

NATIONAL Assessment Centre Services

Jan 2005

Date In: 19/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC2000923/13	SAS e-filing		
Veh No: FBR80476	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/01/21 1215	I-Motor Claim Form	19/01 MT/1117999-001	
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	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%. F: 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	19/01/2021 17:52 (SGT)
Date of Accident	19/01/2021 12:15 (SGT)
Exact Location of Accident	Ubi Rd 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8047G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEP JUN KANG
NRIC No	SXXXX556D
Email Address	lalla0380@gmail.com
Mobile Phone No	(Phone) +65-91381756
Alternative Phone No	+65-91381756

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R15
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	5116580089
Cover Note Number	-

DRIVER

Name of Driver	YEP JUN KANG
NRIC No	SXXXX556D
Date Of Birth	09/09/1998
Occupation	Indoor

Date Of Driving Pass	13/11/2019
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91381756
Alt. Phone Number	+65-91381756
Email Address	lallal0380@gmail.com
Address	BLK 116 HOUGANG AVE 1
Address complement	#13-1210
Postcode	530116
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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	SHC1114M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YEP JUN KANG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained ABRASION
Injured person in which vehicle? FBK8047G
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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:

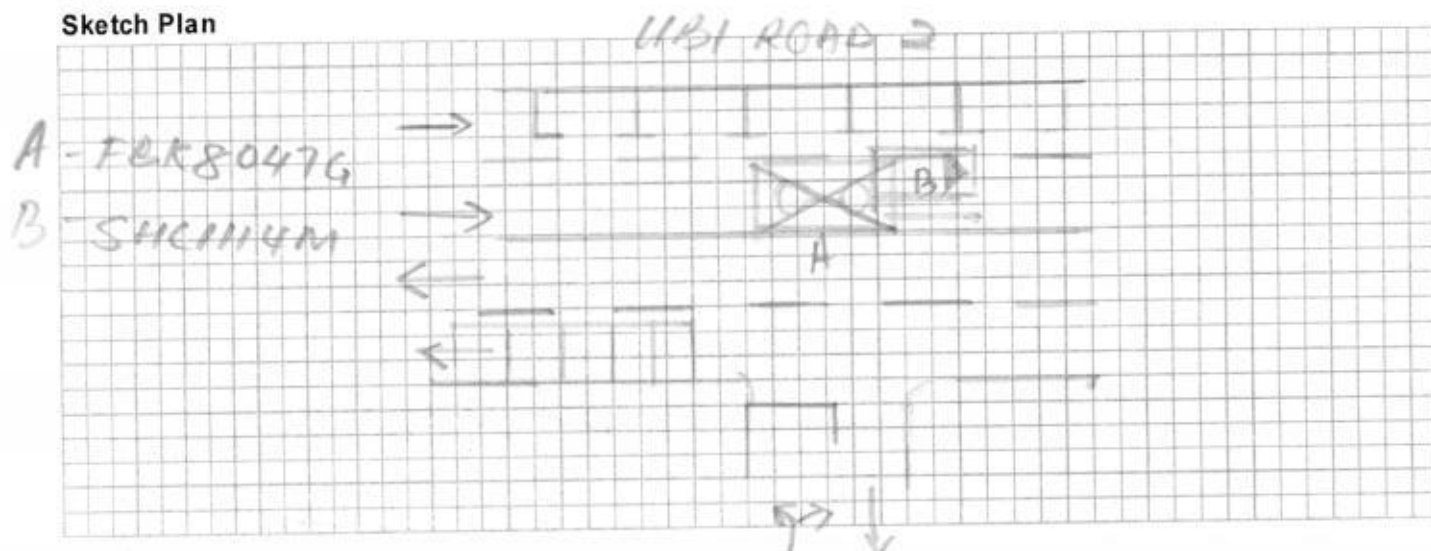
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

1508 hrs
19/01/21
Policyholder's Signature / Date & Time

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

19/01/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Date: 19/01/20 Time: 12.15pm ~ Vehicle No. FBK 804TG

Along Ub. R02 I was moving off from a parking lot making a right turn, waited for driver of vehicle of SHC 116 M to pass a then moved off. Driver suddenly stopped in the yellow box to drop off a passenger. I didn't has enough time to react and clash to the right rear of the vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (19/01/21) (DD/MM/YYYY), TIME: (12:15) (HH:MM)

LOCATION: UBI RD 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK80476
b) INSURANCE COMPANY: NAC
c) POLICY NUMBER: 5716580089
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMHA R15 VER 2
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: YEP JUN KANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9830556D CONTACT: 91381756
c) ADDRESS: BCK 116 HOUANG AVE 1
#12-1210 (S30116)

* 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: (09/09/1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/11/2009

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) admission

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHK1114M MODEL:
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:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

19/01/21
waiting for
VLR ✓

Email = LALLAL9800@gmail.com

fax =

video =

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

19/01/2021 14:40

Vehicle No.(For Motor)

FBK8047G

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"/>	5116580089		YEP JUN KANG	S9830556D	GMC	Third Party	FBK8047G	FBK8047G	04/03/2020	03/03/2021

Claim Handling

Accident MT/1117999

Policy No.	5116580089	Vehicle No.	FBK8047G	GST Registration No.	
Certificate No.					
Policyholder Name	YEP JUN KANG			Policyholder NRIC	S9830556D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91381756	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	No
Accident Details					
Report Date	19/01/2021 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to
Date of Accident	19/01/2021	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI ROAD 2				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 116 #13-1210	Address 2	HOUANG AVENUE 1	Address 3	SINGAPORE 5301
Address 4		Address Type	Singapore address	Post Code	530116
Unit No.	13-1210	Related Policy Number	5116580089		
OI Driver Info					
Driver Name	Yep Jun Kang	Driver Type	Main Driver	Driver DOB	09/09/1998
Unnamed driver Name		Driver NRIC	S9830556D	Driving Experience	1
Register Date of Driver License	01/01/2020	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	91381756	Contact No.(Office)	0	Address 3	SINGAPORE 5301
Address 1	BLK 116	Address 2	HOUANG AVENUE 1	Post Code	530116
Address 4		Address Type	Singapore address		
Unit No.	#13-1210				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	YEP JUN KANG	Insured NRIC		
Contact No.(Mobile)	91381756	Contact No.(Home)		Contact No.(Office)		
Email Address	laila0380@gmail.com	Vehicle Number	FBK8047G	TP Vehicle Number		
Claim Description	FBK8047G / SHC1114M ON 19 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Repair Option	Preferred Workshop, Name unknown	Claim Close Date	19/01/2021 18:03	Date Received		
Date Registered		Workshop Repairer	ROSILINDA	Total Loss but Repaired		
Report Taken By						
<input type="checkbox"/> Print AK letter						
<div>Save Submit</div>						

Attachment

Accident No. MT/1117999 Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/01/2021 00:00

Path *

Category *

Confidential

Urgency *

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	SAS		Normal	SAS 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:02	Photos		Normal	Photos 2021-1-19

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>