

NATIONAL Assessment Centre Services.

Ref: 1 Jan 08, N/A 2001/0003

Date In: 23/12/2020 12:51	Job description	Date & Time Completed	Done by
Ref No: N/A 2001/4365/4	SAS e-filing		
Veh No: EBR 2149Z	E-mail (to John, AIC 2hrs)		
D.O.A: 22/12/2020 11:48	I-Motor Claim Form	23/12/2020 14:31	
OD 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SEC 468A	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 > \$9000] ()	

Injury: _____

Date: _____

Time: _____

Location: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repairs Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (NI) INC against 1st \$20	
	2) NI: Idea 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	23/12/2020 12:51 (SGT)
Date of Accident	22/12/2020 11:45 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR2149Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA QUN YAO ALEX
NRIC No	SXXXX267C
Email Address	chua.alexqy@gmail.com
Mobile Phone No	(Phone) +65-93521038
Alternative Phone No	+65-93521038

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5116880048
Cover Note Number	-

DRIVER

Name of Driver	CHUA QUN YAO ALEX
NRIC No	SXXXX267C

Date Of Driving Pass	17/01/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93521038
Alt. Phone Number	+65-93521038
Email Address	chua.alexqy@gmail.com
Address	BLK 62 TEBAN GARDENS ROAD
Address complement	#25-623
Postcode	600062
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	Side Swipe
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20201223/2027

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	SJC468A
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALEX TAN

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	CHUA QUN YAO ALEX
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR2149Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SND20000003 Vehicle Registration No: FBN21492
Name (as shown in NRIC) : CHIA EWE YAO ALAN NRIC/FIN/Passport No : SXXXX267C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93521038
Email Address : _____
Date of Accident : 22/12/2020 Time of Accident : 11:45
Place of Accident : PRIMA ROAD NORTH
Insurance Company : NIL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insured Party

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

23/12/2020
Kelvin

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 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

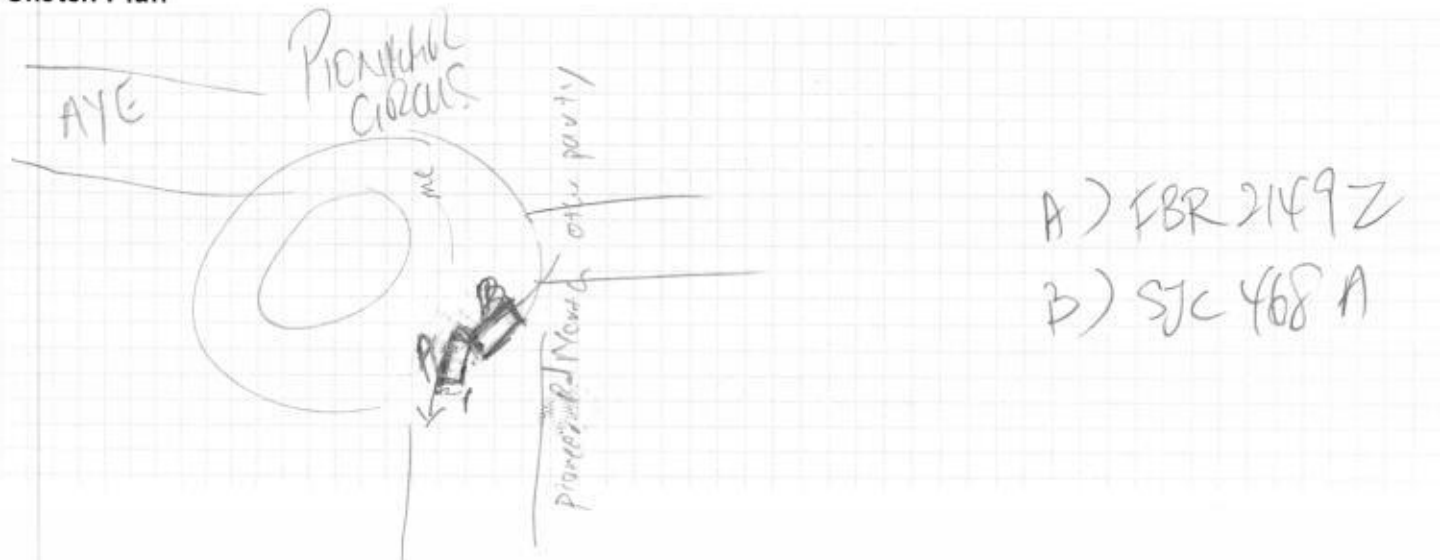
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

I was turning into Pioneer Rd North when the other vehicle hit with my motorcycle at the side. The left side of my motorcycle was hit with the right side of his vehicle. He proceeded to help me up and ask if I needed ambulance. I told him I was okay and don't require ambulance. We proceeded to push the vehicle to the side and rest for awhile before we made calls to settle the accident. I called the tow.

POLICE REPORT 7/2020/223/2027

Declaration

We declare the foregoing particulars are true in every respect.

Alus

12/24/20

1257

23/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (22/12/2020) (DD/MM/YYYY), TIME: (11:45) (HH:MM)

LOCATION: Pioneer Rd North Turn around exit AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 21492
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5116 88 0048
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bajaj Pulsar NS 200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 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: Alex Chua Qun Yau (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9803267C CONTACT: 93521038
 c) ADDRESS: B1K62 Taman Gardens Rd #25-623 600062

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Alex Chua Qun Yau (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9 CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (27/01/1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17 Jan 2019

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: SJC 468A MODEL: BMW 216iG.T
 b) DRIVER'S NAME: Alex Tan
 c) NRIC/FIN/PASSPORT: S7730317E CONTACT: 938623799

9. THIRD PARTY VEHICLE

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

Email = chua.alexzy@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201223/2027

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20201223/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2020 11:54		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: ALEX CHUA QUN YAO			Address: APT BLK 62 TEBAN GARDENS ROAD #25-623 SINGAPORE 600062		
ID Type / ID No.: NRIC NO / S9803267C			Contact No.: Home/Office: Mobile: 93521038		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 27/01/1998	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2020 11:45	Type of Location: Roundabout
Location: PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2149Z	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS FI	Red	Slightly Damaged	0
SJC468A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR2149Z	NTUC Income Insurance Co-Operative Limited	5116880048	23/03/2020	22/03/2021



**SINGAPORE
POLICE FORCE**



T/20201223/2027

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20201223/2027

CONTINUATION OF REPORT

Brief Details.

On 22/12/2020 at about 1145hrs, I was riding a bike (registration number FBR2149Z) at AYE.

At the turnaround, I was already at the left lane going towards Pioneer Road North with a left signal is still on. Whilst doing so, the vehicle on the left side bearing registration number SJC468A suddenly hit onto my vehicle and I fell on my left side.

Subsequently, the said driver came to assist me and moved the bike to the curb side.

No ambulance and Police at scene.

I also told the driver that I do not need any medical assistance.

However, this morning I went to Polyclinic and I sustained bruises on my left knee, foot and soreness on the foot as well. I was given 2 days medical leave.

I have already informed this issue to my insurance regarding this incident.

The driver's particulars as follows:

Mr Alex Tan
HP: 93623799



**SINGAPORE
POLICE FORCE**



T/20201223/2027

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20201223/2027

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:
D /
Sgt 1 NUR WIRDAH BINTE MUHAMMAD
WAZIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Alus

Date/Time:
23/12/2020 11:54

Classification Of Case:

SN 37

SIGNATURE



National University Polyclinics

MEDICAL CERTIFICATE (Ref:1105049016)

ORIGINAL

NAME: ALEX CHUA QUN YAO

NRIC: S9803267C

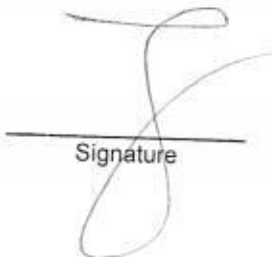
Type of Medical Leave granted: **Outpatient Sick Leave**

The above named is unfit for duty for **2 day(s)** from **23/12/2020** to **24/12/2020** Inclusive.

The certificate is not valid for absence from court attendance.

23/12/2020
Date

Dr. Ting Yan Julia-Ann LEE (63169H)
Issued by


Signature

Location: CLM CLEMENTI POLYCLINIC

Claim Handling

Accident MT/1114743

Policy No.	5116880048	Vehicle No.	FBR2149Z	GST Registration No.
Certificate No.				
Policyholder Name	CHUA QUN YAO ALEX			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93521038	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	23/12/2020 14:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/12/2020	Time of Accident hh:mm	11:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIONEER ROAD NORTH			
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	BLK 62 #25-623	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4	SINGAPORE 600062	Address Type	Singapore address	Post Code
Unit No.	25-623	Related Policy Number	5116880048	
OI Driver Info				
Driver Name	Alex Chua Qun Yao	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9803267C	Driver DOB
Register Date of Driver License	01/01/2020	Driver Age	22	Driving Experience
Contact No.(Mobile)	93521038	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 62 #25-623	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4	SINGAPORE 600062	Address Type	Singapore address	Post Code
Unit No.	25-623			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBR2149Z	Driver Insurer Comp.
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUA QL
Contact No.(Mobile)	93521038	Contact No. (Home)	6316755
Email Address	CHUA.ALEXQY@GMAIL.COM	Vehicle Number	FBR2149
Claim Description	FBR2149Z / SJC468A ON 22 Dec 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	23/12/2020 14:25

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save Submit

Attachment

Accident No. MT/1114743 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/12/2020 14:31

Path *

Choose File No file chosen
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Message Read

Category * Confidential
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 14:31	Photos	Normal	Photos 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Dec 2020 14:31	Photos	Normal	Photos 2(
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n 23 Dec 2020 14:26

Photos

Normal

Photos 2f

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
n 23 Dec 2020 14:26

Photos

Normal

Photos 2f

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
n 23 Dec 2020 14:26

NRIC/ Driving License

Y

Normal

NRIC/ Driving Lic

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
n 23 Dec 2020 14:26

SAS

Normal

SAS 20f

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="22/12/2020 12:37"/>
Vehicle No.(For Motor)	<input type="text" value="FBR2149Z"/>	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"/>	5116880048		CHUA QUN YAO ALEX	S9803267C	GMC	Third Party	FBR2149Z	FBR2149Z	23/03/2020	22/03/2021