

NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

SN0820CM0007

Date In: 22/12/2020 17:50	Job description	Date & Time Completed	Done by
Ref No: NBR/INC000/4336/Y	SAS e-filing		
Veh No: GBH 585B	E-mail (3 days after, A/C 2hrs)		
D.O.A: 22/12/2020 13:13	I-Motor Claims Form	22/12/2020 18:01	22/12/2020 18:01
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 / Witness		

Preferred Wksp / INC Assign Wksp / QW: (Tel: () / Non-INC ()
TP Particulars: Vch No: GBH 3538 H	Tel: ()
Owner / Driver: (Cover Type: ()
Policy No: () Period: ()	Timer
Confirmed by: (
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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date of Injury: ()

Location of Injury: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

Warranty Comments: ()

Ref: ()

NA2100175	1) All Accident Reporting (\$30)	INC (\$10)
	2) DA: Damage Assessment (\$100)	\$40/\$45
	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-Jarrellon	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	OR:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NS: Repair Coordination	\$10
	*NS: Post Repair Inspection	\$23
	*NS: DV / Collect Excess Coordination	\$3
	*NS: DV / Collect Excess Coordination	\$30
	TE (NI) / TP (Non INC) against INC	\$0
	NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

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	22/12/2020 17:50 (SGT)
Date of Accident	22/12/2020 13:13 (SGT)
Exact Location of Accident	6 Jalan Bukit Merah, Singapore 150006
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5185B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RAWR CONCEPT LLP
Company Reg No	TXXXXX651C
Email Address	nicholaswong.ko@gmail.com
Mobile Phone No	(Phone) +65-90059073
Alternative Phone No	+65-90059073

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110153640-01
Cover Note Number	-

DRIVER

Name of Driver	NICHOLAS WONG KOK ONN (HUANG GUO'AN)
NRIC No	SXXXX816I

Date Of Driving Pass	09/09/2008
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90059073
Alt. Phone Number	-
Email Address	nicholaswong.ko@gmail.com
Address	3 SPRINGWOOD CLOSE
Address complement	-
Postcode	118078
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

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	FBQ3538H
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

BAHR CONCEPT LLP
UEN: T13LL0661C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) GBH 5185B
B) FBQ 3538H

Describe Circumstances of the Accident

At 13:13 hr at ABC Brickwork Company, bike FBQ 3538H was beside my van at the parking lot and looks to have fallen onto my van.

As shown in picture, bike has a broken foot peg at the site and visible scratches that is shown to have hit my car.

Declaration

We declare the foregoing particulars are true in every respect.

22/12/20 2:20pm 28/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 12 / 2009) (DD/MM/YYYY), TIME: (13 : 13) (HH:MM)

LOCATION: ABC Brickworks Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 5185B
 b) INSURANCE COMPANY: NTEK income
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Renault Kangoo
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Site Visit
 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: Raw Concept LLP (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T13L0657C CONTACT: 90059073
 c) ADDRESS: 1033 Eunos Ave SA, #01-15, S409703

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Nicholas Wong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S89288161 CONTACT: 90059073
 c) ADDRESS: 3, Springwood Close, S118078

* d) DATE OF BIRTH: (23 / 08 / 89) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9/9/08

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: FBQ 3538H MODEL: Honda
 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: nicholas.wong.ko@gmail.com

VIDEO

Claim Handling

Task Transfer Exit

Accident MT/1114666

LOS SAL SUB

Policy No.	5110153640-01	Vehicle No.	GBH5185B	GST Registration No.	
Certificate No.					
Policyholder Name	RAWR CONCEPT LLP			Policyholder NRIC	T13LL0651C
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90059073	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	22/12/2020 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	22/12/2020	Time of Accident hh:mm	13:13	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTI	Orange Force	No	ICM No.	
Accident Location	ABC BRICKWORKS CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	500.00	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	22/12/2020 17:52:55 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	3 SPRINGWOOD CLOSE	Address 2	SPRINGWOOD	Address 3	SINGAPORE 118078
Address 4		Address Type	Singapore address	Post Code	118078
Unit No.		Related Policy Number	5110153640-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NICHOLAS WONG KOK ONN (H)	Driver NRIC	589288161	Driver DOB	23/08/1989
Register Date of Driver License	09/09/2008	Driver Age	31	Driving Experience	12
Contact No.(Mobile)	90059073	Contact No.(Office)		Contact No.(Home)	
Address 1	3 SPRINGWOOD CLOSE	Address 2	# SPRINGWOOD	Address 3	SINGAPORE 118078
Address 4		Address Type	Foreign address	Post Code	118078
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBH5185B	Driver Insurer Company	NTUC

Declaration

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

Investigation

Claim 001 OD-MX

New

Claim Case Officer

Claim Type	OD-MX	Insured Name	RAWR CONCEPT LLP	Insured NRIC	T13LL0651C
Contact No.(Mobile)	90059073	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	nicholaswong.ko@gmail.com	OI Vehicle Number	GBH5185B	TP Vehicle Number	FBH35
Claim Description	GBH5185B / FBH3538H ON 22 Dec 2020			Name of Preferred Workshop	
Preferred Workshop					
Preferred Repair Option	<input checked="" type="radio"/> Yes	Preferred Workshop, Name unknown	Insured Liability report	Not at Fault	Received
Date Registered	22/12/2020 18:04	Claim Close Date		Date Received	22/12/2020
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

[Print AK letter](#)[Modification History](#)

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No.

MT/1114666

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

22/12/2020 18:01

Path *

[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[Choose File](#) No file chosen[Message Read](#)

Category *

Confidential

Urgency *

[Clear](#)[Please Select](#)

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NO

Normal

[Clear](#)[Please Select](#)

NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:01	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:01	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:01	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:01	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:01	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:00	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:00	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:00	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:00	Photos	Normal	Photos 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:00	NRIC/ Driving License	Y	NRIC/ Driving License 2020-12-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 22 Dec 2020 18:00	SAS	Normal	SAS 2020-12-22

Video List

Uploaded By/Date

Folder Date

File Name

Source

[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="22/12/2020 09:55"/>
Vehicle No.(For Motor)	<input type="text" value="GBH5185B"/>	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"/>	5110153640-01		RAWR CONCEPT LLP	T13LL0651C	GCV	Comprehensive	GBH5185B	GBH5185B	29/06/2020	28/06/2021