

# NATIONAL Assessment Centre Services.

Ref: J20001

SA/10230180001

Date In: 08/12/2020 17:12	Job description	Date & Time Completed	Done by
Ref No: NGA/INC2001442/Y	SAS e-filing		
Veh No: F60 19524	E-mail (if applicable, AIG then)		
D.O.A: 08/11/2020 11:30	1-Motor Claims Form	08/12/2020 17:22	
QD: TP Reporting Only	1-Motor W/O (with: OD then, TP then)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whom		

Preferred Wkep / INC Assign Wkep / QW:	Tel:	Fax:
TP Particulars:	Veh No: GRK 23712	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 ( ) : Invoices: 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: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

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

NA2100033

1) All Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$40
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$20
5) PF: Follow-Through Survey (Resurvey)	\$20
6) TT: Re-inspection	\$140
7) NI: IDAO DA + EMRT Survey	
8) NTUC Additional Services	
ON:	
• NS: Courtesy Car / Tpl Allowance	\$30
• NI: Repairs Coordination	\$20
• PF: Post Repair Inspection	\$30
• NI: DV / Collect Excess Coordination	\$20
TE (NI) TP (NA INC) against DTC	\$0
• NI: IDAO Mobile	
Invoice dated	
Invoice dated	

Fee Charged

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	08/12/2020 17:12 (SGT)
Date of Accident	02/11/2020 11:30 (SGT)
Exact Location of Accident	Jurong West Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1952H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PHANG TEN NAM
Passport No/FIN	FXXXX839T
Email Address	jamesphang463461@gmail.com
Mobile Phone No	(Phone) +65-91761370
Alternative Phone No	+65-91761370

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Motorcycle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118252140
Cover Note Number	-

### DRIVER

Name of Driver	PHANG TEN NAM
Passport No/FIN	FXXXX839T

Date Of Driving Pass	04/05/2018
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91761370
Alt. Phone Number	+65-91761370
Email Address	jamesphang463461@gmail.com
Address	3LK 816 #06-46
Address complement	JURONG WEST STREET 81
Postcode	640816
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?	Yes
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201203/2034

#### 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	GBK2371J
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	EDMUND EDELMAN

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	PHANG TEN NAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBQ1952H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



## 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**.
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.

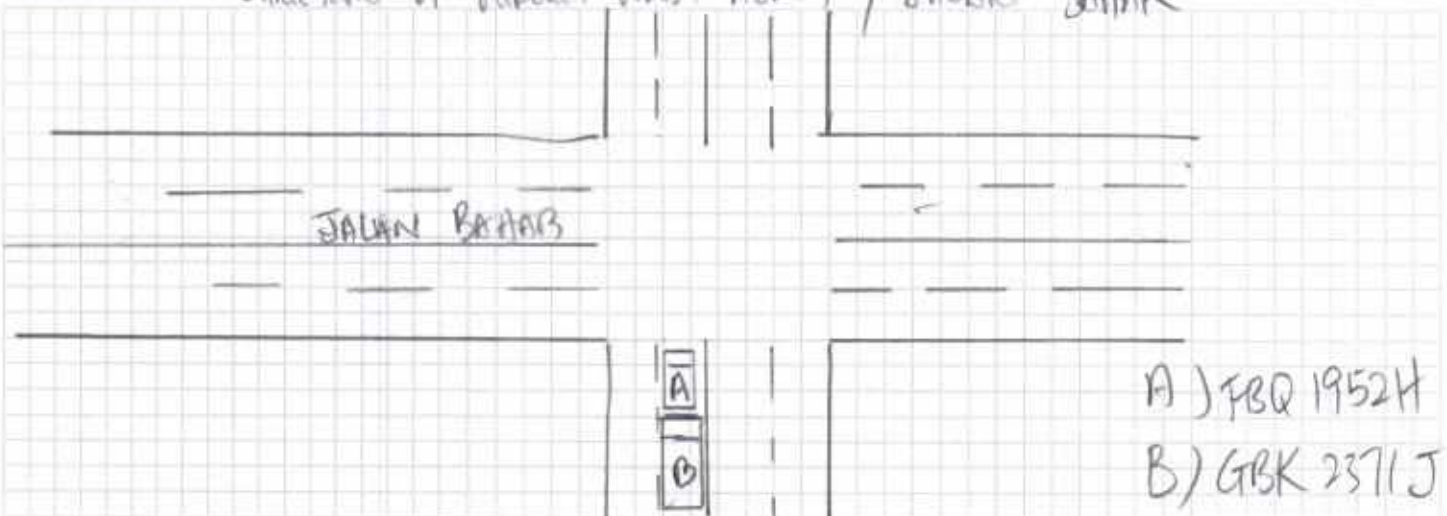
Policyholder's Signature / Date & Time 8/12/2020

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

Witnessed by Reporting Centre Personnel 08/12/2020

Sketch Plan

JUNCTION OF JURONG WEST AVENUE 4 / JALAN BAHAR



JURONG WEST AVENUE 4

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT T/20201203/2034

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time 8/12/2021

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

Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (07/12/20) (DD/MM/YYYY), TIME: (11:30) (HH:MM)

LOCATION: Surong West Ave 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8Q 19524  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5118252146  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA AR150  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: PHANAY TAY NAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 91761370  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: (04/05/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: Surong Wns 1

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBK 2371 J MODEL: NISSAN NV 200  
 b) DRIVER'S NAME: EDWARD E PHAY SIM  
 c) NRIC/FIN/PASSPORT: S1102966C CONTACT:

## 9. THIRD PARTY VEHICLE

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

email =

VIDEO

Jamesphang463461@gmail.com



# SINGAPORE POLICE FORCE



T/20201203/2034

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20201203/2034

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2020 12:31	Vide Report No.:	Station Diary No.: 76
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### Informant's Particulars

Name of Informant: PHANG TEN NAM	Address: APT BLK 816 Jurong West Street 81 #06-46 SINGAPORE 640816		
ID Type / ID No.: FIN NO / F7306839T	Contact No.: Home/Office: Mobile: 91761370		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 48	Date of Birth: 04/05/1972	Type of Informant: Rider
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: ENGINEERING TECHNICIAN	Driving Licence Information: Class: 2B,3C Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/12/2020 11:30	Type of Location: X-Junction
Location:  JURONG WEST AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Moving vehicle against stationary vehicle (head to rear)			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1952H	Motorcycle	YAMAHA	AEROX GDR155R CVT	Blue	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1952H	NTUC Income Insurance Co-Operative Limited	5118252140	13/08/2020	12/08/2021





**SINGAPORE  
POLICE FORCE**



T/20201203/2034

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20201203/2034

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	PHANG TEN NAM	ID No.	F7306839T
Related Vehicle	FBQ1952H (Motorcycle)	Contact No.	91761370
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	02/12/2020	Date Discharge	02/12/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On 02/12/2020 at about 1130hrs, I was riding my personal vehicle (V1)FBQ1952H along Jurong West Ave 4 towards PIE on the 2nd lane. Upon approaching the junction of Jurong West Ave 4 & Jln Bahar, the traffic turned from Amber to Red. I then braked and stopped V1. After I stopped V1, I felt a sudden impact coming from the rear. I was then sent flying along with V1 into the middle of the junction.

I quickly got up and moved V1 to the side with the assistance from my colleague who was riding on another motorcycle. I had noted a white van (V2) had collided into V1's rear. I am unable to recall the registration plate number of V2, however I have the contact number of the driver (Hp:96684759).

The driver of V2 called for LTA's assistance who then called for ambulance. I was conveyed to Ng Teng Fong General Hospital for my injuries and was given a 7day medical leave. I had sustained a swollen right ankle, abrasions to both my knees, both elbows and right palm.

Traffic Police was at scene. I was instructed to lodge a traffic accident report reference J/20201202/0082.



**SINGAPORE  
POLICE FORCE**



T/20201203/2034

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20201203/2034

**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 THOMAS JOSEPH THONG WAI MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/12/2020 12:31

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168

SN 1261

Signature:

Singapore Police



## Claim Handling

Accident MT/1112854

Policy No.	5118252140	Vehicle No.	FBQ1952H	GST Registration No.
Certificate No.				
Policyholder Name	PHANG TEN NAM			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91761370	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	08/12/2020 17:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2020	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		JCH No.
Accident Location	JURONG WAEST AVENUE 4			

## ▼ 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	204 BEDOK SOUTH AVENUE 1	Address 2	SINGAPORE 469333	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118252140	

## ▼ OI Driver Info

Driver Name	PHANG TEN NAM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	F7306839T	Driver DOB
Register Date of Driver License	28/02/1998	Driver Age	48	Driving Experience
Contact No.(Mobile)	91761370	Contact No.(Office)		Contact No.(Home)
Address 1	204 BEDOK SOUTH AVENUE 1	Address 2	SINGAPORE 469333	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBQ1952H	Driver Insurer Com

## 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 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address:

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Insured Liability

Preferred

Repair Option

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

Insured Name

PHANG

Contact No.

91761370

(Home)

OI

Vehicle Number

FBQ1952H

FBQ1952H / GBK23712 ON 2 Dec 2020

08/12/2020 17:21

Claim

Close

Date



Video List

NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 17:13	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 17:13	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 17:13	Photos	Normal	Photos
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 17:13	Photos	Normal	Photos

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="02/12/2020 17:30"/>							
Vehicle No.(For Motor)	<input type="text" value="FBQ1952H"/>	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 checked="" type="radio"/>	5118252140		PHANG TEN NAM	F7306839T	GMC	Third Party, Fire & Theft	FBQ1952H	FBQ1952H	13/08/2020	12/08/2021
<input type="button" value="Continue"/>										