

NATIONAL Assessment Centre Services

Date In: 01/10/20	Job description	Date & Time Completed	Done by
Ref No: NM/INC20010549/13	SAS e-filing		
Veh No: FBL5759A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/09/20 1300	I-Motor Claim Form	MT/1105240-001	
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 (RBDC))	Tel:	Fax:
TP Particulars:	Veh No: WALL	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

Claimant's Particulars: NA2005205	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: 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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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		
Auditors' Comments:	Invoice dated	Fee Charged	
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:			

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	01/10/2020 15:34
Date Of Accident	15/09/2020 13:00
Exact Location Of Accident	SLALOM PYLON(BBDC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5759A
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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-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	NC750L
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
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If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
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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	TAN YU GIN
NRIC No	SXXXX349J
Date Of Birth	26/09/1979
Occupation	INDOOR
Date Of Driving Pass	15/09/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96717046
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 636 HOUGANG AVE 8 #07-93
Postcode	530636
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	HIT BY FALLEN TREE / OTHER OBJECTS
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?	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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	WALL
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

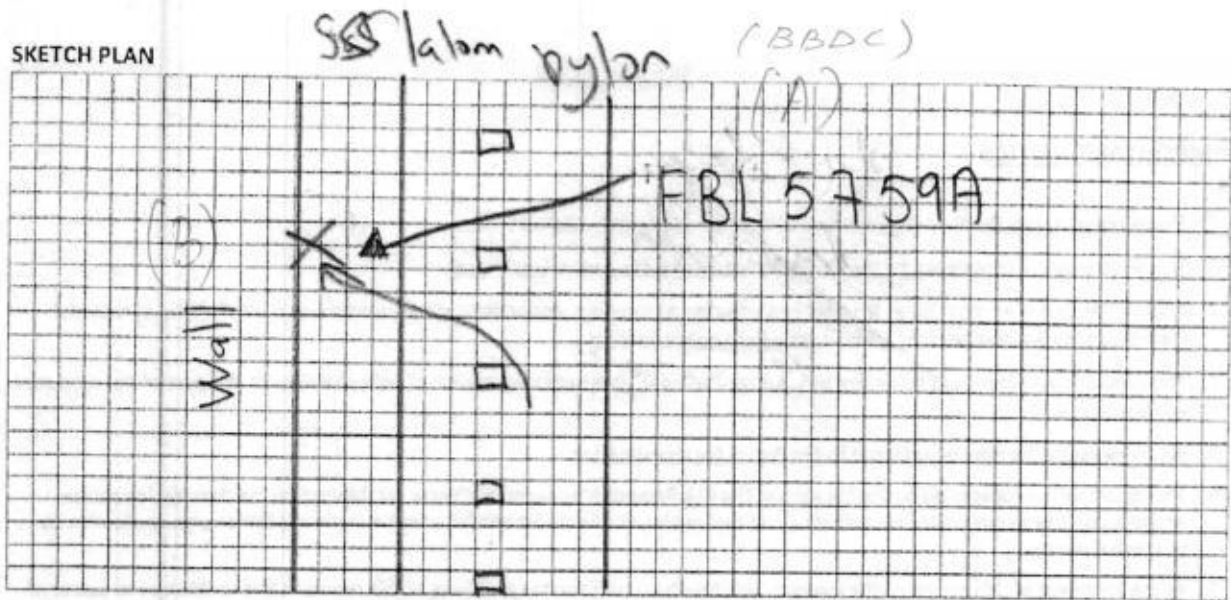
COMMONWEALTH DRIVING CENTRE LTD
615 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659089
Tel: 6561 1233 FAX: 6561 0022

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Tan Ka Gin, S7929349J, was attending my lesson subject 1.01 for class 2. my instructor instructed me to wait for him near the water cooler in front of slalom pylon. I practiced my pylon slalom but accidentally open the throttle too much causing the bike to hit the wall. Fortunately, I did not suffer any injuries but the bike was heavily damaged.

DECLARATION

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

BUKIT BATOK DRIVING CENTRE LTD
15 BUKIT BATOK STREET AVENUE 5
SINGAPORE 659005
Tel: 6561 1233 FAX: 6569 0771

Policyholder's Signature
Date & Time:

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

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

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

15/09/2020

1300HR

SLALOM PYLON

OB claim

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBL 5759A

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel:

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

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.

Trucking

Are you claiming under your own insurance policy?

☐ Yes

☐ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

☐ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

DRIVER

Name of Driver

Tan Yu Gn

NRIC/ FIN/ Passport

57929349J

Date of Birth

26/1/1977

Occupation

Management Support Officer

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp:

Address

96717041

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☒ No

If No, relationship of Driver with the Insured.

Trainer

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

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.

CJNT BATOK DRIVING CENTRE LTD
15 BUKIT BATOK WEST AVENUE 6
SINGAPORE 659085
Tel: 6561 1233 FAX: 6569 8888

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

Hello, NAC_PAYA_UBI_800601

[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="15/09/2020 13:00"/>
Vehicle No.(For Motor)	<input type="text" value="FBL5759A"/>	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"/>	5114136261	5114136261-000026	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBL5759A	FBL5759A	01/01/2020	31/12/2020

305 Annex A

Transaction ref 20161223163417889579

The owner and vehicle particulars for Vehicle No. FBL5759A 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.	: FBL5759A
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.	: RC671100021 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: RC67E1100040 / -
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.	: 2016080106000627R
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.

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2020 16:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2020 16:50	SAS		Normal	SAS 2020-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2020 16:50	Photos		Normal	Photos 2020-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2020 16:50	Photos		Normal	Photos 2020-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2020 16:50	Photos		Normal	Photos 2020-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2020 16:50	Photos		Normal	Photos 2020-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Oct 2020 16:50	Photos		Normal	Photos 2020-10-1

Video List

Uploaded By/Date	Folder Date	File Name		Source
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Display in New Window

Scan and uploading