

Date In: <b>10/03/2021 15:10</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA1/MC210031734</b>	SAS e-illing		
Veh No: <b>F3H 5256E</b>	E-mail (by date time, A/C blue)		
D.O.A: <b>04/03/2021</b>	I-Motor Claims Form	<b>10/11/2021 10:00</b>	<b>10/03/2021</b>
OID: <b>(TP) Reporting Only</b>	I-Motor W/O (with: OD blue, TP blue)		<b>15:33</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Inst		

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

TP Policy No: ( ) Vch No: **SLT 3892A**, INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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 Refor 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: \_\_\_\_\_

<b>NBA210/880</b>	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA1 Survey Assessment (\$100) INC ( )	
Contact No:	3) PFI Towing Fee	\$120
Damaged Portion:	4) PFI Follow Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PFI Follow Through Survey (Resurvey)	\$30
	6) PFI Follow Through Survey (Resurvey) (with In-Inst 700)	\$75
	7) PFI Re-inspection	\$160
	8) NI: Idea DA + EMRT Survey	
	9) NIUC Additional Services	
	ONS	\$3
	NS: Courtesy Car / Tpl Allowance	\$10
	NS: Repair Coordination	\$25
	NS: Post Repair Inspection	\$5
	IND/DY / Collet Excess Coordination	\$30
	TP (NI) TP (W/ INC) w/ class D16	\$0
	NI: In-Inst Mobile	

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	10/03/2021 15:10 (SGT)
Date of Accident	04/03/2021 18:00 (SGT)
Exact Location of Accident	Nee Soon Rd, Singapore
Additional Location Information	JUNCTION OF SPRINGLEAF AVENUE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5256E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ALOYSIUS ALWIN S/O MICHAEL
NRIC No	SXXXX760B
Email Address	alwin0909@hotmail.com
Mobile Phone No	(Phone) +65-83282421
Alternative Phone No	+65-83282421

## VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
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 - Claiming third party
Vehicle Category	Motorcycle

## INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5084467804-04
Cover Note Number	-

## DRIVER

Name of Driver	ALOYSIUS ALWIN S/O MICHAEL
NRIC No	SXXXX760B

Date Of Driving Pass	01/10/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83282421
Alt. Phone Number	+65-83282421
Email Address	alwin0909@hotmail.com
Address	BLK 131A CANBERRA CRESCENT #02-524
Address complement	-
Postcode	751131
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 - Cross Junction
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT3892A
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EARNEST NG FU FONG
NRIC No	SXXXX223D
Contact Number	-
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.
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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**.
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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

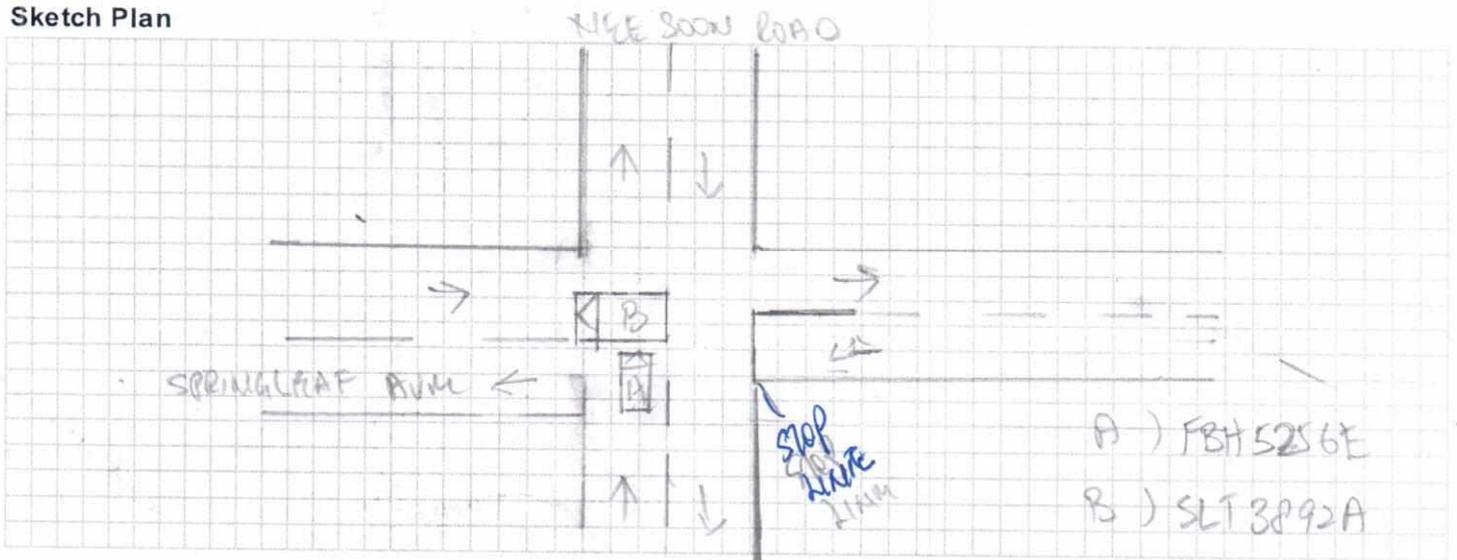
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 10/3/21 12:33pm  
Policyholder's Signature / Date & Time

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

 10/03/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I was riding straight on Nee Soon Rd, ~~Car B~~  
at the junction of Springleaf Ave, Car B drove across  
Nee Soon Rd without checking for on coming vehicles  
(Car B did not slow down at stop line or stop to check.)  
As car B was moving fast, I could not stop in  
time and hit the centre of his car.

**Declaration**

We declare the foregoing particulars are true in every respect.

 10/3/21 12:35pm  
Policyholder's Signature / Date &  
Time

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

 10/03/2021  
Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 3 / 2021) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: Junction of Springleaf Ave and Nee Soon Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 5256E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 508824 5084467804-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Bajaj Pulsar NS200  
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: Aloysius Alwin S/O MICHAEL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S86252608 CONTACT: 83282421  
c) ADDRESS: Blk 131A Canberra Crescent  
H 02-524

\* 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 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/10/2004

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: SLT3892A MODEL: Mazda  
b) DRIVER'S NAME: EARNEST NG FU FONG  
c) NRIC/FIN/PASSPORT: S2696223D 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)  
( )

email = Alwin 0909 @ hotmail

VIDEO

**Claim Handling**

**Accident MT/1123870**

Policy No.	5084467804-04	Vehicle No.	FBH5256E	GST Registration No.	
Certificate No.					
Policyholder Name	ALOYSIUS ALWIN S/O MICHAEL			Policyholder NRIC	S86
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	83282421	Contact No.(Office)		Contact No.(Home)	
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(%)	10	Private Hire	No

**Accident Details**

Report Date	10/03/2021 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	04/03/2021	Time of Accident hh:mm	18:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF SPRINGLEAF AVENUE AND NEE SOON 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	Driver Is Covered?	Not
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 682B #10-79	Address 2	WOODLANDS DRIVE 62	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	732
Unit No.		Related Policy Number	5084467804-04		

**OI Driver Info**

Driver Name	ALOYSIUS ALWIN S/O MICHAEL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8625760B	Driver DOB	09/1
Register Date of Driver License	01/10/2015	Driver Age	34	Driving Experience	5
Contact No.(Mobile)	83282421	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 682B #10-79	Address 2	WOODLANDS DRIVE 62	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	732
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBH5256E	Driver Insurer Company	NTL

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ALOYSIUS ALWIN S/O MICHAEL	Insured NRIC	S86	
Contact No.(Mobile)	83282421	Contact No.(Home)	68947253	Contact No.(Office)		
Email Address	ALOYSIUS_ALWIN@YAHOO.CO	OI Vehicle Number	FBH5256E	TP Vehicle Number	SLJ	
Claim Description	FBH5256E / SLJ3892A ON 4 Mar 2021				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	10/03/2021 15:18	Claim Close Date		Date Received	10/1	
Report Taken By	ROSLI WAHAB					

Print AK letter



Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084467804-04		ALOYSIUS ALWIN S/O MICHAEL	S8625760B	GMC	Third Party, Fire & Theft	FBH5256E	FBH5256E	08/07/2020	07/07/2021

Continue