

# NATIONAL Assessment Centre Services.

Just 1 Jan 2001

SN/0220C70007

Date In: 07/12/2020 20:20	Job description	Date & Time Completed	Done by
Ref No: NBA/IN/2000/3446/Y	SAS e-filing		
Veh No: 160 2489 K	E-mail (by date time, A/C time)		
D.O.A: 28/11/2020 10:50	1-Motor Claim Form	160/11/27/11-001	07/12/2020 17:28
OID: TB: Reporting Only	1-Motor W/O (with/without OD time, TP time)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKT 9022	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 ( )	
Access: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

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

( ) 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 > \$9000) ( )

Injury: ( )

Date: ( )

Time: ( )

Location: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engi-In-Charge): ( )

1) AIR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC ( )

3) TP: Towing Fee \$110

4) PT: Follow-Through Survey \$30

5) PT: Follow-Through Survey (Resurvey) \$30

6) TR: TR Inspection \$160

7) NI: NI DA + SMRT Survey \$30

8) NTUC Additional Services \$30

9) NI: NI DA + SMRT Survey \$30

10) NI: NI DA + SMRT Survey \$30

11) NI: NI DA + SMRT Survey \$30

12) NI: NI DA + SMRT Survey \$30

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2/2



## 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	07/12/2020 17:50 (SGT)
Date of Accident	28/11/2020 10:50 (SGT)
Exact Location of Accident	Jln Anak Bukit, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2489R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH KOK WING
NRIC No	SXXXX386J
Email Address	mddaudn731@gmail.com
Mobile Phone No	(Phone) +65-92383309
Alternative Phone No	+65-92383309

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz150i
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114054326
Cover Note Number	-

### DRIVER

Name of Driver	KOH KOK WING
NRIC No	SXXXX386J

Date Of Driving Pass	27/03/2006
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92383309
Alt. Phone Number	-
Email Address	mddaudn731@gmail.com
Address	BLK 485 #06-506
Address complement	SEGAR ROAD
Postcode	670485
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201129/2002

#### 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	SKJ5102Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Postcode \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Nature Of Damage \_\_\_\_\_  
Details of property damaged in accident \_\_\_\_\_  
No. Of Passenger (Including Driver) \_\_\_\_\_

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	KOH KOK WING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBD2489R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## 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 reassess 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.

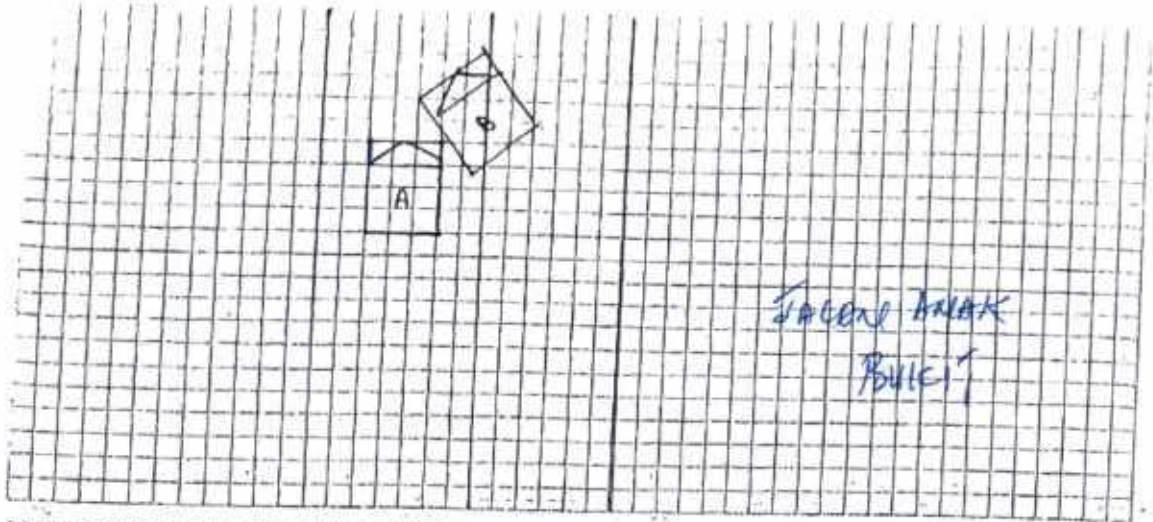
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

VEHICLE A:  
FBO2489R  
VEHICLE B:  
SKJ51027



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/2020/1129/2002

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

WARRANTY TO THE POLICYHOLDER

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

Reporting Centre Personnel's Signature  
Name:  
ERIC/FIN No:

07/12/2020  
Roshan W. Ham



VEHICLE NO: F8D2489E

MAKE &amp; MODEL: Yamaha F2150L

DATE OF ACCIDENT	28 / 1 /
TIME OF ACCIDENT	10.50 (AM) PM
LOCATION OF ACCIDENT	Jalan Anson Bukit
Exact Purpose use during accident	
NAME OF OWNER	Koh Fok wing
TELP NO	582683867
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / (NO) ?
INSURANCE CO.	NTUC
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	As above / If No.
NRIC	
DATE OF BIRTH	23 / 10 / 1982
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	27 / 03 / 2006
GENDER	Male / Female
CONTACT NO.	Office, Home,
ADDRESS	
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	Clear / Raining / Other,
ROAD SURFACE	Dry / Wet / Other,
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	SKJ51022
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger,
VEHICLE D NO.	Any Passenger,
VEHICLE E NO.	Any Passenger,
VEHICLE F NO.	Any Passenger,
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO



# SINGAPORE POLICE FORCE



T/20201129/2002

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20201129/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/11/2020 00:39	Vide Report No.:	Station Diary No.: 8
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<b>Informant's Particulars</b>			
Name of Informant: KOH KOK WING		Address: APT BLK 485 SEGAR ROAD #06-506 SINGAPORE 670485	
ID Type / ID No.: NRIC NO / S8268386J		Contact No.: Home/Office: Mobile: 92383309	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 38	Date of Birth: 23/10/1982	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: GRABFOOD DELIVERY RIDER		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2020 10:50	Type of Location: Straight Road
Location:  JALAN ANAK BUKIT				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2489R	Motorcycle	YAMAHA	FZ150I	Red		0
SKJ5102Z	Car	VOLVO		Grey		1
						0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20201129/2002

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20201129/2002

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD2489R	NTUC Income Insurance Co-Operative Limited	5114054326	15/12/2019	14/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOH KOK WING	ID No.	S8268386J
Related Vehicle	FBD2489R (Motorcycle)	Contact No.	92383309
Hospital/Clinic	INTERMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2020	Date Discharge	28/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 28th November 2020 at 1049hrs, I was riding along Jalan Anak Bukit towards Bukit Timah Link. I was doing my rounds as a Grabfood delivery rider and I was on my way to pick up order at Bukit Timah Plaza. I was travelling in the leftmost lane. When I was still on my way, one Grey Volvo (SKJ5102Z) just suddenly came out from my right lane, in front of a bus, cutting into the front of me in my lane. As it was too sudden, I was unable to avoid and ended up my motorbike (FBD2489R) collided with the said Volvo.

When collided, we both came down from our vehicles. The driver of the said Volvo is a female Chinese National. I told her we could forgo about this incident however she wanted to pursue this matter as she claimed I had caused some scratches on her car. I informed her that she had changed her lane abruptly but she did not want to admit it. I had no choice but to take a photo of her vehicle. She had also taken a photo of my motorbike as well. She has a small boy in her car and both of them did not look like they were injured. After which, we parted ways and we did not exchange particulars.

I then felt that there was numbness in my right calf and thus I went to visit the clinic, Intermedical 24hr Clinic at Blk 525 Ang Mo Kio Avenue 10 #01-2407 S560525 and I was given 03 days of MC from 28 November 2020 to 30 November 2020. I do not have any camera installed non my motorbike or my helmet. My motorbike only suffered some scratches on the right side of body itself.



**SINGAPORE  
POLICE FORCE**



T/20201129/2002

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Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20201129/2002

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 LUCAS KOH PEI SONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp:  
NP168

Signature Of Informant:

Date/Time:  
29/11/2020 00:39

Classification Of Case:

SIGNATURE





## Claim Handling

Accident MT/1112711

Policy No.	5114054326	Vehicle No.	FBD2489R	GST Registration No.
Certificate No.				
Policyholder Name	KOH KOK WING			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	92383309	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	07/12/2020 17:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2020	Time of Accident hh:mm	10:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN ANAK BUKITUIT			

## ▼ 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
Additional Excess			Driver is Covered?
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	BLK 485 #06-506	Address 2	SEGAR ROAD	Address 3
Address 4	SINGAPORE 670485	Address Type	Singapore address	Post Code
Unit No.	06-506	Relatu2 Policy Number	5114054326-01	

## ▼ O1 Driver Info

Driver Name	KOH KOK WING	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S826813861	Driving Experience
Register Date of Driver License	27/03/2006	Driver Age	38	Contact No.(Home)
Contact No.(Mobile)	92383309	Contact No.(Office)		Address 3
Address 1	BLK 485 #06-506	Address 2	SEGAR ROAD	Post Code
Address 4	SINGAPORE 670485	Address Type	Singapore address	
Unit No.	06-506			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBD2489R	Driver Insurer Comp.

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KOH KOK
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Ol Vehicle Number	FBD2489
Claim Description	FBD2489R / SKJ5102Z ON 28 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
		07/12/2020 17:57	Claim Close Date



Print AK letter

Save Submit

## Attachment

Accident No. MT/1112711 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 07/12/2020 17:58

Path \*

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
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 Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Please Select NO  
 Please Select NO  
 Please Select NO  
 Please Select NO  
 Please Select NO  
 Please Select NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:58	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:58	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:58	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:58	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:57	NRIC/ Driving License	Y Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Dec 2020 17:57	SAS	Normal	SAS 20

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

## THE SCHEDULE

### Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number : 5114054326-01  
The Policyholder : KOH KOK WING  
BLK 485 #06-506  
SEGAR ROAD  
SEGAR GROVE  
SINGAPORE 670485

Period of Insurance : 15 Dec 2020 To 14 Dec 2021  
Sum Insured : N/A  
Premium (inclusive GST) : S\$114.47

#### Interest Insured

Cover Type : Third Party  
Named Driver (1) : KOH KOK WING  
Named Driver (2) : N/A  
Make/Model : YAMAHA/FZ150I  
Capacity : 150cc  
Registration Number : FBD2489R  
Chassis Number : PMYKG025080004008  
Excess (Section 1) : N/A  
Excess (Section 2) : N/A  
Hire Purchase Company : N/A

Number of Seater : 2  
Registration Year : 2008  
Insure with COE : N/A  
NCD Entitlement : 20%

**Memo A:** 1. The policy is extended to cover food / parcel / other delivery services.  
2. The premium is after 20% discount under Income Support Scheme.

#### Endorsement Operative: M1

Agency : COMMERCIAL AGENCY PTE LTD (00000614425)  
Date of Issue : 02 Nov 2020 11:36 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



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## Policy Query

Policy No.

Date of Accident

28/11/2020 18:01

Vehicle No.(For Motor)

FBD2489R

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="radio"/>	5114054326		KOH KOK WING	S8268386J	GMC	Third Party	FBD2489R	FBD2489R	15/12/2019	14/12/2020