

NATIONAL Assessment Centre Services.

Just 1 Jan 03. **SN08214000/**

Date In: 04/01/2020 11:04	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC/00000334	SAS e-illing		
Veh No: 8509R	E-mail (by full time, AIG 2hrs)		
D.O.A: 2/12/2020 16:0X	I-Motor Claim Form	MT11115865-001	04/01/2021
OD: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		11:13
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Worker		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SMP 2836** 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: _____

1A2100533	1) Allt Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$10)	
	3) TP: Towing Fee	\$0.45	
Driver/Owner:	4) PT: Follow-Through Survey	\$1.20	
Contact No:	5) PF: Follow-Through Survey (Resurvey)	\$3.00	
Damage Portion:	For claim against INC Only (over 10 Jan 2005)		
	6) TR: Re-inspection	\$0.75	
QC Checked by (Engr-In-Charge):	7) NI: Idea DA + SMRT Survey	\$1.60	
	8) NTUC Additional Services		
	ON:		
	*NI: Courtesy Car / Tpl Allowance	\$3	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Coordination	\$3	
	TP (NI) + TP (Non-INC) against INC	\$20	
	*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	04/01/2021 11:04 (SGT)
Date of Accident	31/12/2020 16:05 (SGT)
Exact Location of Accident	80 Mohamed Sultan Rd, Singapore 239013
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	F8509R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK SHU TING
NRIC No	SXXXX884F
Email Address	stash.quek@gmail.com
Mobile Phone No	(Phone) +65-92388857
Alternative Phone No	+65-92388857

VEHICLE PARTICULARS

Manufacturer	Vespa
Model	P150
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	ThirdParty
Fleet Policy	No
Policy Number	5107727912-01
Cover Note Number	-

DRIVER

Name of Driver	QUEK SHU TING
NRIC No	SXXXX884F

Date Of Driving Pass	29/01/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92388857
Alt. Phone Number	+65-92388857
Email Address	stash.quek@gmail.com
Address	BLK 418C FERNSVALE LINK #02-168
Address complement	-
Postcode	793418
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 on collision
Weather Conditions	Raining
Road Surface	Wet

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 Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201231/2117

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	SMP283L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

NRIC No	SXXXX306E
Contact Number	(Phone) +65-98196696
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	QUEK SHU TING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	F8509R
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.
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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.

Pen

2/1/2021

Policyholder's Signature / Date &
Time 4:00pm

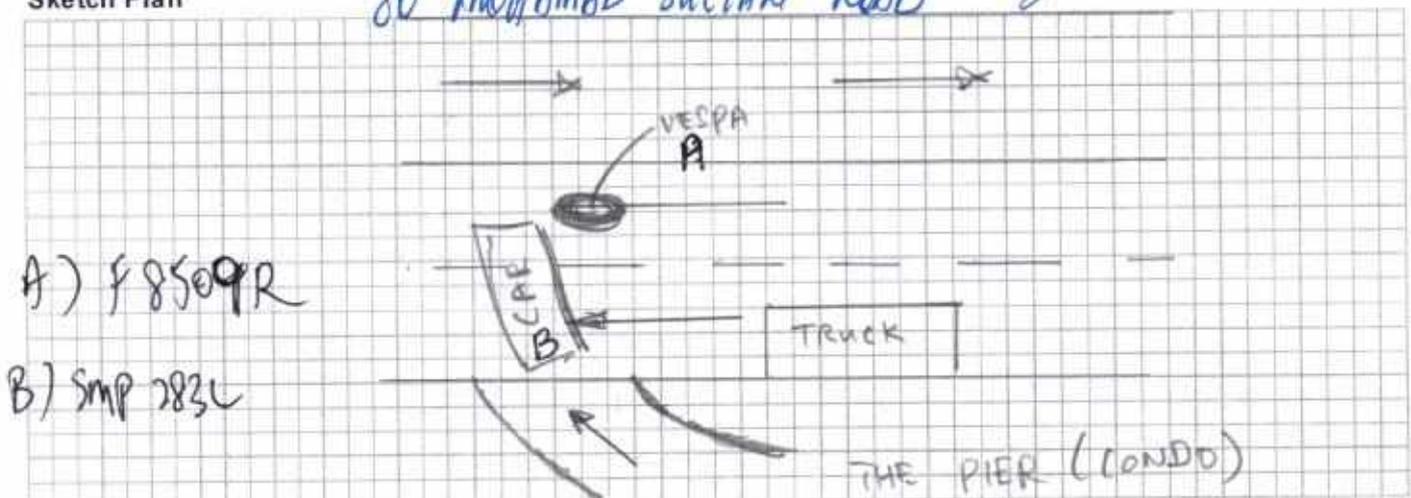
Sketch Plan

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

80 MOHAMMAD SUZUKI ROAD

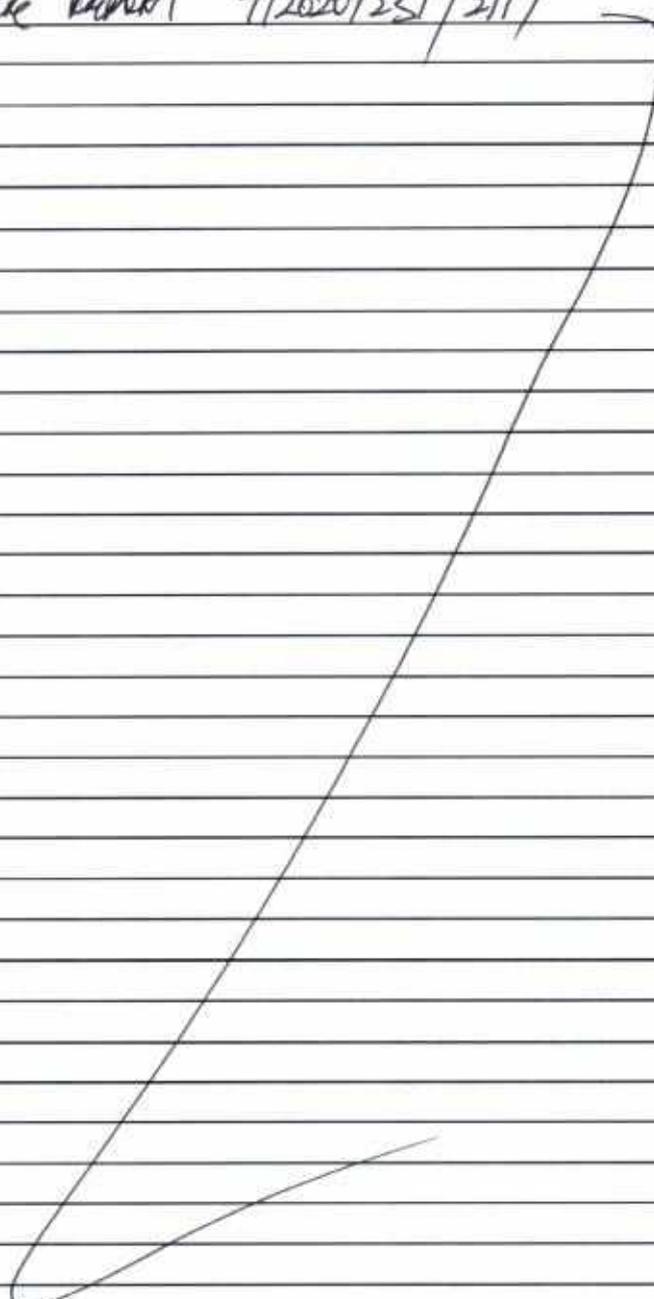
Witnessed by Reporting Centre
Personnel

Pen 08/01/2021



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/2020/231/2117



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 4.00pm
2/1/2021

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

 04/01/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 12 / 2020 (DD/MM/YYYY), TIME: 16 : 05 (HH:MM)

LOCATION: 80 Muhammad Sultan Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8509R
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VESPA P150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FOOD DELIVERY
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: QUEK SHU TING (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S852284F CONTACT: 92388857
C) ADDRESS: 418C FEMALE LINK #02-16P
S(792418)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 05 / 07 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1

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 WET RAINING)
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: BUKIT MERAH

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 283 L MODEL: _____
b) DRIVER'S NAME: TAN WEE HOCK SIMON
c) NRIC/FIN/PASSPORT: S0091306E CONTACT: 9819 6666

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(3)

* No of passenger
(Including driver)
()

Email = STASH QUEK @ GMAIL.COM

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20201231/2117

2 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20201231/2117

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	QUEK SHU TING	ID No.	S8522884F
Related Vehicle	F8509R (Motorcycle)	Contact No.	92388857
Hospital/Clinic	ONECARE CLINIC TIONG BAHRU	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	31/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	TAN WEE HOCK SIMON	ID No.	S0091306E
Related Vehicle	SMP283L (Car)	Contact No.	98196696
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 31/12/2020 at about 1605hrs, I was doing Grabfood delivery and riding my motorcycle (F8509R) along Mohd Sultan Road towards Saiboo St. When I was riding along Mohd Sultan Road in front of condominium The Pier at Robertson, there were two lanes that was towards Saiboo St and two lanes towards Kim Yam Road. On the left most lane of Mohd Sultan Road, there was tree pruning works that caused the that lane to be closed hence I had to filter out to the right lane. Right after I finished filtering out to the right lane, another car (SMP283L) suddenly turned right outwards from The Pier at Robertson wanting to cut 2 lanes to Mohd Sultan Road towards Kim Yam Road. I tried to apply my brakes but our two vehicles still collided head on. The front of my motorcycle collided into the right front bumper of the car. I then fell off my motorcycle and sustained some injuries. My injuries are deep cuts on my chin area, left ankle and right palm, 2 abrasions on the right knee area, abrasions on my left palm, inner right thigh and right stomach area. Both our vehicles sustained some damage. My motorcycle (F8509R)'s front portion has been seriously damaged that it had to be towed away. The other car (SMP283L) sustained some dents and scratches at the front right bumper. Traffic police attended to the case and gave me a casecard. I was advised to seek medical help first and if I got MC of more than 3 days, I should lodge a police report hence I am lodging this report.

I and the other drive exchanged contact details and we left after traffic police attended to us. I have a witness who saw the accident and I have her name and contact number. Her name is Sasha and her mobile number is 9112 8073.



**SINGAPORE
POLICE FORCE**



T/20201231/2117

3 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20201231/2117

CONTINUATION OF REPORT

I went to see a doctor at OneCare Clinic Tiong Bahru and I was given MC of 7 days.



**SINGAPORE
POLICE FORCE**



T/20201231/2117

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

4 of 4

Report No. T/20201231/2117

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: A / Sgt 2 CHUA REN YOU	<i>Y</i>
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437	

Signature Of Informant:	<i>Am</i>
Date/Time: 31/12/2020 20:59	
Classification Of Case:	

Authentication Stamp
NP168

Y
Signature
Singapore Police Force

Claim Handling

Accident **MY/1115865**

Policy No.	5107727912-01	Vehicle No.	F8509R	GST Registration No.
Certificate No.				
Policyholder Name	QUEK SHU TING			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading
Contact No.(Mobile)	92388857	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

Accident Details

Report Date	04/01/2021 11:05	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	31/12/2020	Time of Accident hh:mm	16:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	80 MOHAMMAD SULTAN ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
DD 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 8 #22-95	Address 2	CANTONMENT CLOSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	22-95	Related Policy Number	5107727912-01	

OI Driver Info

Driver Name	QUEK SHU TING	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S8522884F
Register Date of Driver License	29/01/2019	Driver Age	35
Contact No.(Mobile)	92388857	Contact No.(Office)	
Address 1	BLK 8 #22-95	Address 2	CANTONMENT CLOSE
Address 4		Address Type	Singapore address
Unit No.	22-95		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	F8509R
			Driver Insurer Comp.

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	QUEK SH
Contact No.(Mobile)	92388857	Contact No. (Home)	
Email Address		OT Vehicle Number	F8509R
Claim Description	F8509R / SMP283L ON 31 Dec 2020		
Preferred Workshop		Insured Liability	Not at fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	04/01/2021 11:08	Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. HT/1115865 Claim No. 001
 Last Doc. Received Yes No Upload Date 04/01/2021 11:13

Path *

- No file chosen

-
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-
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Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:13	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:13	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:13	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:13	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:13	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:10	Photos		Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:08	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:08	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 04 Jan 2021 11:08	SAS		Normal	SAS 2f

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. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107727912-01		QUEK SHU TING	S8522884F	GMC	Third Party	F8509R	F8509R	01/03/2020	28/02/2021