

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MA 920091811

Date In: 27/10/2020 11:20	Job description	Date & Time Completed	Done by
Ref No: MA 920091811	SAS e-filing		
Veh No: FBQ 90600	E-mail (E-judge then, A/C then)		
D.O.A: 28/10/2020 21:48	I-Motor Claims Form	6/11/2020 3:38 PM	29/10/2020 16:48
OD: TP / Reporting Only	I-Motor W/O (W/Incl: OD then, TP then)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VH32		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLV 910R	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 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: \_\_\_\_\_

Date:	
Time:	
Location:	
Weather:	
Witness:	
Police:	
Insurance:	
Other:	

MA 92005281	1) AIR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$10/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NS: Repairs Coordination	\$10
	*NS: Post Repair Inspection	\$25
	*NS: DV / Collect Excess Coordination	\$3
	TE (NIU) / TP (Non INC) against INC	\$20
	9) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	Fee Charged	



## 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	29/10/2020 11:20
Date Of Accident	28/10/2020 21:45
Exact Location Of Accident	JURONG GATEWAY RD TURN RIGHT INTO JURONG EAST CTRL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ9060D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG AH GUAN
Passport No/FIN	FXXXX706K
Email Address	AHGUAN1975@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94771309
Alternative Phone No	OTHERS-94771309
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5115272828
Cover Note Number	

### Driver

Name of Driver	NG AH GUAN
Passport No/FIN	FXXXX706K
Date Of Birth	10/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	10/02/2015
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94771309
Fax Number	
Contact Number	OTHERS-94771309

Address	BLK 472C FERNVALE STREET #16-67
Postcode	793472
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 - CROSS JUNCTION
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	SLV910R
Vehicle Make/Model/Colour	MERCEDEZ BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICK
NRIC/Passport Number	
Contact Number	90699302
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

CHEST PAIN

Injured person in which vehicle?

FBQ9060D

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.

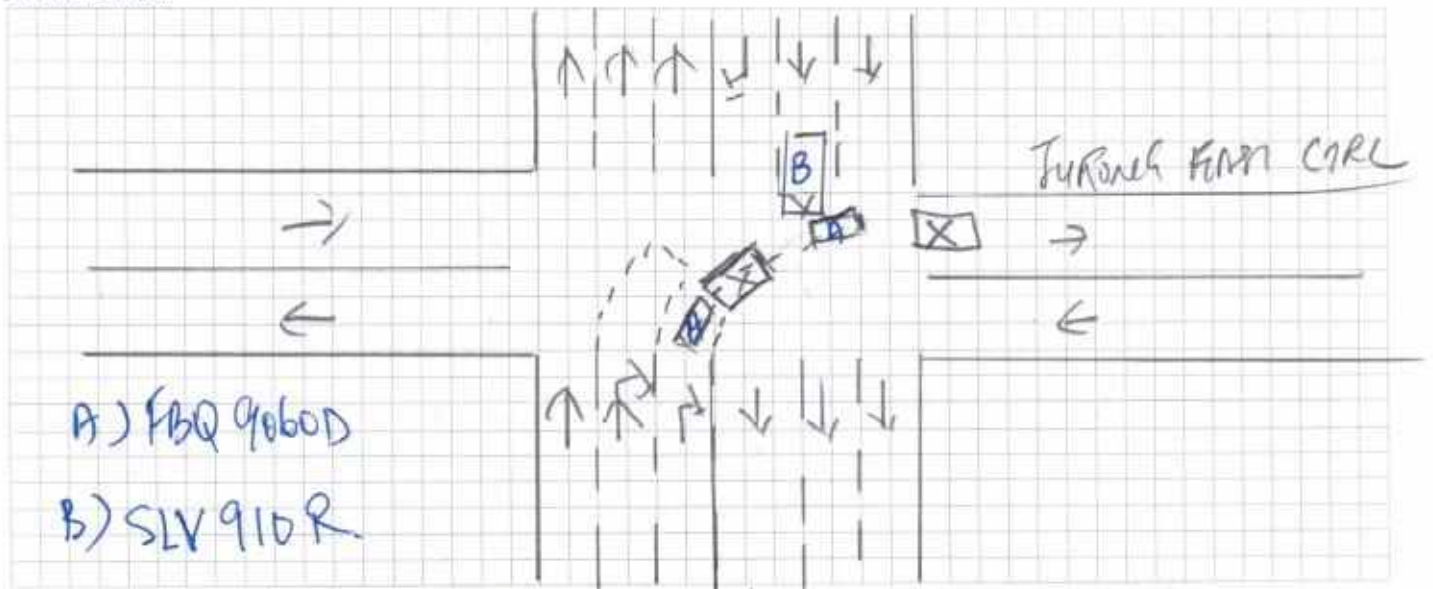
Policyholder's Signature  
Date & Time:

29-10-2021  
9:52 am

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 JURONG GATEWAY ROAD

ON 28/10/2020 AT ABOUT 21:44hrs I WAS AT JURONG GATEWAY ROAD & WANTED TO TURN RIGHT INTO JURONG EAST CIRCLE STOP BEHIND CAR X, WHEN CAR X MOVED & THE ROAD WAS CLEAR I FOLLOW SUDDEN A CAR B FROM THE OPPOSITE DIRECTION SPEED UP & RAN ONTO THE REAR OF MY BIKE & I FALL DOWN & THIS MORNING I FELT CATCH PAIN & GOING TO SEE DOCTOR.

## DECLARATION

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

29-10-2020

Policyholder's Signature  
Date & Time:

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

29/10/2020  
Reporting Centre Personnel's Signature  
Name: Rohi  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 10 / 2020) (DD/MM/YYYY), TIME: (7:44 PM) (HH:MM)

LOCATION: Jurong East Central Gateway Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ 9060D  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha R150V  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: NG AH RUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 94771309  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: NG AH RUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (10 / 01 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/01/2015

## 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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 910R MODEL: MERCEDES  
 b) DRIVER'S NAME: NICK  
 c) NRIC/FIN/PASSPORT: CONTACT: 90694302

## 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 = ahguon1975 @ gmail.com  
 VIDEO

## Claim Handling

Accident MT/1108338

Policy No.	S115272820	Vehicle No.	FBQ9060D	GST Registration No.
Certificate No.				
Policyholder Name	NG AH GUAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	94771309	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement[%]	0	Private Hire

## ▼ Accident Details

Report Date	29/10/2020 16:37	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	28/10/2020	Time of Accident Minimum	21:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG GATEWAY RD TURN RIGHT INTO JURONG EAST CTRL			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is 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	NIL	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-67	Related Policy Number	S115272820	

## ▼ OI Driver Info

Driver Name	NG AH GUAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	FB449706K	Driver DOB
Register Date of Driver License	10/02/2015	Driver Age	45	Driving Experience
Contact No.(Mobile)	94771309	Contact No.(Office)		Contact No.(Home)
Address 1	NIL	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-67			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FB9060D	Driver Insurer Comp

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification History

Claim 001 **New**

## Claim Type \*

Contact No.(Mobile)

Email Address:

Claim Description

Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received	29/10/2020 16:39	Claim Close Date
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown				

GD-MX	Insured Name	NG AH GUAN
NIL	Contact No. (Home)	
	OI Vehicle Number	FBQ9060D

FBQ9060D / SLV910R ON 28 Oct 2020



Report Taken By

ROSLI WAHAB


















Print AK letter

Save Submit

## Attachment

Accident No.	MT/1108338	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/10/2020 16:48
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:48	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:48	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:48	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:48	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:47	Photos	Normal	Photos 2f
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:41	Photos	Normal	Photos 2f
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:39	Photos	Normal	Photos 2f



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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:39	Photos	Normal	Photos 21
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:39	Photos	Normal	Photos 21
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:39	NRIC/ Driving License	Y	NRIC/ Driving Lic
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 16:39	SAS	Normal	SAS 207

Video List

Uploaded By:Date

Folder Date

File Name



Display in New Window

Scan and uploading



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="28/10/2020 11:16"/>
Vehicle No. (For Motor)	<input type="text" value="FBQ9060D"/>	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"/>	5115272628		NG AH GUAN	F8449706K	GMC	Third Party, Fire & Theft	FBQ9060D	FBQ9060D	31/12/2019	30/12/2020

## ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 11 / 2020) (DD/MM/YYYY), TIME: (1830 hrs) (HH:MM)

LOCATION: Yishun Ave 7 BIK 175

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G75764G  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hiace van  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: funneral  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: Crusto enterprise (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 84648400  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SWAN MUTHU KUMARAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S813693411 CONTACT: 84648400  
c) ADDRESS: BIK 209 Bishan St 23 #01-373

\* d) DATE OF BIRTH: (08 / 11 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 Nov 2013

### 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: Rocher NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FB38457 MODEL: Honda nc 750x  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

VIDEO