NATIONAL Assessment Centre Services (wef Jan'05)

Date In: 15/07/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC0007226/13	SAS e-filing		
Veh No: FBQ1776A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 06/07/20 1130	i-Motor Claim Form	MT/1096928-001	
(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: (KIM KEAT (BBDC) Tel: Fax:)

TP Particulars: Veh No: SKD8GD 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 ( )

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

NA2003681

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OR*			
*N5: Courtesy Car / Tpt 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: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 15/07/2020 16:02

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	15/07/2020 15:26
Date Of Accident	06/07/2020 11:30
Exact Location Of Accident	BBDC CIRCUIT BEND AFTER EMERGENCY BRAKE AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1776A
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	YES
Policy Number	5114136261
Cover Note Number	
Driver	
Name of Driver	BRYONT CHIN HAN MING
NRIC No	SXXXX152C
Date Of Birth	09/10/1995
Occupation	INDOOR
Date Of Driving Pass	06/07/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96433495
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	10 CHENG SOON GARDEN
Postcode	599790
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

BUKIT BATOK DRIVING CENTRE LTD
618 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6563 0273 FAX: 6569 0777

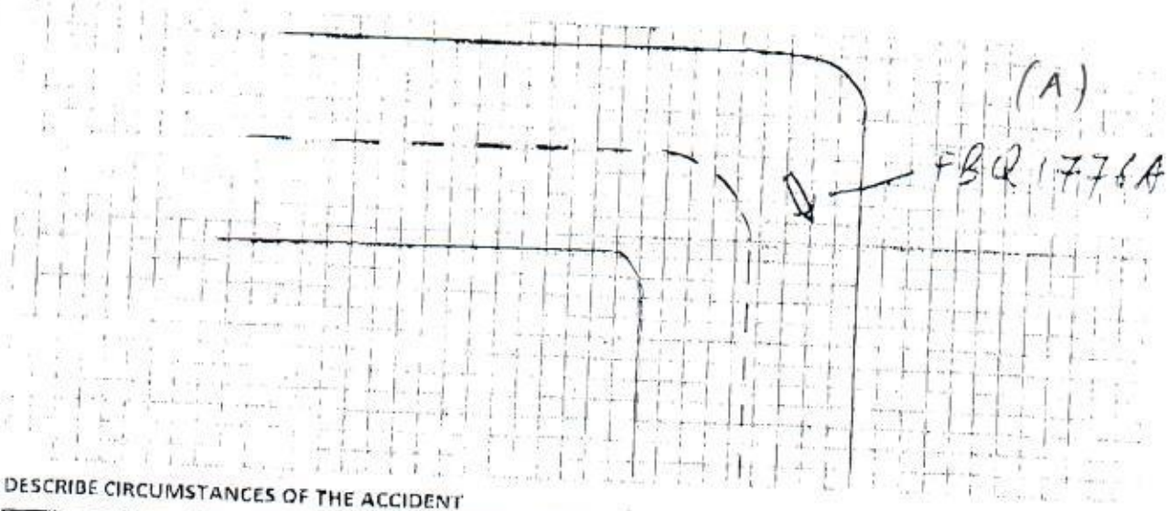
Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/7/2020

15/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No

BBDC CIRCUIT
BEND AFT EMERGENCY BRAKE AREA

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/7/2020 @ 1130 hrs, I attended 2B subject SP. At around 1140 hrs, while negotiating a bend after the emergency brake area, I was going over a wet patch on the road, and so even though I was going slower than the speed limit, I lost control of the bike and skidded and fell onto the road. I was not injured. That is all.

DECLARATION

I/We declare the [illegible] are true in every respect

BJKIT BATOK DRIVING CENTRE (1T)
675 BUKIT BATOK WEST AVENUE 8
SINGAPORE 659005
TEL: 6561 1999 FAX: 6568 0777

Tutor/Driver's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 9/7/2020.

Reporting Centre Personnel's signature 15/07/20
Name:
NRIC/FIN No:

OD claim

ACCIDENT STATEMENT

○ Owner
○ Driver

Date of Accident: 6/7/2020

Time: 11:-- plus.

Location of Accident: Bend after emergency brake area.

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	SBO 1776A
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda CB190R
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, Mcycle, Others:
Exact Purpose for which vehicle was being used at the time of accident.	Training
Are you claiming under your own insurance policy?	○ Yes ○ No Remarks:
Vehicle category	○ Private ○ Commercial ○ Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	☒ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy	☒ Yes ○ No
Policy Number	0013415220
DRIVER	
Name of Driver	Bryant Chin Han Ming
NRIC/ FIN/ Passport	S9535[illegible]Z
Date of Birth	
Occupation	
Driving Pass Date	
Gender	☒ Male ○ Female
Contact Number	Tel: Hp: 84964334[illegible]
Address	
Email Address	
Was driver an employee of the Insured's Company?	○ Yes ☒ No
If No, relationship of Driver with the Insured.	Trainee
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head On, etc)	Self-fall
Weather Conditions	☒ Clear ○ Raining ○ Others:
Road Surface	☒ Wet ○ Dry ○ Others:
Damage Area	Front wheel alignment left mirror bitter damage.
Approximate Speed	35km/h
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	☒ No ○ Yes
Was anybody injured in the accident? (Including Witness)	☒ No ○ Yes
Was any other vehicle(s) or property damaged?	☒ No ○ Yes
Was there any camera video footage (in car)?	☒ No ○ Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	☒ No ○ Yes
If Yes, please state which police station & Report No.	
Was notice of Intended Prosecution given?	☒ No ○ Yes
If Yes, against whom?	

Both mirror damaged
Right front seat ~~Broken~~ damaged
Rear driving brake.

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name
Phone / Email Address
Address
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn?
Was Injured conveyed to hospital by ambulance? ○ Yes ○ No

DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ○ Yes ○ No
Was Injured conveyed to hospital by Ambulance? ○ Yes ○ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

BUKIT [illegible] CENTRE LTD
675 [illegible] AVENUE 5
SINGAPORE 669085
Tel: 6561 1233 FAX: 6560 0777

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

¥ Blyant 9/7/2020

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

eBaoTech GeneralClaim

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) FBQ1776A | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5114136261	5114136261-000102	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBQ1776A	FBQ1776A	01/01/2020	31/12/2020

Continue

Land Transport Authority

55

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ1776A		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4695L1600314	Engine No.:	MC46E5092185
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour	
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First $2,241.00 (15%)
Actual ARF Paid:	$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	

Claim Handling

Task Transfer · Exit

Accident MT/1096928

Policy No.	5114139261	Vehicle No.	FBQ1776A	GST Registration No.	M200805321
Certificate No.	5114139261-000102				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943535	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	15/07/2020 16:08	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	06/07/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTI	Orange Force	No	ICM No.	
Accident Location	NBDC CIRCUIT RHD AFTER EMERGENCY BRAKE AREA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1995
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	215 BUKIT BATOK WEST AVEN	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5114136654		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BRYONT CHIN HAN MING	Driver NRIC	S9537132C	Driver DOB	09/10/1995
Register Date of Driver License	06/07/2020	Driver Age	24	Driving Experience	0
Contact No.(Mobile)	96433455	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	16 CHENG SOON GARDEN	Address 2	CHENG SOON GARDEN	Address 3	SINGAPORE 599790
Address 4		Address Type	Singapore address	Post Code	599790
Unit No.					
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		
Modification History					

Investigation

Claim 001 OD-MD New

Claim Case Officer Zuraimee Bin Mantau

Claim Type	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65943506
Email Address	RACHEL@RBDC.SG	OI Vehicle Number	FBQ1776A	TP Vehicle Number	SKIDDED
Claim Description	FBQ1776A / SKIDDED ON 6 Jul 2020			Name of Preferred Workshop	KIM KEAT

Preferred Workshop Feature Activation	Preferred Workshop	Preferered Repair Option	Preferred Workshop (refer below)	Insured Liability O/R report	Fully at Fault	Received
	Yes					

Date Registered	15/07/2020 16:13	Claim Close Date		Date Received	15/07/2020 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1096928	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/07/2020 00:00

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	SAS		Normal	SAS 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	Photos		Normal	Photos 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	Photos		Normal	Photos 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	Photos		Normal	Photos 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	Photos		Normal	Photos 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 16:12	Photos		Normal	Photos 2020-7-15

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window — Scan and uploading