

NATIONAL Assessment Centre Services. [part 1 of 2 of 2]

20240628 26

Date In: 11/21/2024	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: 20240628 26	E-mail (State this, AIC this)		
Veh No: FBL 63584	I-Motor Claims Form	mla2354-001	W. Oster
O.O.A. 07/28/2024 20:55	I-Motor W/O (with: OD 3hrs, TP 4hrs)		1255
OD - TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: () Tot: () Fuel ()

TP Particulars: Veh No: SED 6730K 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: YRS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: _____

21A2004139	1) AR: Accident Reporting (\$20)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only (over 10 Jan 2023)	\$75
	6) TIT: Re-inspection	\$100
	7) NI: Use DA + EMRT Survey	
	8) NTUC Additional Services:	
	OD:	
	* NI: Courtesy Car / Tpt Allowance	\$3
	* NI: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect License Coordination	\$3
	TE (NI) TP (CA) INC: * glass 1216	\$20
	9) NI: Use Mobile	\$0
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

20240628

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	11/08/2020 17:11
Date Of Accident	09/08/2020 20:55
Exact Location Of Accident	TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6338A
Insured/Policyholder	
Name Of Registered Owner	CHEW WEE SIANG (ZHOU WEIXIANG)
NRIC No	SXXXX225F
Email Address	ANSONCHEW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94783087
Alternative Phone No	OTHERS-94783087
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY 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
Fleet Policy	NO
Policy Number	5087657435-03
Cover Note Number	
Driver	
Name of Driver	CHEW WEE SIANG (ZHOU WEIXIANG)
NRIC No	SXXXX225F
Date Of Birth	02/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1999
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94783087
Fax Number	
Contact Number	OTHERS-94783087
Email Address	ANSONCHEW@HOTMAIL.COM

Address	BLK 85 TELOK BLANGAH HEIGHTS #13-387
Postcode	100085
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20200809/7009

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	SKD6730K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KKK
NRIC/Passport Number	
Contact Number	97337688
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name : CHEW WEE SIANG (ZHOU WEIXIANG)

Approximate Age

Injuries Sustain : SLIGHT INJURY

Injured person in which vehicle? : FBL6338A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? : NO

Address

Postcode

SKETCH PLAN

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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**.
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: 11/6/20
5:12 pm

Driver's Signature

(if driver is not the policyholder)
Date & Time:

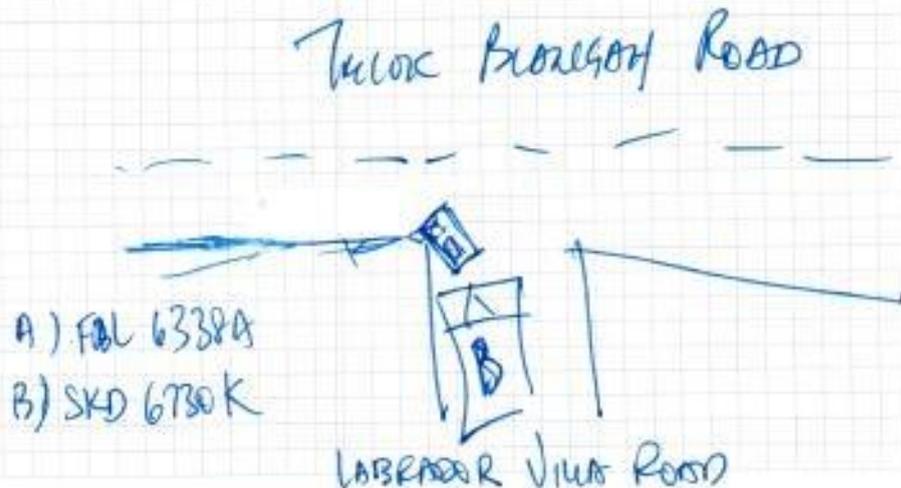
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

11/08/2020

Resdi Chandra

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from Labrador Villa Road turning left into Telok Anson Rd. At the just junction I stop to allow the car on my right to pass when a vehicle (SKD 6730K) hit my bike (FBL 6338A) from the back. As the lighting condition was dark and there were traffic from the back.

I exchange number with the driver (1111, 9733 7688) and said I want go to a bike shop to assess the damage before he would see if he want to claim from his insurance or private settlement.

When I reach home, I felt there is a number on my right wrist

Police Report 7/20200809/7009

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 11/9/20
 5.12pm

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (09/08/2020) [DD/MM/YYYY], TIME: (20:55) [HH:MM]

LOCATION: Labrador Villa Road turning left to Teluk Bay Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 6335 A
- b) INSURANCE COMPANY: INCOME
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Honda wave 125
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE use on 26th Aug 2020
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) Handwritten note: use own 26th Aug 2020

2. INSURED / POLICY HOLDER

- a) NAME: Chew Kee Siong (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S 7933225F CONTACT: 99183011
- c) ADDRESS: 83, Teluk Bay Road, Hse 11-117

* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

TYPE OF DRIVING PASS

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: 10 Lbi Ave 3 (Central)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD 6730K MODEL: Suzuki
- b) DRIVER'S NAME: Kiki
- c) NRIC/FIN/PASSPORT: _____ CONTACT: 9733 97337680

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 = ansonchen@hotmail.com
VIDSO



**SINGAPORE
POLICE FORCE**



T/20200809/7009

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

1 of 3

Report No. T/20200809/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2020 23:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW WEE SIANG			Address: 85 TELOK BLANGAH HEIGHTS #13-387 SINGAPORE 100085		
ID Type / ID No.: NRIC NO / S7938225F			Contact No.:		Mobile: 94783087
Nationality: SINGAPORE CITIZEN			Email: ANSONCHEW@HOTMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 02/12/1979	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT service manager			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2020 20:55	Type of Location: Filter Road	
Location: TELOK BLANGAH ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving vehicle against Stationary vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBL6338A	Motorcycle		HONDA	Red		0
SKD6730K	Car			Yellow		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHEW WEE SIANG	ID No.	S7938225F
Related Vehicle	FBL6338A (Motorcycle)	Contact No.	94783087
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling from Labrador Villa Road turning left into Telok Blangah Road. At the junction I stop to allow the car on my right to pass when a vehicle (SKD6730K) hit my bike (FBL6338A) from the back. As the lighting condition was dark and there were traffic from the back, I exchange Phone Number with the driver (Name KKK, 9733 7688) and saying I would go to a bike shop to check the damage before he would see if he want to claim from his insurance or private settlement .

When I reach home, I felt there is a numbness on my right waist.



**SINGAPORE
POLICE FORCE**



T/20200809/7009

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

3 of 3

Report No. T/20200809/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
09/08/2020 23:16

Classification Of Case:

Claim Handling

Accident #/1099514

Policy No.	00143143-03	Vehicle No.	PL6336A	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN WEE SIANG (ZHOU WEIXIANG)	Cover Type	Third Party	Policyholder NRIC	S798225F
Product Code	MOTORCYCLE INSURANCE	Contact No./Office		Leading	9
Contact No./Mobile	9439397	Social Remark		Contact No./Home	
Email Address		TGA	No Yes	eCard	No/M
ICN	No Yes	NCD Endorsement(s)	20	eCard Release	
NCD Protection	No			Private Ins	No
Accident Details					
Report Date	11/08/2020 17:38	Accident Repair Within 24 Hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/08/2020	Time of Accident (H:MM)	22:38	Country of Accident	Singapore
Reporting Centre		Orange Force		OP No.	
Accident Location	TELOK BLANGAH ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver at Fault?	Not Covered
OD OD Excess	0.00	TPED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registration Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 85 # 13-387	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100883
Address 4		Address Type	Singapore address	Post Code	100883
User No.		Related Policy Number	5067657435-03		
OD Driver Info					
Driver Name	CHEN WEE SIANG(ZHOU WEIXIANG)	Driver Type	Pass Driver		
Ultimate driver Name		Driver NRIC	S798225F	Driver DOB	02/10/1978
Report Date of Driver License	25/05/2019	Driver Age	42	Driving Experience	21
Contact No./Mobile	9439397	Contact No./Office		Contact No./Home	
Address 1	BLK 85 # 13-387	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100883
Address 4		Address Type	Singapore address	Post Code	100883
User No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PL6336A	Driver Insurer Company	ATYC
Declaration					
Brought in or Blood Test (Reading)	Drug	Any injury?	No No		
Modification History					

Claim #01 OD-MX **Not**

Claim Type	OD-MX	Source Name	CHEN WEE SIANG (ZHOU WEIXIANG)	Insured	5798225F
Contact No./Mobile	9439397	Contact No. (Home)	92708813	Contact	PL6
Email Address	chenwee@thermal.com	OC Vehicle Number	PL6336A	TI	0006720K
Claim Description	PL6336A / 5406720K ON 9 Aug 2020				
Preferred Workshop	<input type="checkbox"/> Insured Liability <input type="checkbox"/> Not at Fault <input type="checkbox"/> Preferred Repair Option <input type="checkbox"/> Preferred Workshop, Name unknown <input type="checkbox"/> ADP Report <input type="checkbox"/> Received				
Date Registered	11/08/2020 17:34	Claim Close Date		Only Received	11/08/2020 0
Report Team No.	006110488	Workshop Referrer		Total LTR But Reported	
Print as PDF					
Save Submit					

Attachment

Accident No.	MT1009514	Claim No.	001																																			
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	11/08/2020 17:55																																			
<table border="1"> <thead> <tr> <th>Choose File</th> <th>Categories</th> <th>Confidential</th> <th>Urgency</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Choose File / No file chosen</td> <td>Clear Please Select</td> <td>All</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File / No file chosen</td> <td>Clear Please Select</td> <td>All</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File / No file chosen</td> <td>Clear Please Select</td> <td>All</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File / No file chosen</td> <td>Clear Please Select</td> <td>All</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File / No file chosen</td> <td>Clear Please Select</td> <td>All</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File / No file chosen</td> <td>Clear Please Select</td> <td>All</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Choose File	Categories	Confidential	Urgency	Description	Choose File / No file chosen	Clear Please Select	All	Normal		Choose File / No file chosen	Clear Please Select	All	Normal		Choose File / No file chosen	Clear Please Select	All	Normal		Choose File / No file chosen	Clear Please Select	All	Normal		Choose File / No file chosen	Clear Please Select	All	Normal		Choose File / No file chosen	Clear Please Select	All	Normal	
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	SAC_BUEET_PRRH_80676 NATIONAL ASSESSMENT CENTRE SERVICE	Photos	Normal	Procs 2020-8-11																																		

Hello, NAC_BUKIT_MERAH_800676

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

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	5087657435-03		CHEW WEE SIANG (ZHOU WEIXIANG)	S7938225F	GMC	Third Party	FBL6338A	FBL6338A	23/01/2020	22/01/2021