

# NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

SN0921190001

Date Inc: 9/11/21 09:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC21090386164	SAS e-filing		
Veh No: FBL 50112	E-mail (within 3hrs, AIC 2hrs)		
IP A: 17/12/20 20:30	I-Motor Claim Form	MT/1114633 902	9/11/21 09:22
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/Wksn		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLX 1076 G.	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 ( )	

General Remarks:	
( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.	
( ) 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: ( )	
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Date of Injury: ( )	
Location: ( )	
Weather: ( )	
Time of Day: ( )	
Witness: ( )	
Police: ( )	
Insurance: ( )	
Other: ( )	

NA2100891	Invoice Information	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30);	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (N11): TP (S-in INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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 ..... 09/01/2021 09:15 (SGT)  
Date of Accident ..... 17/12/2020 20:30 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBL5011Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DR DELIVERY PTE LTD  
Company Reg No ..... 2XXXXXX99M  
Email Address ..... DRDELIVERYDD@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88330051  
Alternative Phone No ..... +65-88330051

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... SNIPER  
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 - Reporting only  
Vehicle Category ..... Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5117265590  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LEONG KOK THAI  
NRIC No ..... SXXXX831A  
Date Of Birth ..... 26/06/1978  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/08/2014
Driving experience .....	6 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88669962
Alt. Phone Number .....	-
Email Address .....	KOKTHAI6668@GMAIL.COM
Address .....	BLK 420 CANBERRA RD #05-403
Address complement .....	-
Postcode .....	750420
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

#### 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 .....	SLX1076G
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) .....	-

## 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

(A 010) FBL 5011 Z  
(B). SLX 1076G.

CTE towards SLE (Brindell Flyover)

### Describe Circumstances of the Accident

On 17/12/2020, at @ 2030hrs, I was riding in my motorbike (FBL 50112) along CTE towards SLE out of Braddell / Flyover on the extreme right lane. A vehicle (SLX 1076G) in front of me suddenly brake. As a result, I could not stop in time and collided onto the rear portion of the said vehicle.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5117265590-000019

**Cover** : Third Party

- |  |                       |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBL5011Z            |
| Chassis Number                                   | : MH3UG0740G0035428   |
| 2. Name of Policyholder                          | : DR DELIVERY PTE LTD |
| 3. Effective Date of Insurance                   | : 09 Sep 2020         |
| 4. Expiry Date of Insurance                      | : 08 Sep 2021         |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue : 05 May 2020 05:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

VEHICLE NO:	FBL 50112		MAKE & MODEL:	Yamaha Sniper	AUTO (MANUAL)
DATE OF ACCIDENT:	17/12/2020		CC:	150cc.	
TIME OF ACCIDENT:	2030 HRS				
LOCATION OF ACCIDENT:	CTE towards SLE (Bradwell Flyover)				
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE				
NAME OF OWNER:	Dr Delivery Pte Ltd				
TEL NO:	H/P: 8833 0051		OFFICE:	HOME:	
NRIC:	202012099m				
ADDRESS:	60 Mandai Estate #02-07 M-space 60729938				
EMAIL:	drdeliveryptd@gmail.com				
CLAIM TYPE:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY				
FLEET POLICY:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ?				
INSURANCE COMPANY:	NTUC				
TYPE OF COVERAGE:	Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft				
POLICY NO:	5117265590-000019				
NAME OF DRIVER:	AS ABOVE / IF NO: LEONG KOK THAI				
NRIC:	S7863831A		ANY PASSENGER:	N.A.	
DATE OF BIRTH:	26/06/1978		LICENCE PASSED DATE:	05/08/2014	
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR				
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
CONTACT NO:	H/P: 8866 9962		OFFICE:	HOME:	
ADDRESS:	BLK 420 Canberra Road #05-403 6750420				
EMAIL:	kokthai6668@gmail.com				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Hire				
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:				
ROAD SURFACE:	DRY <input checked="" type="checkbox"/> WET <input type="checkbox"/> OTHER:				
ANY INJURIES:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?				
VEHICLE B REG NO:	SLX 1076G		ANY PASSENGERS:		
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT: N.A.		
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="checkbox"/> NO				
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> NO				
ACCIDENT PORTION:	Front portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					YES <input checked="" type="checkbox"/> NO
WORKSHOP PARTICULAR:	N-51				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	LEONG JOSEPH TAN				

## Vehicle Registration Details

Vehicle No. <b>FBL5011Z</b>	Make/ Model <b>YAMAHA/SNIPER T150</b>	Vehicle Scheme <b>-</b>
Current Propellant <b>Petrol</b>	Chassis No. <b>MH3UG0740G0035428</b>	Vehicle Type <b>Passenger Motorcycle /Autocycle/Moped</b>

### Owner's Details

Owner Name:  
**DR DELIVERY PTE. LTD.**

Owner ID Type:  
**Company**

NRIC/Passport/Company Cert No.:  
**202012099M**

Registered Address:  
**6D MANDAI ESTATE #02-07 M-SPACE  
SINGAPORE 729938**

Mailing Address:  
**-**

Birth Date:  
**-**

### Registration Details

Previous Vehicle No.:  
**-**

Effective Date of Ownership:  
**09 Sep 2020**

Original Registration Date:  
**11 Nov 2016**

Registration Date:  
**11 Nov 2016**

No. of Transfers:  
**3**

IU Label No.:  
**714424512**

### Vehicle Specifications

Engine No.:  
**G3E6E0229567**

Chassis No.:  
**MH3UG0740G0035428**

Year of Manufacture:  
**2016**

Primary Colour:  
**White**

Engine Capacity / Power Rating:

**150 cc / -**

Maximum Power Output:

-

Max Unladen Weight:

**116 kg**

Maximum Laden Weight:

**266 kg**

Vehicle Attachment 1:

**No Attachment**

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

**Additional Registration Fee (ARF) and COE Information**

Open Market Value:

**\$1,913.00**

Additional Registration Fee Rate:

**15.00 %**

Actual ARF Paid:

**\$287.00**

Vehicle Lifespan Expiry Date:

**No Lifespan**

OPC Cash Rebate Eligibility:

**No**

QP during COE Bidding Exercise:

**\$6,311.00**

COE No.:

**2016120106000098K**

COE Expiry Date:

**10 Nov 2026**

COE Category:

**D - Motorcycle**

COE Registration Category:

**D - Motorcycle**

Quota Premium (QP) / Prevailing Quota Premium:

**\$6,311.00 / -**

Actual QP Paid

**\$6,311.00**

QP (Regn Cat):

**\$6,311.00****PARF Rebate Details**

PARF Eligibility:

**No**

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

**Vehicle Emissions Details**