NATIONAL Assessment Centre Services

Date In: 14/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008459/12	SAS e-filing		
Veh No: FBQ1587D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/07/20 0800	i-Motor Claim Form	M7/1099992-001	
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 (BBAC)) Tel: Fax:)

TP Particulars: Veh No: SKH20ED 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

NA2004187

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 ($) to Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80) $40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (w.e.f 10 Jan 2008)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idac Mobile			
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 14/08/2020 12:21

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	14/08/2020 11:42
Date Of Accident	05/07/2020 08:00
Exact Location Of Accident	E-BRAKE AREA BBDC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1587D
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?	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	BHATTACHARJEE ROHIT
NRIC No	SXXXX761C
Date Of Birth	22/09/1974
Occupation	INDOOR
Date Of Driving Pass	05/07/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96555125
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	63 DUCHESS AVENUE
Postcode	269126
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?	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 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	BHATTACHARJEE ROHIT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBQ1587D
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 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.

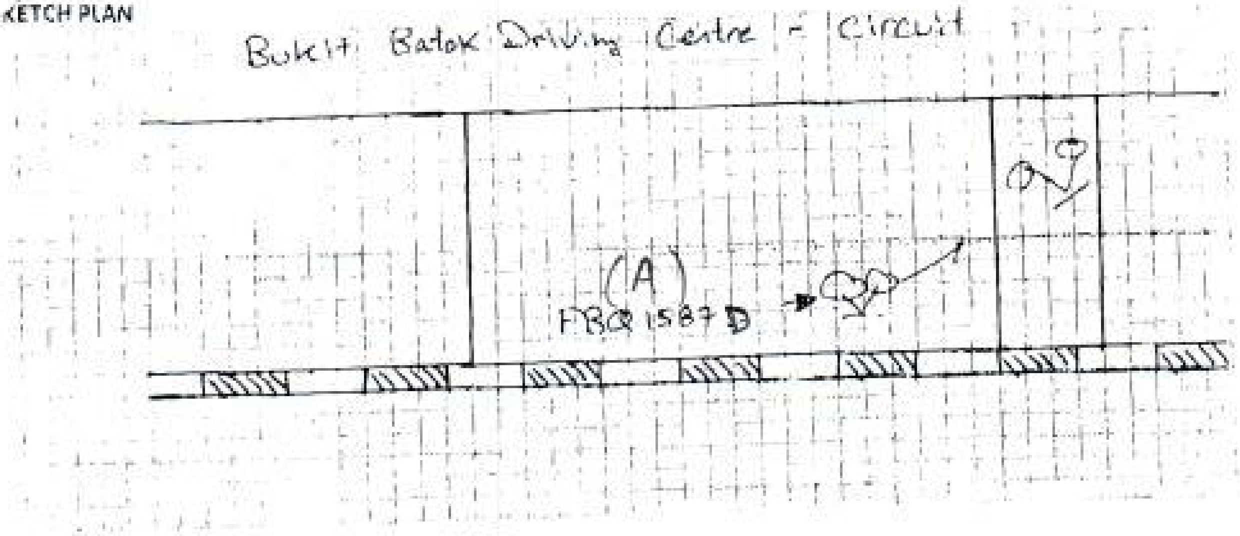
[illegible] 14/08/20

Policyholder's Signature
Date & Time

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

Representative / Service Personnel's Signature
Name:
NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Student applying too hard on front brake when stopping causing front wheel lock & skid forward.

DECLARATION

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

BUKIT BATOK DRIVING CENTRE LTD

FAX: 6560 0777

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/08/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

○ Owner
○ Driver

AP

ACCIDENT STATEMENT

Date of Accident: 5/7/20 Time: 0800 Location of Accident: Emerging Brake area

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBB1587D
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65473615 Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda CB190R-D
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, 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	0075415220
DRIVER	
Name of Driver	Chattacharjee Rohit
NRIC/ FIN/ Passport	S7487761Z
Date of Birth	22/09/1974
Occupation	
Driving Pass Date	
Gender	⊘ Male ○ Female
Contact Number	Tel: Hp: 97555125
Address	63 Duchess Avenue
Email Address	Rohit_b@yahoo.com
Was driver an employee of the Insured's Company?	○ Yes ⊘ No
If No, relationship of Driver with the Insured	Friend
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	Not
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision / Head-On, etc)	Self-Skidded.
Weather Conditions	⊘ Clear ○ Raining ○ Others
Road Surface	⊘ Wet ○ Dry ○ Others
Damage Area	
Approximate Speed	30km/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?	

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 — As Driver
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained — Pain on left shoulder and dizziness
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.

SAFETY DRIVING CENTRE LTD
815 Bukit Batok W. St Ave 1
Singapore 659083
Tel: 6560 0777

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

income
made different

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114136261-000062 **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBQ1587D**
   Chassis Number : LWRMC469XL1600373
2. Name of Policyholder : BUKIT BATOK DRIVING CENTRE LTD
3. Effective Date of Insurance : 01 Jan 2020
4. Expiry Date of Insurance : 31 Dec 2020
5. Persons or Classes of Persons entitled to drive#
   (a) The Policyholder.
   (b) Any other person who is driving on the Policyholder's order or with his/her permission.
   Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
   (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover
   (a) Use for hire or reward.
   (b) Use for racing, pace-making, reliability trial or speed-testing.
   (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
   (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH CDF	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 23 Dec 2019 09:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Land Transport Authority

18

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ1587D		
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.:	LWBMC469XL1600373	Engine No.:	MC46E5092396
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.:	B15
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Claim Handling

Accident MT/1099992

Policy No.		Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	
Product Code		Cover Type		Loading	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
EPS	No Yes	TCA	No Yes	eCode Reason	
NCD Protection		NCD Entitlement(%)		Private Hire	No

Accident Details

Report Date		Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident		Time of Accident hh:mm		Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location					

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered		GST Registration Date	
GST Registration No.		GST Status Verified	
Modification History			

Policyholder Mailing Address

Address 1		Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number			

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	
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

Claim 001 OD-MX New

Claim Type *			OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE
Contact No.(Mobile)				Contact No.(Home)	
Email Address			RACHEL@BBDC.SG	OI Vehicle Number	FBQ1536B
Claim Description			FBQ1536B ON 5 Jul 2020		
Preferred Workshop		Insured Liability	Fully at Fault		
Consent for Probation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered			14/08/2020 18:02	Claim Close Date	
Report Taken By			ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

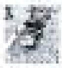
Accident No.		Claim No.	
Last Doc. Received	Yes No	upload Date	

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	Normal
Choose File	No file chosen	Clear	Please Select	Normal
Choose File	No file chosen	Clear	Please Select	Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	SAS		Normal	SAS 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14

Video List

Uploaded By/Date	Folder Date	File Name	?	Source

Display in New Window | Scan and uploading