

NATIONAL Assessment Centre Services.

(Print 1 Jan 2021)

SN0821200002

Date In: 24/02/2021 16:05	Job description	Date & Time Completed	Done by
Ref No: N80821200002	SAS e-illing		
Veh No: 2402/2021 09:30	E-mail (by date time, A/C time)		
D.O.A. 2402/2021 09:30	I-Motor Claim Form	24/02/2021 16:05	
QID: TP: Reporting Only	I-Motor W/O (Wills: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Policyholder:

Veh No: 2402/2021

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: ()

NA21E1360

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Vehicle Community:

Sub: 1

1) All Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$100
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: TR Inspection	\$75
7) NI: NI DA + EMRT Survey	\$160
8) NIUC: Additional Services	
9) NI: NI DA + EMRT Survey	\$30
10) NI: NI DA + EMRT Survey	\$10
11) NI: NI DA + EMRT Survey	\$25
12) NI: NI DA + EMRT Survey	\$30
13) NI: NI DA + EMRT Survey	\$30
14) NI: NI DA + EMRT Survey	\$30
15) NI: NI DA + EMRT Survey	\$30
16) NI: NI DA + EMRT Survey	\$30
17) NI: NI DA + EMRT Survey	\$30
18) NI: NI DA + EMRT Survey	\$30
19) NI: NI DA + EMRT Survey	\$30
20) NI: NI DA + EMRT Survey	\$30

Fee Charged
Fee Charged

Invoice dated

Invoice dated

2/3

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	24/02/2021 16:05 (SGT)
Date of Accident	24/02/2021 09:30 (SGT)
Exact Location of Accident	Jurong Port Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP7130D
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEAW WEI WEN, SEAN
NRIC No	SXXXX625A
Email Address	SEAN.7SIX@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97948532
Alternative Phone No	+65-97948532

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Goldwing
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	5109825484-01
Cover Note Number	-

DRIVER

Name of Driver	LEAW WEI WEN, SEAN
NRIC No	SXXXX625A

Date Of Driving Pass	07/08/2001
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97948532
Alt. Phone Number	+65-97948532
Email Address	SEAN.7SIX@YAHOO.COM.SG
Address	BLK 489B CHO A CHU KANG AVENUE 5 #09-209
Address complement	-
Postcode	682489
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	Side Swipe
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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9809Y
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR TEO
NRIC No	SXXXX160I
Contact Number	(Phone) +65-82851231
Address	-
Address complement	-

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

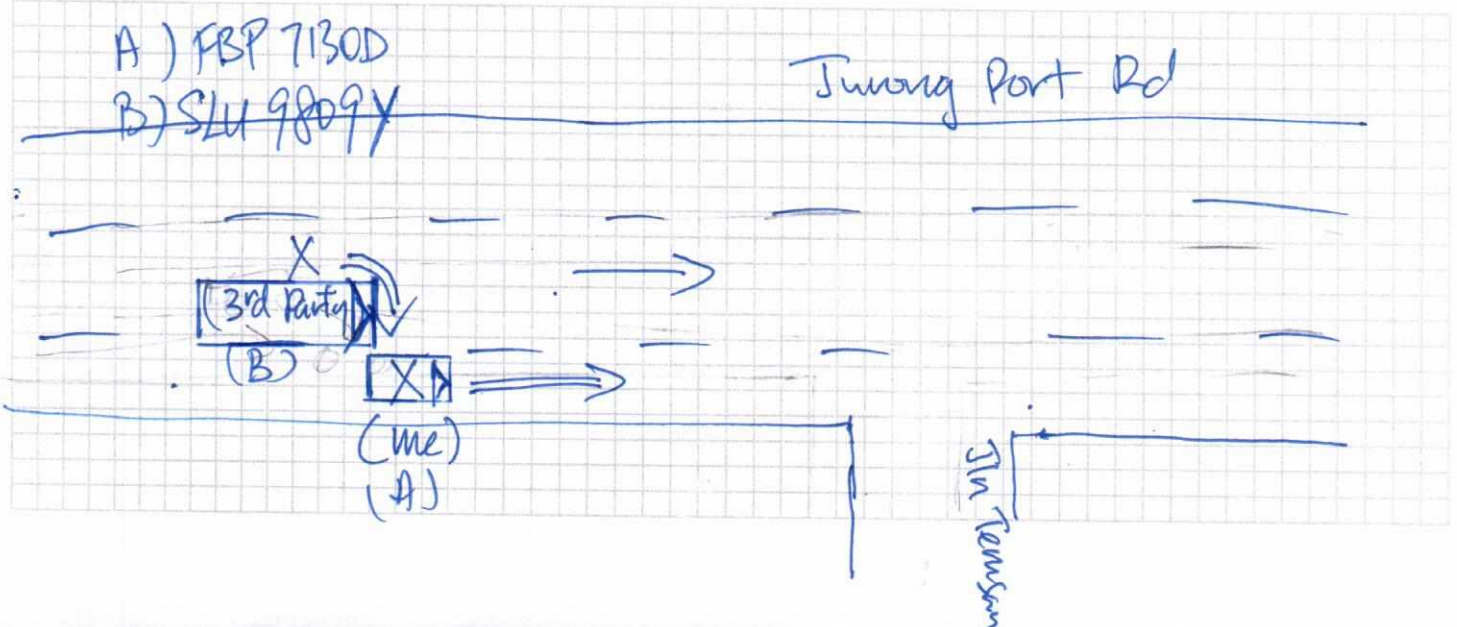
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

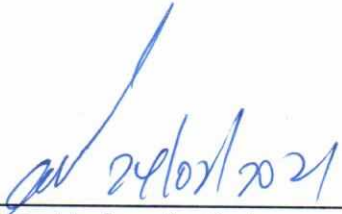
I was travelling along the rightmost lane at Jurong Port Rd toward the corporation B&L near Salim Temsam cross Junction when vehicle number SLN 9809Y suddenly turn out from my ~~left~~ left and cuts into my lane hitting my motorcycle on the left. I didn't fell from the impact but bike ~~was~~ is damage.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 24/02/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 24/02/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 02 / 2020) (DD/MM/YYYY), TIME: (09 : 30) (HH:MM)

LOCATION: Jurong Port Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 7130D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 510985484-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Goldwing
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 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: Leow Wei Wen, Sean (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7618625A CONTACT: 97948532
 c) ADDRESS: 489B Choa Chu Kang Ave 5
 #09-709 S1682489

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Leow Wei Wen, Sean (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7618625A CONTACT: 97948532
 c) ADDRESS: 489B Choa Chu Kang Ave 5
 #09-709 S1682489

* d) DATE OF BIRTH: (15 / 06 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/3/1988

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

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: SLU 9809Y MODEL: Toyota Sienta
 b) DRIVER'S NAME: Ted Seng Thiam
 c) NRIC/FIN/PASSPORT: S14561601 CONTACT: 82851231

9. THIRD PARTY VEHICLE

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

email = sean.7s17@yahoo.com.sg

VIDEO

Claim Handling

Accident MT/1122205

* Policy No.	5109825484-01	Vehicle No.	FBP7130D	GST Registration No.
Certificate No.				
Policyholder Name	LEAW WEI WEN, SEAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97948532	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire

▼ Accident Details

Report Date	24/02/2021 15:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/02/2021	Time of Accident hh:mm	09:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG PORT ROAD			

▼ 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 489B #09-209	Address 2	CHOA CHU KANG AVENUE 5	Address 3
Address 4	SINGAPORE 682489	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120828494	

▼ OI Driver Info

Driver Name	LEAW WEI WEN, SEAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7618625A	Driver DOB
Register Date of Driver License	07/08/2001	Driver Age	44	Driving Experience
Contact No.(Mobile)	97948532	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 489B #09-209	Address 2	CHOA CHU KANG AVENUE 5	Address 3
Address 4	SINGAPORE 682489	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBP7130D	Driver Insurer Company

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEAW WEI WEN, SEAN
Contact No.(Mobile)	97948532	Contact No.(Home)	
Email Address	SEANLEAW76@GMAIL.COM	Vehicle Number	FBP7130D
Claim Description	FBP7130D / SLU9809Y ON 24 Feb 2021		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered	24/02/2021 16:03	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer☒ Print AK letter[Save](#) [Submit](#)

Attachment

Accident No.	MT/1122205	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/02/2021 16:08
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:08	SAS		Normal	SAS 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:03	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:03	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:03	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:03	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:03	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 16:03	Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Key
		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.	<input type="text"/>	Date of Accident	<input type="text" value="24/02/2021 12:40"/>							
Vehicle No.(For Motor)	<input type="text" value="FBP7130D"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109825484-01		LEAW WEI WEN, SEAN	S7618625A	GMC	Comprehensive	FBP7130D	FBP7130D	23/05/2020	22/05/2021
<input type="button" value="Continue"/>										