

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA117155421

Date In: 24/11/17-12:35	Job description	Date & Time Completed	Done by
Ref No: NA/14/17022475/24	SAS e-filing		
Veh No: FR39814	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 12/11/17-22:30	i-Motor Claim Form	11/09/1809	24/11/17 20:32
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No:	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

NA1707283

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat. 1:			
Dat. 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 ability.
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 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 Report	24/11/2017 12:35
Date Of Accident	12/11/2017 22:30
Exact Location Of Accident	JUNC UPPER SERANGOON RD & HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR3981H
Insured/Policyholder	
Name Of Registered Owner	LOH THIAM KWANG
NRIC No	S1061952A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97346756
Alternative Phone No	OFFICE-97346756

Vehicle Particulars

Manufacturer	VESPA
Model	EXCEL 150
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5074891101-02
Cover Note Number	

Driver

Name of Driver	LOH THIAM KWANG
NRIC No	S1061952A
Date Of Birth	18/09/1953
Occupation	INDOOR
Date Of Driving Pass	03/05/1977
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97346756
Fax Number	
Contact Number	OFFICE-97346756
Email Address	NOEMAIL

Address	BLK 307 HOUGANG AVENUE 5 #10-303
Postcode	530307
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171122/7013

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	SLD6266Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	LOH THIAM KWANG
Approximate Age	
Injuries Sustain	SHOULDER, RIGHT HAND & LEFT LEG
Injured person in which vehicle?	FR3981H
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

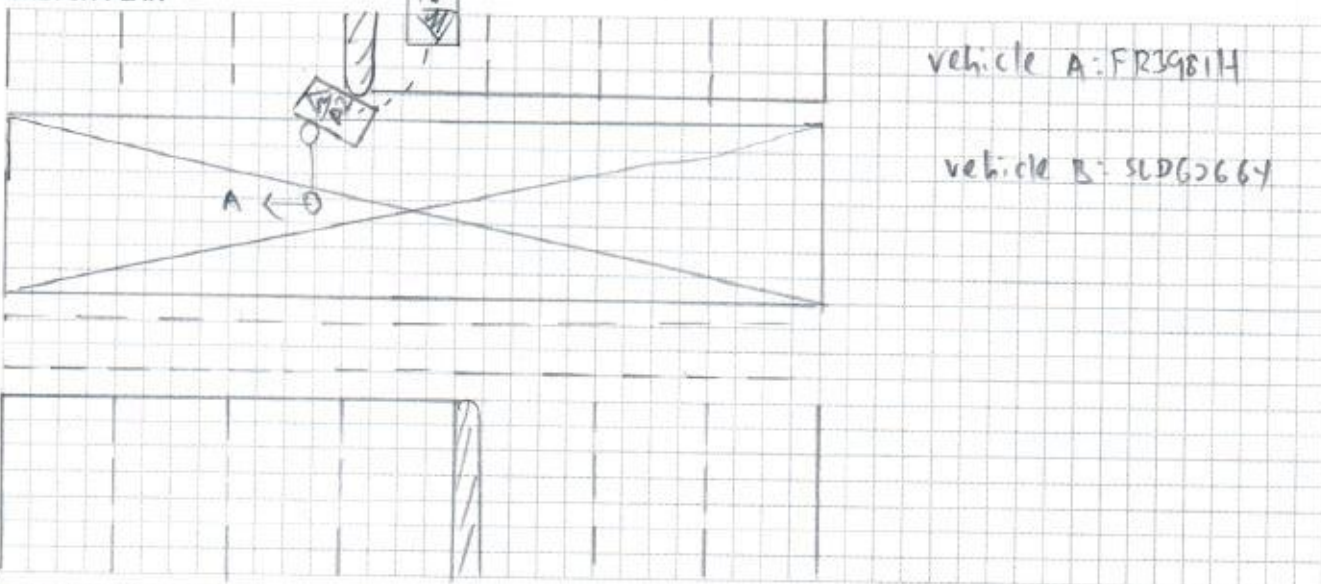

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Intersection Upper Selegie Road & Hanging Ave 4



vehicle A: FR3981H

vehicle B: SLD6266Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2017/1122/7013.

DECLARATION

I/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:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171122/7013

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20171122/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 21:59			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: LOH THIAM KWANG			Address: APT BLK 307 HOUGANG AVENUE 5 #10-303 SINGAPORE 530307		
ID Type / ID No.: NRIC NO / S1061952A			Contact No.: Home/Office: Mobile: 97346756		
Nationality: SINGAPORE CITIZEN			Email: jason.10O27884@gmail.com		
Sex: Male	Age: 64	Date of Birth: 18/09/1953	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: COOK			Driving Licence Information: Class: 2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/11/2017 22:30	Type of Location: T-Junction
Location: HOUGANG AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Motor in straight road and collision with the opposite car U-turn				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR3981H		VESPA	EXCEL 150	Green		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171122/7013

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20171122/7013

CONTINUATION OF REPORT

Rider			
Name	LOH THIAM KWANG		ID No. S1061952A
Related Vehicle	FR3981H		Contact No. 97346756
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2 Date of Expiry: NIL
Date Treatment	13/11/2017	Date Discharge	15/11/2017
No. of Days granted Medical Leave	22	Degree of Injury	Serious

Brief Details.

My dad Motor FR3981H is on the second lane towards the straight road while in the green light, Opposite car SLD6266Y suddenly making a U-turn which did not observe the traffic towards which the collision happen. That my dad motor FR3981H collision with the car SLD6266Y. After the accident, my dad is badly injured which need to have ambulance to send him to TTSH immediately. His left hand shoulder is fractured and right hand is fractured too, also his both leg has some big bruise and walking in difficulties. As he has to be out of work for approx. 2 month which he still in his daily working job.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171122/7013

3 of 3

Report No. T/20171122/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/11/2017 21:59

Classification Of Case:



Tan Tock Seng
HOSPITAL

TAN TOCK SENG HOSPITAL
11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011

HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

LOH THIAM KWANG | S1061952A | 64Y 1M | M | Chinese | 1218067798B | 13-Nov-2017 | 15-Nov-2017

Tab

PO

Potassium Chloride SR Tab 1.2 g 2 times per day 3 days

Medical Certificate

MC Number : TTS17258320
Leave Type : Hospitalization Leave
Unfit for duty : 12-Nov-2017 to 03-Dec-2017
Remarks :

Issued by : LYNN ONG
Fit to attend court : Yes
Fit for light duty :

Future Appointment

Not Applicable

Planned Orders

Not Applicable

By : LYNN ONG(P0256C)

Date : 15-Nov-2017 14:03

This is a computer-generated summary of information available and correct at point of print.
Please refer to your doctor for further information or clarification.

Printed by: LYNN ONG (P0256C)
Printed Date/Time: 15-Nov-2017 14:03

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1061952A**

Name: **LOH THIAM KWANG**

Birth Date: **18 Sep 1953**

Issue Date: **05 May 2014**

002301264F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1061952A**

LOH THIAM KWANG

卢添光

CHINESE

Date of Birth: **18-09-1953** Sex: **M**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	03 May 1977
Class 2A Motorcycles between 201 cc and 400 cc	03 May 1977
Class 2 Motorcycles > 400 cc	03 May 1977
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	19 Jul 1974
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	18 May 1982
Class 5 Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	09 Dec 1982
Class 6 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

Licence No: S1061952A

NP 428A

1103651

S1061952A

APR BLK 307 HOUGANG AVENUE 5 #10-303
SINGAPORE 530307

MIC No: S1061952A Date: 28-06-1999 No: 2978555

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[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="12/11/2017 22:30"/>						
Vehicle No.(For Motor)	<input type="text" value="FR3981H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5074891101-02	LOH THIAM KWANG	S1061952A	GMC	Third Party	FR3981H	FR3981H	12/10/2017	11/10/2018
<input type="button" value="Continue"/>									

Claim Handling

Accident MT/0969809

Policy No.	5074891101-02	Vehicle No.	FR3981H	GST Registration No.	
Policyholder Name	LOH THIAM KWANG			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	NA	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	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

▼ Accident Details

Report Date	15/11/2017 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	12/11/2017	Time of Accident hh:mm	22:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER SERANGOON ROAD TOWARDS HOUGANG AVE 4				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 307 #10-303	Address 2	HOUGANG AVENUE 5	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5074891101-02		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LOH THIAM KWANG	Insured NRIC		
Contact No.(Mobile)	97346756	Contact No.(Home)	63431747	Contact No.(Office)		
Email Address		OI Vehicle Number	FR3981H	TP Vehicle Number		
Claim Description	FR3981H / SLD6266Y ON 12 Nov 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	24/11/2017 20:32	Claim Close Date				
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/0969809	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 20:33

Path *

Category *	Confidential	Urgency
Browse... Clear Please Select	NO	Normal
Browse... Clear Please Select	NO	Normal
Browse... Clear Please Select	NO	Normal
Browse... Clear Please Select	NO	Normal

Please Select

NO

Normal

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 No v 2017 20:32	Photos	Normal	Photos

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"/>			