

NATIONAL Assessment Centre Services.

part 1 3/2/03

MAA20061917

Date In: 22/07/2020 17:59	Job description	Date & Time Completed	Done by
Ref No: NBSA/INC20007588/Y	SAS e-filing		
Veh No: FBV 3141J	E-mail (2 jobs 3hrs, AIC 2hrs)		
DOA: 22/07/2020 16:00	I-Motor Claims Form	MT1097660-001	23/07/2020
OID - TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		10:05
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wreck / INC Assign Wreck / QW: () Tels: () Fax: ()

TP Particulars: Veh No: SMG 5666C 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 reporter.

() 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: ()

Date: ()

MAA2003822

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Rug-In-Charge):	4) PF: Follow-Through Survey	\$110
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) PF: Follow-Through Survey (Resurvey) For claimant's use only (over 10 Jan 2003)	
	7) TR: Re-inspection	\$75
	8) NI: No DA + SMRT Survey	\$160
	9) NIUC: Additional Services	
	ON:	
	* NI: Courtesy Car / Tpl Allowance	\$3
	* NI: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Insurance Coordination	\$3
	TP (NI) / TP (NI) INC against BIC	\$20
	2) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	

Fee Charged

Fee Charged

MAA2003822

MAA2003822

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	22/07/2020 17:59
Date Of Accident	22/07/2020 16:00
Exact Location Of Accident	ALONG DICKSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN3141J
Insured/Policyholder	
Name Of Registered Owner	PAUL LEONG CHAN HOU (LIANG ZHENHAO)
NRIC No	SXXXX811D
Email Address	REVENTON_PAUL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92391154
Alternative Phone No	OTHERS-92391154

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	RETURNING HOME
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	5103786906-01
Cover Note Number	

Driver

Name of Driver	PAUL LEONG CHAN HOU (LIANG ZHENHAO)
NRIC No	SXXXX811D
Date Of Birth	23/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92391154
Fax Number	
Contact Number	OTHERS-92391154
EMail Address	REVENTON_PAUL@HOTMAIL.COM

Address	BLK 2 GHIM MOH ROAD #02-230
Postcode	270002
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	SIDE SWIPE
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?	YES
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	SMQ5666C
Vehicle Make/Model/Colour	AUDI A5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VELLAICHAMY PALANIKUMAR
NRIC/Passport Number	SXXXX408C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PAUL LEONG CHAN HOU (LIANG ZHENHAO)
------	-------------------------------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBN3141J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

22/07/2020 1700hr

Driver's Signature

(If driver is not the policyholder)

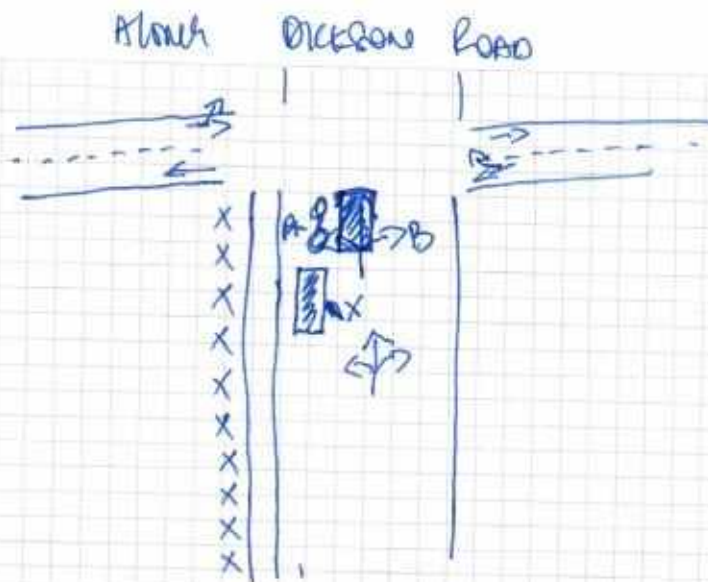
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) FBN 3141J

B) SMQ 5666C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along dickson Road returning home, while along the road, Vehicle SMQ 5666C (Audi Q5) was in front of me. So I have overtake him from the left. As he did not indicate any signal to turn. While I have ride pass his car, he suddenly swerve to the left and hit my motorcycle - Resulting in minor scratch onto the bike and my right foot was slightly hit as well. Both Rider and driver exchange contact and driver agree that he would want to claim the insurance.

DECLARATION

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

Policyholder's Signature

Date & Time: 1700 hr

22/07/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 07 / 2020) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: Dickson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBN131413
 b) INSURANCE COMPANY: NIVE Income
 c) POLICY NUMBER: 5103786906-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bajaj Pulsar NS200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Returning home
 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: Paul Leong Chan Hoo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9306811D CONTACT: 92391154
 c) ADDRESS: Block 2 Ghim Moh Road #02-320 5270002

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Paul Leong Chan Hoo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9306811D CONTACT: 92391154
 c) ADDRESS: Block 2 Ghim Moh Road #02-320 5270002

* d) DATE OF BIRTH: (23 / 02 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/08/2018

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

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:

3. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMQ 5666C MODEL: Audi Q5
 b) DRIVER'S NAME: Vellaichamy Palanikumar
 c) NRIC/FIN/PASSPORT: S7981408C CONTACT:

4. 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 = Revanton - Paul@hotmail.com

VIDEO

Claim Handling

Policy No.	S103706906-01	Vehicle No.	FBN3141J	GST Registration No.		
Certificate No.						
Polyholder Name	PAUL LEONG CHAN HOU			Polyholder NRIC	S9306811D	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0	
Contact No.(Mobile)	92391154	Contact No.(Office)		Contact No.(Home)		
Email Address	revinton_paul@hotmail.com	Special Remark		eCode	ho w	
KYC	No Yes	TCA	No Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No	
▼ Accident Details						
Report Date	23/07/2020 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
Date of Accident	22/07/2020	Time of Accident hh:mm	16:08	Country of Accident	Singapore	
Reporting Centre		Damage Force		ICH No.		
Accident Location	ALONG DECKSON ROAD					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess	0.00	TP Standard Excess	0.00			
NCD OD Excess	0.00	NCD TP Excess	0.00	Driver is Covered?	Not Covered	
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 2 #02-320	Address 2	GHM MOH ROAD	Address 3	GHM MOH GREEN	
Address 4	SINGAPORE 270002	Address Type	Singapore address	Post Code	270002	
Unit No.	02-320	Related Policy Number	S103706906-01			
▼ Q1 Driver Info						
Driver Name	PAUL LEONG CHAN HOU	Driver Type	Main Driver			
Unnamed driver name		Driver NRIC	S9306811D	Driver DOB	23/02/1993	
Register Date of Driver License	21/06/2018	Driver Age	27	Driving Experience	1	
Contact No.(Mobile)	92391154	Contact No.(Office)		Contact No.(Home)		
Address 1	BLK 2 #02-320	Address 2	GHM MOH ROAD	Address 3	GHM MOH GREEN	
Address 4	SINGAPORE 270002	Address Type	Singapore address	Post Code	270002	
Unit No.	02-320					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBN3141J	Driver Insurer Company	NTUC	
Declaration						
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No			
Modification History						
Claim 001 New						
Claim Type *	OD-MX		Insured Name	PAUL LEONG CHAN HOU	Insured NRIC	S9306811D
Contact No.(Mobile)	92391154		Contact No.(Home)		Contact No.(Office)	
Email Address	REVINTON_PAUL@HOTMAIL.COM		OT Vehicle Number	FBN3141J	TP Vehicle Number	SHQ5666C
Claim Description	FBN3141J / SHQ5666C ON 22 Jul 2020		Name of Preferred Workshop			
Preferred Workshop		Insured Liability	Not at Fault			
Benefit No.	Yes	Endorsed Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	23/07/2020 10:54		Claim Close Date		Date Received	23/07/2020 00
Report Taken By	ROSLI WAHAB					
Print AK letter						
Save Submit						

Attachment

















Accident No.	MT/1087468	Claim No.	991
Last Doc. Received:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2020 10:05

	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 ▼
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[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CQ)
	RAC_BUKIT_MERAH_0004754 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 23 Jul 2020 10:05	Photos	Normal	Photos 2020-7-23	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:05	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	Photos	Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 10:04	SAS	Normal	SAS 2020-7-23

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/07/2020 16:52"/>
Vehicle No. (For Motor)	<input type="text" value="FBN31411"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103786906-01		PAUL LEONG CHAN HOU	S9306811D	GMC	Third Party, Fire & Theft	FBN31411	FBN31411	11/09/2019	10/09/2020