NATIONAL Assessment Centre Services

Date In: 07/08/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC0000818713	SAS e-filing		
Veh No: FBL5873C	E-mail (within 8hrs, A/C 2hrs)		
D.O.A : 29/07/20 1350	i-Motor Claim Form	MT/1099208-001	
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: (Tel: Fax:)

TP Particulars: Veh No: SKH3260 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 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

NA2000408 3

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 : Idee DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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: Idee Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA120068747 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 07/08/2020 14:31
SUBMITTED BY: Roslinda Binte Abdul Wahab

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 07/08/2020 15:01

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	07/08/2020 14:31
Date Of Accident	29/07/2020 12:50
Exact Location Of Accident	BBDC CIRCUIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5873C
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	NC750L
Exact Purpose for which vehicle was being used at time of accident	LEARNER
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	
Driver	
Name of Driver	GAN GIM GUAN LIONEL
NRIC No	SXXXX907E
Date Of Birth	01/07/1967
Occupation	INDOOR
Date Of Driving Pass	29/07/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	47 JALAN PARI KIKIS
Postcode	488577
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
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?	YES
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 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

DETAILS OF INJURED PERSON 1

Name	GAN GIM GUAN LIONEL
Approximate Age	
Injuries Sustain	SHOULDER
Injured person in which vehicle?	FBL5873C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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 any 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 risk assessment, 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.

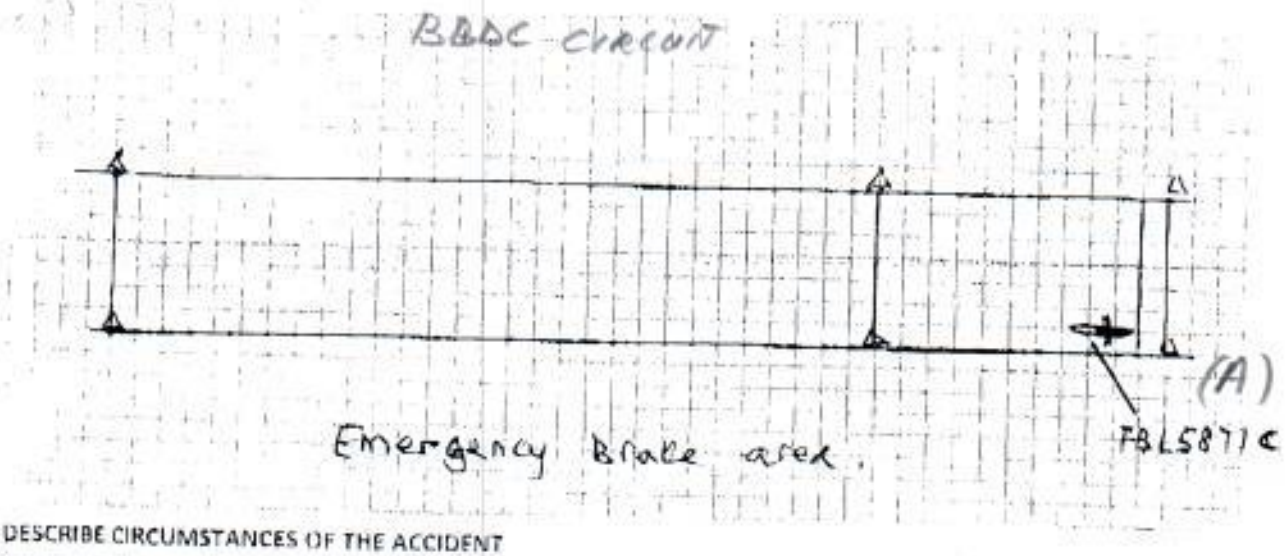
[illegible] DRIVING CENTRE LTD
[illegible] WEST AVENUE 5
SINGAPORE 659005
Tel.: 6569 [illegible] Fax: 6569 0777

Policyholder's Signature
Date & Time:

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

07/08/20
Reporting Centre Personnel's Signature
Name
NRIC/FIN no.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/7/2020, at about 1250 hrs, customer Gan Rim Guan Lionel, NRIC: S1817907E, attend class 2 subject 'RV', When he practicing the emergency brake, due to his speed was too fast, he snapped on the front brake too hard, cause the wheel lock and skid, he fall and injured his shoulder.

DECLARATION

I declare the foregoing particulars are true in every respect.

DRIVING CENTRE LTD
NAVIGATOR DRIVING CENTRE LTD
315 BUKIT TIMAH ROAD #01-01 PRINCE GEORGE PARK TOWER SINGAPORE 659065
TEL: 6659 0777

Tel:

Policyholder's Signature
Date & Time:

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

07/08/20

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

ACCIDENT STATEMENT

○ Owner
○ Driver

Date of Accident: 29/7/2020 Time: 12.50 Location of Accident: BBDC circuit.

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBL 5873C
Name of Policyholder	
NRIC/ FIN/ Passport/ RCC (if Policyholder is company)	
Address	
Contact Number	Tel: 65443418 Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	HONDA NC750LH
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, (M/cycle), Others
Exact Purpose for which vehicle was being used at the time of accident	
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	0073415120
DRIVER	
Name of Driver	GAN GIM GHAN LIONEL
NRIC/ FIN/ Passport	S1817907E
Date of Birth	1/7/1967
Occupation	
Driving Pass Date	
Gender	☑ Male ○ Female
Contact Number	Tel: Hp:
Address	47 JALAN PARI KIRIS S(468577)
Email Address	
Was driver an employee of the Insured's Company?	○ Yes ☑ No
If No, relationship of Driver with the Insured	Learner rider
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)	
Weather Conditions	☑ Clear ○ Raining ○ Others
Road Surface	☑ Wet ○ Dry ○ Others
Damage Area	
Approximate Speed	
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?	

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? ○ Yes ○ No
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

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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 To Do List

Policy Query

Policy No.

Vehicle No.(For Motor) FBL5873C

Date of Accident 29/07/2020 12:50

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5114136261	5114136261-000030	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBL5873C	FBL5873C	01/01/2020	31/12/2020

Continue

309 Annex A

Transaction ref 20161222123411099610

The owner and vehicle particulars for Vehicle No. FBL5873C as at 23 Dec 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBL5873C
8.	Effective Date of Ownership	: 23 Dec 2016
9.	Original Registration Date	: 23 Dec 2016
10.	First Registration Date	: 23 Dec 2016
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: NC750L
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: RC671100018 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: RC67E1100038 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 217
28.	Maximum Laden Weight(kg)	: 367
29.	Open Market Value	: $8,545.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: $0.00
33.	IU Label No.	: -
34.	COE No.	: 2016080106000625H
35.	COE Expiry Date	: 22 Dec 2026
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: $6,302.00
38.	Actual Quota Premium/PQP Paid	: $6,302.00
39.	Actual ARF Paid	: $1,282.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: $192.00
46.	Road Tax Start Date	: 23 Dec 2016
47.	Road Tax End Date	: 22 Dec 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1699200

Policy No
Certificate No
Policyholder Name: BUKIT BATOK DRIVING CENTRE LTD
Product Code
Contact No.(Mobile)
Email Address
eFN: No Yes
NCD Protection

Accident Details

Report Date
Date of Accident
Reporting Centre
Accident Location

Total Excess Applicable

Excess Type: Per Accident

OD Standard Excess
YIED OD Excess
Additional Excess
Total OD Excess Applicable

Benefits

GST Registered Information

GST Registered
GST Registration No.
Modification History

Vehicle No
Cover Type
Contact No (Office)
Special Remark
TCA: No Yes
NCD Entitlement(%)

Accident Report Within 24 hrs: Yes
Time of Accident hh:mm
Orange Force

Windscreen Excess

TP Standard Excess
YIED TP Excess
Total TP Excess Applicable

GST Registration Date
GST Status Verified

GST Registration No
Policyholder NRIC
Loading
Contact No.(Home)
eCode
eCode Reason
Private Hire: No

Accident Type: Others
Country of Accident: Singapore
ICM No.

Driver is Covered?: Covered

Policyholder Mailing Address

Address 1
Address 4
Unit No.

Address 2
Address Type: Singapore address
Related Policy Number

Address 3
Post Code

OI Driver Info

Driver Name: Unnamed Driver
Unnamed driver Name
Register Date of Driver License
Contact No.(Mobile)
Address 1
Address 4
Unit No.
Does he own a Singapore Registered car?: Yes No

Driver Type: Unnamed Driver
Driver NRIC
Driver Age
Contact No.(Office)
Address 2
Address Type: Singapore address
Driver Vehicle No.

Driver DOB
Driving Experience
Contact No.(Home)
Address 3
Post Code
Driver Insurer Company

Declaration
Breathalyser or Blood Test Reading?: 0 mg

Any Injury?: Yes No

Modification History

Claim 001 OD-MX New

Claim Type *: OD-MX
Insured Name: BUKIT BATOK DRIVING CENTRE
Contact No. (Mobile)
Contact No. (Home)
Email Address: RACHELS@BBDC.SG
OI Vehicle Number: FBL5873C
Claim Description: FBL5873C ON 29 Jul 2020
Preferred Workshop
Insured Liability: Fully at Fault
Consent to Finalise: Yes
Preferred Repair Option
Preferred Workshop (refer below)
GIA report: Received
Date Registered: 07/08/2020 15:15
Claim Close Date
Report Taken By: ROSLINDA
Workshop Repairer
Print AK letter

Save Submit

Attachment

Accident No
Last Doc. Received: Yes No
Claim No.
Upload Date
Path *

	Category *	Confidential	Urgency *
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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	SAS		Normal	SAS 2020-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	Photos		Normal	Photos 2020-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	Photos		Normal	Photos 2020-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	Photos		Normal	Photos 2020-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	Photos		Normal	Photos 2020-8-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2020 15:15	Photos		Normal	Photos 2020-8-7

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading