NATIONAL Assessment Centre Services. [wef 1 Jan08]. SN08211L0002

Date In: 21/01/2021 12:57	Job description	Date & Time Completed	Done by
Ref No: NB4/INC21001008/4	SAS e-filing		
Veh No: PBK 5167M	E-mail (Within 4hrs, AIG 2hrs)		
D.O.A: 20/01/2021 21:00	I-Motor Claim Form	MT/111878-001	21/01/2021 13:11
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/Witsn		

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

TP Particulars: Veh No: SMF 2199L 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 ( )

[illegible]

( ) 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: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

NA2100653

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

[illegible]		[illegible]
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($10) $40/$45		
3) TF : Towing Fee $120		
4) FT : Follow-Through Survey $30		
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2010) For claiming against INC Only $75		
6) TR : Re-Inspection $160		
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services		
ON: $5		
• NS: Courtesy Car / Tpt Allowance $10		
• N6: Repair Co-ordination $25		
• N7: Post Repair Inspection $5		
• N8: DV / Collect Excess Coordination $20		
TF (NII) : TP (Non INC) against INC 30		
9) NI2: Idea Mobile		

Invoice dated Fee Charged
Invoice dated Fee Charged

Sal...1:

...3/3:

SN08211L0002 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 21/01/2021 12:57 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (21/01/2021 12:57 (SGT))

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 witholding 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	21/01/2021 12:57 (SGT)
Date of Accident	20/01/2021 21:00 (SGT)
Exact Location of Accident	815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information	NEAR ENTRANCE DRIVING CTR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5167M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW CHOON SENG JOHNNY
NRIC No	SXXXX199C
Email Address	jseowcs27@hotmail.com
Mobile Phone No	(Phone) +65-91170900
Alternative Phone No	+65-91170900

VEHICLE PARTICULARS

Manufacturer	BMW
Model	R1200GS ADVENTURE MANUAL
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	Comprehensive
Fleet Policy	No
Policy Number	5100048445-02
Cover Note Number	-

DRIVER

Name of Driver	SEOW CHOON SENG JOHNNY
NRIC No	SXXXX199C

Date Of Driving Pass	18/05/1998
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91170900
Alt. Phone Number	+65-91170900
Email Address	jseowcs27@hotmail.com
Address	BLK 601 ANG MO KIO AVENUE 5 #12-1623
Address complement	-
Postcode	560601
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	1
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

PLEASE REFER TO SKETCH PLAN

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	SMF2199L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM HENG GUAN
NRIC No	SXXXX082F
Contact Number	(Phone) +65-98772199
Address	-
Address complement	

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.

21/1/2021 / 11:45am

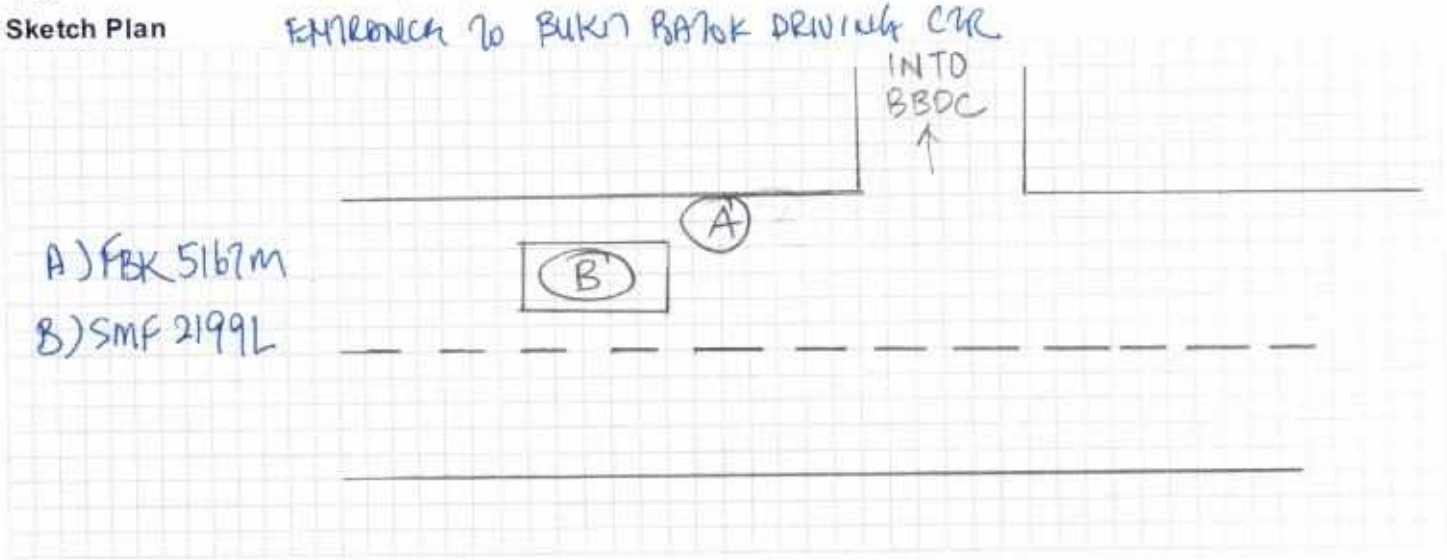
Policyholder's Signature / Date & Time

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

21/01/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 20/1/2021 @ 2100hrs. I stopped my bike (FBK5167M) about 3-4m from the entrance of Bukit Batok Driving Centre, to drop my girl off for her theory lesson. As I was preparing to ride off, a car (SMF2199L) knocked on my right side of the bike, causing me to surge forward and fell to my left side.

The driver of SMF2199L (who is a private driving instructor) stepped out and apologised immediately, stating that he was rushing into the circuit as he was late with his student in the car.

We exchanged details and both parties took photos in the incident scene.

Declaration

I/We declare the foregoing particulars are true in every respect.

21/1/2021 / 11:55am

Policyholder's Signature / Date & Time

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

21/01/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 04 / 2021) (DD/MM/YYYY), TIME: (21 : 00) (HH:MM)

LOCATION: Entrance of Bukit Batok Driving Centre

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBK5167M
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 510004844 5-001
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: BMW R1200GS Adv
   f) TYPE: (~~SALOON / COUPE / MPV / VAN / LORRY~~ / MOTORCYCLE / ~~OTHERS~~)
   g) VEHICLE CATEGORY: (~~PRIVATE / COMMERCIAL~~ / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Dropping my kid off
   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: Johnny Seow Choon Seng (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S6934199C CONTACT: 91170900
   c) ADDRESS: 601 Ang Mo Kio Avenue 5 #12-2623 S(560601)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: as above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (27/09/1969) (DD/MM/YYYY)
   e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)
   f) DATE OF DRIVING PASS 7/2/2018

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:
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SMF 2199L MODEL: Toyota
   b) DRIVER'S NAME: Lim Heng Guan
   c) NRIC/FIN/PASSPORT: S1278082F CONTACT: 98772199

* No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) (__)

email.= ~~#~~ jseowcs27@hotmail.com

VIDEO

Claim Handling

The premium on this policy has not been collected.

Accident MT/1118178

Policy No.	5100048445-02	Vehicle No.	FBK5167M	GST Registration No
Certificate No.				
Policyholder Name	SEOW CHOON SENG JOHNNY			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91170900	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

Accident Details

Report Date	21/01/2021 12:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/01/2021	Time of Accident hh:mm	21:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ENTRANCE TO BUKIT BATOK DRIVING CENTRE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	1,000.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1,000.00	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 601 #12-2623	Address 2	ANG MO KIO AVENUE 5	Address 3
Address 4	SINGAPORE 560601	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117778510	

OI Driver Info

Driver Name	JOHNY SEOW CHOON SENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6934199C	Driver DOB
Register Date of Driver License	25/10/1990	Driver Age	51	Driving Experience
Contact No.(Mobile)	91170900	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 601 #12-2623	Address 2	ANG MO KIO AVENUE 5	Address 3
Address 4	SINGAPORE 560601	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBK5167M	Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SEOW
Contact No.(Mobile)	91170900	Contact No. (Home)	NIL
Email Address	JSEOWCS27@HOTMAIL.COM	OI Vehicle Number	FBK51
Claim Description	FBK5167M / SMF2199L ON 20 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	21/01/2021 13:04	Claim Close Date	

Report Taken By

ROSLI WAHAB Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1118178	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	21/01/2021 13:11

Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select	NO
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Choose File No file chosen	Clear	Please Select	NO
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Choose File No file chosen	Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Jan 2021 13:11	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Jan 2021 13:11	Photos		Normal	Photos
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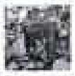	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 13:06	Photos		Normal	Photos
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Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 20/01/2021 12:37
Vehicle No.(For Motor): FBK5167M | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5100048445-02		SEOW CHOON SENG JOHNNY	S6934199C	GMC	Comprehensive	FBK5167M	FBK5167M	11/05/2020	10/05/2021

Continue