

NATIONAL Assessment Centre Services. (ver 1 Jan 2003) SM 0920 CE 0001

Date In: 14/12/20 09:24	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 20013956 84	SAS e-filing		
Veh No: FBR 53925	E-mail (within 2hrs, AIC 2hrs)		
IP: 30/11/20 18:00	I-Motor Claim Form	MT/1112904 ⁰⁰²	15/12/20 08:53
(11) 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: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: 53R 2640 B.	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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Reminders: (INC 10011 0210 0010)	Date Claim 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	Action

NA2100365	Invoice Information	Amount (\$)	Amount (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	80.00	
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$73		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10	10.00	
	*NJ: Post Repair Inspection \$23		
	*NI: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	14/12/2020 09:24 (SGT)
Date of Accident	30/11/2020 18:00 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR5392S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHOOI YIN
NRIC No	SXXXX341J
Email Address	BENSON51286@GMAIL.COM
Mobile Phone No	(Phone) +65-82992440
Alternative Phone No	+65-82992440

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV 150
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?	Yes
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118384487
Cover Note Number	-

DRIVER

Name of Driver	ONG CHOOI YIN
NRIC No	SXXXX341J
Date Of Birth	24/09/1983
Occupation	Indoor

Date Of Driving Pass	28/09/2019
Driving experience	1 YEAR AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82992440
Alt. Phone Number	+65-82992440
Email Address	BENSON51286@GMAIL.COM
Address	BLK 18B CIRCUIT RD #15-252
Address complement	-
Postcode	372018
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201201/2049

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	SJR2640B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG CHOOI YIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBR5392S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

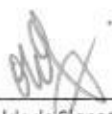
SKETCH PLAN

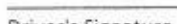
IMPORTANT NOTICE

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 **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:

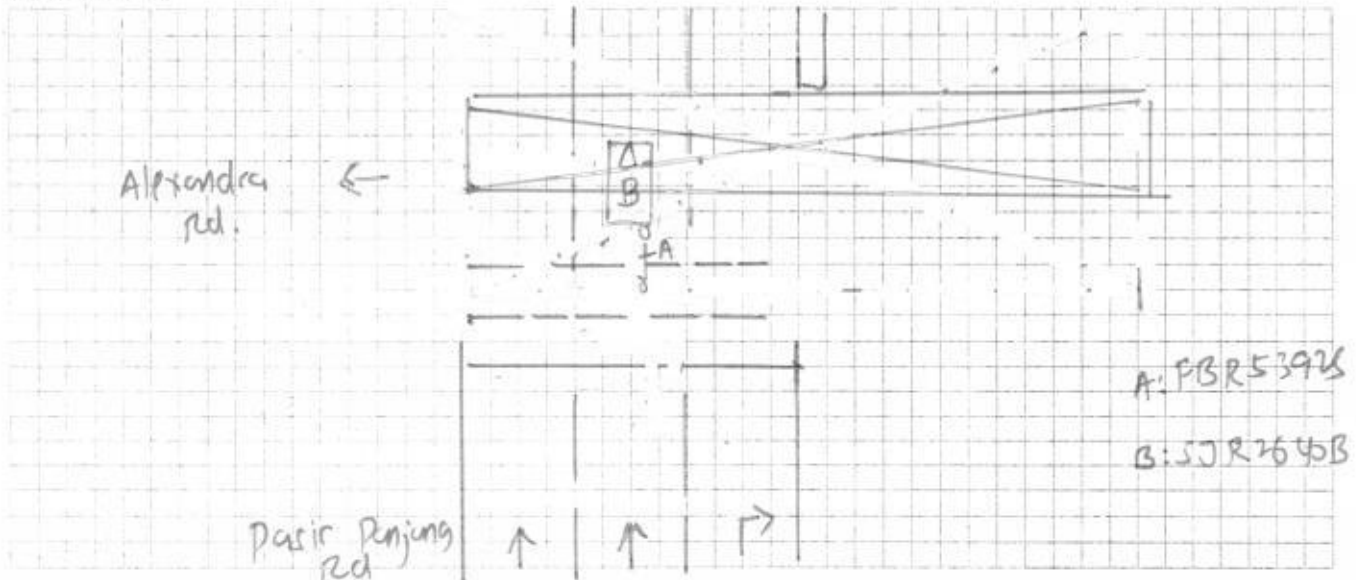
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:


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

Refer to police report - 7/2022/201/2049.

DECLARATION

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

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.:



SINGAPORE POLICE FORCE



T/20201201/2049

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201201/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2020 13:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG CHOOI YIN			Address: 18B CIRCUIT ROAD #15-252 MACPHERSON RESIDENCY SINGAPORE 372018		
ID Type / ID No.: NRIC NO / S8360341J			Contact No.: Home/Office: Mobile: 82992440		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 37	Date of Birth: 24/09/1983	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Office clerk (general)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2020 18:00	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR5392S		HONDA	ADV150 ABS CVT	Red		0
SJR2640B		TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201201/2049

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201201/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR5392S	NTUC Income Insurance Co-Operative Limited	5118384487	30/07/2020	29/07/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG CHOOI YIN	ID No.	S8360341J
Related Vehicle	FBR5392S	Contact No.	82992440
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2020	Date Discharge	30/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	NOR HAYATI BINTI MOHD ARIS	ID No.	S1229369J
Related Vehicle	SJR2640B	Contact No.	86177053
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON STATED DATE TIME AND LOCATION

ON 30/11/2020 AT ABOUT 6 PM .I I WAS BEARING A VEHICAL PLATE NUMBER (FBR5392S), AND THE OTHER PARTY WAS BEARING A VEHICAL PLATE NUMBER (SJR2604B).AS I WAS RIDING ALONG ALEXANDRA ROAD GOING TOWARDS TELOK BLANGA ROAD.AS IT WAS GREEN LIGHT ON THE CROSS JUNCTION,I NOTICE THERE WAS CAR INFRONT OF ME.SUNDDENLY THE CAR INFRONT OF ME JAM BRAKE ON THE AMBER LIGHT ON THE CROSS JUNCTION AND EXCEEDING THE STOP LINE AND CAR STOPPED ON THE YELLOW BOX, THEREFORE I COLIDED ON THE REAR RIGHT SIDE OF THE BUMPER,HENCE I FELL OUT OF MY BIKE AFTER THE IMPACT ANE MY PILLION ON FLEW ATLEAST 2 METER. I WAS INJURED WITH PILLION BUT WAS NOT CONVEY NY THE AMBULANCE. THEREFORE I AM MAKING A POLICE REPORT.



**SINGAPORE
POLICE FORCE**



T/20201201/2049

3 of 4

Report No. T/20201201/2049

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201201/2049

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201201/2049

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:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN EVE
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/12/2020 13:18

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

30/11/2020 09:54

Vehicle No.(For Motor)

FBR5392S

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"/>	5118384487		ONG CHOOI YIN	S8360341J	GMC	Comprehensive	FBR5392S	FBR5392S	30/07/2020	29/07/2021

Continue

PRICED FOR FAMILIES

ACCIDENT STATEMENT

ACCIDENT DATE: (30/11/20) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: Alexandria Rd twdr Tabk Blngah Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR539VS
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA ADV
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) *Yes*
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: *Eng Chuan Yee* (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 82992440
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: 57R2642B MODEL:
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:

put prefer workshop

motor sport pte ltd

9663 8118

Benson

waiting motorcycle

Email = Benson541286@gmail.com

by monday.

fax =

video = X

take photo on Tuesday

8/12/20

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govrn. Property () b) Road Work Object ()
- (Eg: signboard, barrier, tree etc) c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
- a) Fallen Object () b) Flood ()
- c) Other, _____
- 6) Parked & Found Damaged:
- a) Vandalism () b) Hit by Moving Object ()
- 7) Theft Case
- a) Stolen () b) Damage found ()
- when recovered.
- 8) Fire
- a) Whilst driving () b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

Veh No: FBR 53923 Yr Regn: 2020 / July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV

/ Truck / Trailer or _____

Make & Model: Honda ADV 150 c.c 149

Colour Red Transmission Type: Auto / Manual

Eng/No: KF61E1023990 Sp. Reading: NA

C/No: MH1KF6112LK024188

Gen. Cond: Good / Fair / Poor / Burnt or _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 110 / 80 R14

R: 130 / 70 R14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Federal

Front

R/Bal.

3

mm

Rear

R/Bal.

3

mm

L/Bal.

mm

L/Bal.

mm

Parallel Import: Yes / No

Towed-In: Yes / NoRepair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 5Vehicle in Idac: Yes / NoD.O.I. 14/12/2020Time: 1300 hrs.**By Assessor- 2) Comments**

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
- e. Animal () f. Govrn Object () g. Road Work Object ()
- h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
- e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

- 1.) ✓ Rear seat exhaust cover front x 1 cut
- 2.) ✓ ———— || ———— Centre x 1 cut
- 3.) ✓ ———— || ———— Rear x 1 cut
- 4.) ✓ RH side mirror x 1 cut
- 5.) ✓ RH handle bar balancer x 1 cut
- 6.) ✓ RH brake lever x 1 cut
- 7.) ✓ RH step garnish x 1 cut
- 8.) ✓ ———— || ———— lower garnish x 1 cut
- 9.) ✓ Front mudguard x 1 cut
- 10.) ✓ RH headlamp x 1 cut
- 11.) ✓ Front Visor x 1 dislodge
- 12.) ✓ Front headlamp cover x 1 cut
- 13.) ✓ Front view bracket x 1 cut
- 14.) ✓ Front panel ^{centre} x 1 cut
- 15.) ✓ Front Panel RH x 1 broken

- 16.) ✓ Front Panel LH X 1 rep
- 17.) ✓ RH Centre Panel X 1 rep
- ~~18.) ^{Centre} Handle bar and cover (black) X 1 end.~~
- 18.) ✓ Centre console top outer cover (black) X 1 cut