

NATIONAL Assessment Centre Services

Date In: 04/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20013355/13	SAS e-filing		
Veh No: FBN46772	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 03/12/2020 1235	I-Motor Claim Form	07/10 MT/112686-001	
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner	Wksp	

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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: YBS () / 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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Time	Action	By

NA2006387	Invoice Preparation Checklist	Amount	Add'l
1) AR: Accident Reporting (\$30)	INC (\$30)		
2) DA: Damage Assessment (\$100)	\$40/\$45		
3) TP: Towing Fee	\$120		
4) FT: Follow-Through Survey	\$30		
5) FT: Follow-Through Survey (Resurvey)	\$75		
6) TR: Re-inspection	\$160		
7) NI: Idao DA + SMRT Survey			
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 (N'n INC) against INC	\$20		
9) N12: Idao Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	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 Submission	04/12/2020 11:20 (SGT)
Date of Accident	03/12/2020 12:35 (SGT)
Exact Location of Accident	Tyrwhitt Rd, Singapore
Additional Location Information	TYRWHITT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN4677Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOO KEN KOK
NRIC No	SXXXX335E
Email Address	kenkokfoo@gmail.com
Mobile Phone No	(Phone) +65-96552323
Alternative Phone No	+65-96552323

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
Variant	-
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 - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5104617544-02
Cover Note Number	-

DRIVER

Name of Driver	FOO KEN KOK
NRIC No	SXXXX335E
Date Of Birth	21/10/1985
Occupation	Indoor

Date Of Driving Pass	24/06/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96552323
Alt. Phone Number	+65-96552323
Email Address	kenkokfoo@gmail.com
Address	BLK 267 BOON LAY DRIVE
Address complement	#03-745
Postcode	640267
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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

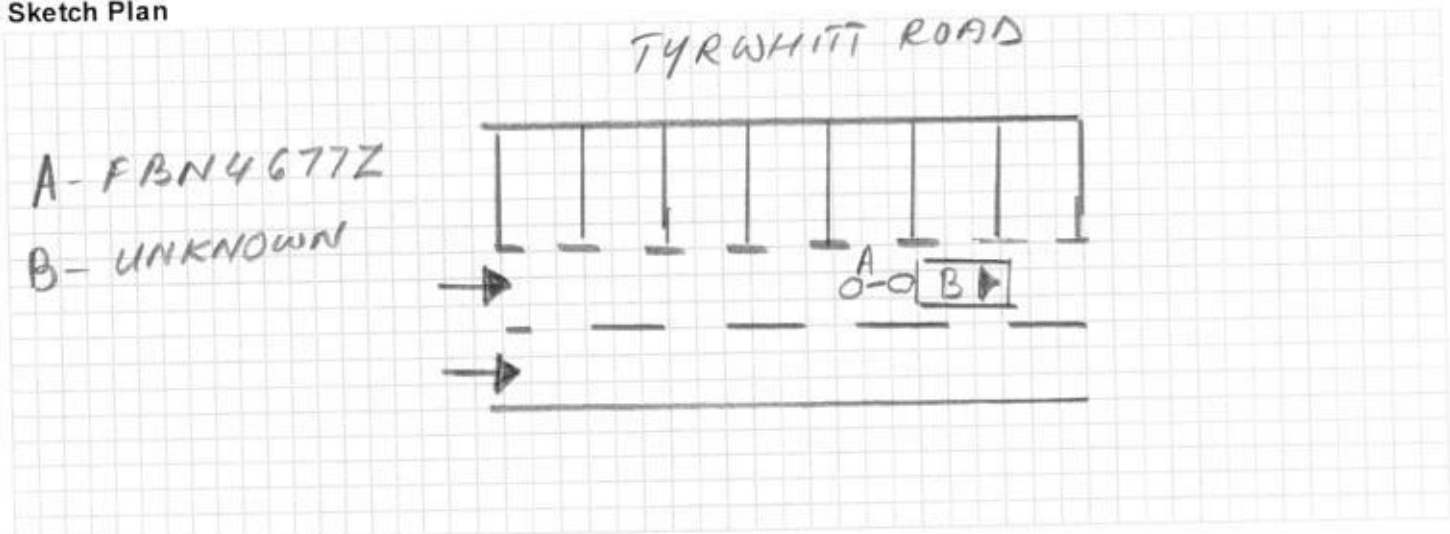
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


Accident happen on 3/12/2020 at 1235hrs at Tyrwhitt Road.
The car suddenly stop without double signal and I touch at his
Volkswagen car. I tried emergency brake but still cannot stop and
Control. No injury and damage at his car. However, the driver claim that
he will claim the damage from my insurance.

Declaration

We declare the foregoing particulars are true in every respect.

 3/12/2020
Policyholder's Signature / Date &
Time

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

 04/12/20
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 12 / 2020) (DD/MM/YYYY), TIME: (12 : 35) (HH:MM)

LOCATION: Tyrwhitt Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 4677 Z
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5104617544-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CB150R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: personal
 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: Foo KEN KOK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8575335 E CONTACT: 96552323
 c) ADDRESS: Blk 267 Boon Lay Drive
 #03-745 Singapore 640267.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (21 / 10 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24/6/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: unknown MODEL: Volkswagen
 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:

* No of passengers
 (including driver)
 (2)

Wong
 Female

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email = kenkokfoo@gmail.com

VIDEO

Hello, NAC_PAYA_UBI_800601

Change Language

Change Passw

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

03/12/2020 12:35

Vehicle No.(For Motor)

FBN4677Z

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104617544-02		FOO KEN KOK	S8575335E	GMC	Third Party, Fire & Theft	FBN4677Z	FBN4677Z	11/10/2020	10/10/2021

Continue

Claim Handling

Accident MT/1112686

Policy No.	S104617544-02	Vehicle No.	FBN46772	GST Registration No.	
Certificate No.				Policyholder NRIC	S8575335E
Policyholder Name	FOO KEN KOK	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	96552323	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	07/12/2020 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	03/12/2020	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TYRWHITT ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 267 #03-745	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640267
Address 4		Address Type	Singapore address	Post Code	640267
Unit No.		Related Policy Number	S104617544-02		
OI Driver Info					
Driver Name	FOO KEN KOK	Driver Type	Main Driver	Driver DOB	21/10/1985
Unnamed driver Name		Driver NRIC	S8575335E	Driving Experience	11
Register Date of Driver License	24/06/2009	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	96552323	Contact No.(Office)	0	Address 3	SINGAPORE 640267
Address 1	BLK 267	Address 2	BOON LAY DRIVE	Post Code	640267
Address 4		Address Type	Singapore address		
Unit No.	#03-745	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	FOO KEN KOK	Insured NRIC	
Contact No.(Mobile)	96552323	Contact No.(Home)		Contact No.(Office)	
Email Address	kenkokfoo@gmail.com	Vehicle Number	FBN46772	TP Vehicle Number	
Claim Description	FBN46772 / UNKNOWN ON 3 Dec 2020				
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	07/12/2020 16:49	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer		Date Received	
Total Lost but Repaired					
Print AX letter					
Save Submit					

Attachment

Accident No. MT/1112686

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

07/12/2020 00:00

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Message Read

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NO

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NO

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NO

Normal

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	SAS		Normal	SAS 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	Photos		Normal	Photos 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	Photos		Normal	Photos 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	Photos		Normal	Photos 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	Photos		Normal	Photos 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	Photos		Normal	Photos 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	Photos		Normal	Photos 2020-12-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2020 16:49	Photos		Normal	Photos 2020-12-7

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				