

NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

SA023110000

Date In: 22/01/2021 17:41	Job description	Date & Time Completed	Done by
Ref No: N/A 21000662	SAS e-filing		
Veh No: FRK 4318 R	E-mail (Vehicle then, AIG then)		
D.O.A. 22/01/2021 16:18	I-Motor Claim Form	m/111839800	22/01/2021 17:46
(1) : TP : Reporting Only	I-Motor W/O (Winds: OD then, TP then)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGU 1280H	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 > \$3000] ()		

Injury: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$425/45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NIUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpt Allowance	\$3
	• NI: Repair Coordination	\$10
	• NI: Post Repair Inspection	\$25
	• NI: DV / Collect Excess Coordination	\$5
	• NI: DV / Collect Excess Coordination	\$25
	TP (NI) / TP (Non-INC) against DMS	\$0
	9) NI: Idea 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	22/01/2021 17:41 (SGT)
Date of Accident	22/01/2021 16:18 (SGT)
Exact Location of Accident	Portstown Rd, Singapore
Additional Location Information	FUSIONOPOLIS PLACE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4378R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY KOK NIU
NRIC No	SXXXX645G
Email Address	taykokniu64@gmail.com
Mobile Phone No	(Phone) +65-91398949
Alternative Phone No	+65-91398949

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Jupiter t150
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118224306
Cover Note Number	-

DRIVER

Name of Driver	TAY KOK NIU
NRIC No	SXXXX645G

Date Of Driving Pass	14/01/1988
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-91398949
Alt. Phone Number	+65-91398949
Email Address	taykokniu64@gmail.com
Address	BLK 842 JURONG WEST STREET 81 #11-177
Address complement	-
Postcode	640842
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	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?	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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SGU1280H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AZHARIE BIN EKOAN
NRIC No	SXXXX687B
Contact Number	(Phone) +65-90266008
Address	-
Address complement	-

Insurance Company Name
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.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

22/01/2021
Policyholder's Signature / Date & Time

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

22/01/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

TRINOMOLIS PLACE

A) FBR 4378 R

B) SKU 1280 H

ROBINSON ROAD

Describe Circumstances of the Accident

ON 22/01/2021 AT ABOUT 16:18HRS I WAS AT POKESDOWN
ROAD & WANTED TO TURN RIGHT INTO FULHAM POLICE PLACK
SIGNAL RIGHT & MAKE A TURN SUDDENLY A CAR CAME
FROM THE OTHER DIRECTION & COLLIDED WITH MY BIKE.

Declaration

We declare the foregoing particulars are true in every respect.

22/01/21


Policyholder's Signature / Date &
Time

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

 22/01/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (22/01/2021) (DD/MM/YYYY), TIME: (16:18) (HH:MM)

LOCATION: POLYMER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 4378 R
 b) INSURANCE COMPANY: WTC
 c) POLICY NUMBER: 515224 306
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA 150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: TAY KOK LAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1662685 G CONTACT: 91398949
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

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

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) OWNED

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SLM 1280 H MODEL: _____
 b) DRIVER'S NAME: AZAHAR BIN EKORAN
 c) NRIC/FIN/PASSPORT: S1748681 B CONTACT: 90266008

9. THIRD PARTY VEHICLE

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

email = taykokunub@gmail.com
 VIDEO

Claim Handling

Accident MT/1118398

Policy No.	5118224306	Vehicle No.	FBR4378R	GST Registration No.
Certificate No.				
Policyholder Name	TAY KOK NIU			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91398949	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	#Code Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	22/01/2021 17:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/01/2021	Time of Accident hh:mm	16:16	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PORTSDOWN ROAD			

▼ 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
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 842 #11-177	Address 2	JURONG WEST STREET 81	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118224306	

▼ OI Driver Info

Driver Name	TAY KOK NIU	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S1662645G
Register Date of Driver License	14/01/1988	Driver Age	56
Contact No.(Mobile)	91398949	Contact No.(Office)	
Address 1	BLK 842 #11-177	Address 2	JURONG WEST STREET 81
Address 4		Address Type	Singapore address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBR4378R
			Driver Insurer Camp.

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 New

Claim Type *	GD-MX	Insured Name	TAY KOK
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	FBR4378
Claim Description	FBR4378R / SGU128DH ON 22 Jan 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	22/01/2021 17:45	GIA report	Received
		Claim Close Date	

Save Submit

Attachment

Accident No.	MT/1116398	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/01/2021 17:46

Path: •

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Wiley InterScience

Category •

Confidential

Clear

Please Select

NO	2
----	---

Clear

Please Select

NO

Please Select 

NO

Clear

Please Select

NO	2
----	---

Clear

Please Select

100

Clear

Please Select

Year	1995	2000	2005	2010	2015	2020
Population (millions)	1.2	1.5	1.8	2.1	2.4	2.7
GDP (billions of dollars)	0.5	1.0	1.5	2.0	2.5	3.0
Life expectancy (years)	55	60	65	70	75	80

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:46	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:46	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:46	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:46	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:45	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:45	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:45	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:45	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:45	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:45	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 17:45	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name	
			Display in New Window Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

22/01/2021 16:50

Vehicle No.(For Motor)

FBR4378R

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"/>	5118224306		TAY KOK NIU	51662645G	GMC	Third Party, Fire & Theft	FBR4378R	FBR4378R	14/07/2020	13/07/2021