO LATE, HENCE I COLLIDED TO THE REAR OF THE TAXI. THEN I FELL OFF MY BIKE, PASSERBY CAME TO HELP ME TO THE SIDE OF THE ROAD. THE PASSERBY THEN HELPED TO CALL FOR AMBULANCE, TRAFFIC POLICE AND AMBULANCE BOTH ARRIVED. TRAFFIC POLICE THEN TOOK MY STATEMENT AND I WAS THEN CONVEYED TO RAFFLES HOSPITAL.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20200713/2050

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20200713/2050

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:

TP /
WINSTON KOH WEN ZHONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/07/2020 13:46

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature: _____

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

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"/>	5114863889		WONG KIM YAU	S8986118G	GMC	Comprehensive	FBQ6283Y	FBQ6283Y	13/12/2019	12/12/2020

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (09/07/2000) (DD/MM/YYYY), TIME: (12:20) (HH:MM)

LOCATION: Rakstia Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8062857
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: 5114863889
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: 12-20
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Wong Kim You (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86995628
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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) conveyed
IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 3896L MODEL: _____
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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = digi86995628@gmail.com

fax =

VIDEO = No.

Claim Handling

Accident MT/1096812

Policy No.	5114863889	Vehicle No.	FBQ6283Y	GST Registrati
Certificate No.				
Policyholder Name	WONG KIM YAU			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	86995628	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ **Accident Details**

Report Date	14/07/2020 14:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/07/2020	Time of Accident hh:mm	12:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BALESTIER RD			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	300.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	300.00	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 509 #02-119	Address 2	HOU GANG AVENUE 10	Address 3
Address 4	SINGAPORE 530509	Address Type	Singapore address	Post Code
Unit No.	02-119	Related Policy Number	5114863889	

▼ **OI Driver Info**

Driver Name	WONG KIM YAU	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8986118G	Driving Experi
Register Date of Driver License	03/07/2017	Driver Age	30	Contact No.(Hi
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1	BLK 509 #02-119	Address 2	HOU GANG AVENUE 10	Post Code
Address 4	SINGAPORE 530509	Address Type	Singapore address	
Unit No.	02-119			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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 New

Claim Type *	OD-MD	Insured Name	WC
Contact No.(Mobile)	86995628	Contact No. (Home)	
Email Address		OI Vehicle Number	FB
Claim Description	FBQ6283Y / SHA3896L ON 9 Jul 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered	14/07/2020 14:58	GIA report	Received
Report Taken By	LIEW SHAN HUI		

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No. MT/1096812 Claim No. 001
 Last Doc. Received Yes No Upload Date 14/07/2020 15:01

Path *	Category *	Confider
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:01	SAS	Normal	S
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:01	NRIC/ Driving License	Normal	NRIC/ Dri
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 15:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 14:58	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 14:58	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 14:58	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 14:58	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 14:58	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Jul 2020 14:58	Photos	Normal	Ph

Video List

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar a) Pedestrian
- b) M/cycle b) Animal
- c) Bicycle
- 3) Vehicle hit Road Side Objects:
- a) Govn.Property (Eg: signboard, barrier, tree etc)
- b) Road Work Object
- c) Private Property
- 4) Vehicle drop into drain
- 5) Damage due to Act of God:
- a) Fallen Object b) Flood
- c) Other, _____
- 6) Parked & Found Damaged:
- a) Vandalism b) Hit by Moving Object
- 7) Theft Case
- a) Stolen b) Damage found when recovered.
- 8) Fire
- a) Whilst driving b) Parked
- 9) Accident date more than 24hrs

By Assessor- 1) Vehicle Information

Veh No: FBA6283Y Yr Regn: NOV / 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or _____
 Make & Model: Honda PCX 150 c.c 153
 Colour SILV Transmission Type: Auto / Manual
 Eng/No: KF21E1161426 Sp.Reading: _____
 C/No: MHIKF2119KK161815
 Gen. Cond: Good / Fair / Poor / Burnt or _____
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 110/80 R14
 R: 140/70 R14
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Michelin
 Front 3 mm R/Bal. 3 mm
 L/Bal. _____ mm L/Bal. _____ mm
 Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS I.B.I Towing Required: Yes / No
 No of Repair Days: 3 Vehicle in Idac: Yes / No
 D.O.I. 14/07/2020 Time: 1400hrs

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a.Vehicle b.Motorcycle c.Bicycle d.Pedestrian
 - e.Animal f.Govrn Object g.Road Work Object
 - h.Private Property i.Drain j.Road Kerb/Grass Verge
- 3) Vehicle does not seem damaged as a result of:
 - a.Fallen Object b.Flood c.Vandalism d.Fire
 - e.Moving Object f.Stolen g.Stolen & Recovered

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss
- 2) SRS Light on
- 3) ABS Light on

Time Started: _____ Time completed: _____

- 1) CSO _____
- 2) ASS _____
- 3) Entire Operation Completed Time: _____

FBQ 6283 Y

- 1.) Front fender x 1 broken
- 2.) Front visor x 1 crack/cut
- 3.) Front centre panel x 1 cut
- 4.) Front headlamp x 1 broken
- 5.) Front LH side cover x 1 cut
- 6.) Front LH lower side cover x 1 cut
- 7.) Rear LH foot rest x 1 broken
- 8.) LH engine cover top x 1 cut
- 9.) LH engine cover lower x 1 cut
- 10.) LH brake lever x 1 BT
- 11.) LH side mirror x 1 cut/broken
- 12.) ~~RH~~ ^{Front} RH side cover x 1 cut
- 13.) Centre ~~cover~~ cover (black) ~~broken~~ x 1 broken
- 14.) Rear box x 1 cut
- 15.) I/O bracket x 1 broken
- 16.) Front Fork x 1 ?
- 17.) Handle bar x 1 ?

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	118G
Vehicle Details	
Vehicle No.:	FBQ6283Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Jul 2020
Vehicle Make:	HONDA
Vehicle Model:	PCX150 CBS AUTO
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	KF21E1161426
Chassis No.:	MH1KF2119KK161815
Maximum Power Output:	-
Open Market Value:	\$2,877.00
Original Registration Date:	18 Nov 2019
First Registration Date:	18 Nov 2019
Transfer Count:	1
Actual ARF Paid:	\$432.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Nov 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,554.00
COE Rebate Amount:	\$2,843.00
Total Rebate Amount:	\$2,843.00

The information contained herein is correct as at 14 Jul 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1096812

LOS SAL SUB

Policy No.	5114863889	Vehicle No.	FBQ6283Y	GST Registration No.	
Certificate No.					
Policyholder Name	WONG KIM YAU			Policyholder NRIC	S8986118G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	86995628	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	14/07/2020 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/07/2020	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	BALESTIER RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	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	300.00	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 509 #02-119	Address 2	HOUANG AVENUE 10	Address 3	BEDOK RESERVOIR-PUNGGOL
Address 4	SINGAPORE 530509	Address Type	Singapore address	Post Code	530509
Unit No.	02-119	Related Policy Number	5114863889		

OT Driver Info

Driver Name	WONG KIM YAU	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8986118G	Driver DOB	10/10/1989
Register Date of Driver License	03/07/2017	Driver Age	30	Driving Experience	3
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 509 #02-119	Address 2	HOUANG AVENUE 10	Address 3	BEDOK RESERVOIR-PUNGGOL
Address 4	SINGAPORE 530509	Address Type	Singapore address	Post Code	530509
Unit No.	02-119				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

Claim Type	OD-MD	Insured Name	WONG KIM YAU	Insured NRIC	S8986118
Contact No.(Mobile)	86995628	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	FBQ6283Y	TP Vehicle Number	SHA3896L
Claim Description	FBQ6283Y / SHA3896L ON 9 Jul 2020			Name of Preferred Workshop	
Preferred Workshop Registration	<input type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Income to assign workshop	Insured Liability report	Fully at Resolved
Date Registered	14/07/2020 15:02	Claim Close Date		Date Received	14/07/2020
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval Reason

Remarks

damage assessment Attachment

Vehicle Info

Vehicle Make	HONDA	Vehicle Model	PCX150	Engine Capacity	
Date of Registration	18/11/2019	Classis No.	MH1KF2119KK161815		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	BRYAN	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrap Value(\$)		Economical Repair Value(\$)	

REMARK: NO OF REPAIR DAYS:3 DAYS.1X FRT VISOR - REPLACE.1X FRT HEADLAMP - REPLACE.1X FRT LH SIDE COVER - REPLACE.1X FRT LH LOWER SIDE COVER - REPLACE.1X LH ENGINE COVER LOWER - REPLACE.1X LH SIDE MIRROR - REPLACE.1X FRT RH SIDE COVER - REPLACE.1X CENTRE COVER(BLACK) - REPLACE.1X FRT

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Cost
root					
Not Applicable	1	25400101	FENDER (FRONT)	1	Replace
ABS	2	33000201	PANEL (CENTRE) (FRONT)	1	Replace
ABSORBER	3	261001	FOOT REST (M/C)	1	Replace
ACCELERATOR	4	159004	BRAKE (M/C) LEVER	1	Replace
ACTUATOR	5	15100102	BOX (M/C) (REAR)	1	Replace
ADVERTISEMENT STICKER	6	2950	IU BRACKET	1	Replace
AIR BAG	7	27400101	HANDLE BAR (M/C) (FRONT)	1	Unconfirm
AIR BLOWER					
AIR BOX					
AIR CHAMBER BOX					
AIR CLEANER					
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

Save Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: FBQ 6283Y Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Paneuro Bikes

Collection Date: 17/7/20 Time: 12:55 with Keys: Yes / No

Tow Truck No: GZ5568B Tow Man: mohan NRIC: S1657774/2

Signature: _____

For office use

Attended by: ROSALINDA

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In
Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Thursday, 16 July 2020 5:16 PM
To: paneurobikes@singnet.com.sg; NAC
Subject: FBQ6283Y, OD claim no : MT/1096812

Importance: High

Dear Kin Wah of Pan Eurobikes,

As spoken.

Pls collect bike from NAC-Ubi to put up detailed estimate to arrange for survey personally at mtsurvey@income.com.sg

After survey done, kindly forward the surveyor's marking to my email for our approval.

Dear IDAC – Pls release bike to Kin Wah, owner has been updated accordingly too.

Regards.

Tan Siew Choo
Senior Executive
Operations, Motor & Personal Lines
T +65 6430 7882
www.income.com.sg



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