

NATIONAL Assessment Centre Services

Date In: 20/02/18
 Ref No: NA/DAI18003247/13
 Vch No: SGZ5290B
 D.O.A: 18/02/18 0900
 OD (TP) Reporting Only

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

NEW HOCK TECH Tel:

Fax:

TP Particulars:

Vch No:

GBD40567

INC () / Non-INC ()

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Date:

Time:

Confirmed by: (

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)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2/3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TP: 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:-
- 9) N12: Idac Mobile

- *N5: Courtesy Car / Tpl 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
- 30

Invoice dated
 Invoice dated

Fee Charged
 Fee Charged

Am't (\$)
 1st Bill

Am't (\$)
 Add Bill

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 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 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	20/02/2018 19:43
Date Of Accident	18/02/2018 09:00
Exact Location Of Accident	EUNOS LINK & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ5290B
Insured/Policyholder	
Name Of Registered Owner	HO,THIAN POH
NRIC No	S0863741E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91556215
Alternative Phone No	OTHERS-91556215

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00421107
Cover Note Number	

Driver

Name of Driver	HO,THIAN POH
NRIC No	S0863741E
Date Of Birth	24/08/1948
Occupation	INDOOR
Date Of Driving Pass	24/06/1976
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91556215
Fax Number	
Contact Number	OTHERS-91556215
Email Address	NOEMAIL

Address	BLK 15 PUNGGOL FIELD WALK #13-01
Postcode	828746
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : LEE SOK HAM
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180218/2035

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	GBD4056T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HO, THIAN POH

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGZ5290B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LEE SOK HAM

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGZ5290B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE

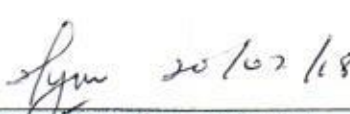
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

Sketch Plan diagram showing a road layout with a central lane labeled 'A' and 'B' separated by a dashed line. To the left of the lane is a vertical line labeled 'Eunos Link'. To the right of the lane are two handwritten entries: 'A) SGZ 5290 B' and 'B) GBD 4056 T'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with handwritten notes: 'Refer to Police report' and '1/20180218/2035'.

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: shyn 20/02/18
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180218/2035

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3
Report No. T/20180218/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 13:04	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: HO THIAN POH	Address: APT BLK 15 PUNGGOL FIELD WALK #13-01 SINGAPORE 828746		
ID Type / ID No.: NRIC NO / S0863741E	Contact No.:	Mobile: 91556215	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 69	Date of Birth: 24/08/1948	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Retiree	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/02/2018 09:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 EUNOS LINK BEDOK RESERVOIR ROAD T-Junction				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4056T	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	White		1
SGZ5290B	Car	TOYOTA	VIOS E AUTO	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20180218/2035

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180218/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ5290B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00421107	23/10/2017	22/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO THIAN POH		ID No.	S0863741E
Related Vehicle	SGZ5290B (Car)		Contact No.	91556215
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2018		Date Discharge	18/02/2018
No. of Days granted Medical Leave	04		Degree of Injury	NIL
Passenger				
Name	Lee Sok Harn		ID No.	S1235380D
Related Vehicle	SGZ5290B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 18/02/2018 at about 0900hrs, I was travelling in my vehicle(SGZ5290B) with my wife along Eunos Link towards Bedok Reservoir Road. The traffic light was red and I stopped at the junction. While I was there for a brief duration, I felt an impact from the rear of my vehicle and my vehicle was launched forward despite being stationary. I was shocked for a moment and subsequently I alighted the vehicle with my wife my wife called for police. I discovered that a lorry(GBD4056T) had collided into the rear of my vehicle. Shortly after, traffic police and ambulance arrived and at that point of time, I was feeling nauseous and having pain on my neck. As such, I was conveyed by ambulance to Changi Hospital and was given 4 days of medical leave. My friend who was in the vicinity of the incident location assisted to liaise with the traffic police and I was informed to lodge a traffic police report regarding the incident.



**SINGAPORE
POLICE FORCE**



T/20180218/2035

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20180218/2035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 CLARENCE TAN JIAN WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/02/2018 13:04

Classification Of Case:

SN 085

Singapore Police Force

VEHICLE NO:	SG75290B		MAKE & MODEL:	Toyota Vios	
DATE OF ACCIDENT	18 / 02 / 2018				
TIME OF ACCIDENT	09:00 AM/PM				
LOCATION OF ACCIDENT	TUNDI Link x Bedok Reservoir Road.				
EXACT PURPOSE USE DURING ACCIDENT					
NAME OF OWNER	Ho Thian Poh				
TEL NO	91556215				
NRIC	S0863741E				
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
INSURANCE CO	Direct Asia				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	MT 00421107				
NAME OF DRIVER	As Above /				
NRIC	S0863741E				
DATE OF BIRTH	24 / 08 / 1948				
OCCUPATION	Outdoor / <u>Indoor</u>				
DATE OF DRIVING PASS	24 / 06 / 1986				
GENDER	<u>Male</u> / Female				
CONTACT NO.	91556215				
ADDRESS	Blk 15 Punggol Field Walk #13-01 S(828746)				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	<u>Clear</u> / Raining / Other:				
ROAD SURFACE	<u>Dry</u> / Wet / Other:				
ANY INJURIEES	No / If yes: Who? Ho Thian Poh (Driver) Lee Sok Ham (Passenger)				
CONTACT NO.					
POLICE REPORT	No / If yes: Where? Punggol N.P.C				
VEHICLE B NO.	A3D4056T				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0863741E



Name

HO THIAN POH

何 添 宝

Race

CHINESE

Date of birth

24-08-1948

Sex

M

S0863741E



Country/Place of birth

SINGAPORE

5454547



NRIC No. S0863741E



Date of issue

15-04-2015

APT BLK 15 PUNGGOL FIELD WALK #13-01
SINGAPORE 828746

NRIC No: S0863741E

Date: 16/06/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 0863741 E**
Name:

HO THIAN POH

Birth Date: **24 Aug 1948**

Issue Date: **21 Apr 2004**



001200418F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

PASS DATE

24 Jun 1976

S0863741E

S / No. 9000192042

NP 428A



Licence No: S0863741E

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00421107
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SGZ5290B
Chassis No.	: MR053HY9305025370
2) Name of Policy Holder	: HO, THIAN POH
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 23/10/2017 00:00
4) Date/Time of Expiry of Insurance	: 22/10/2018 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any named person under the policy who is driving on the Insured's order or with his permission.	
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 1,000.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: HO, THIAN POH
Named driver	: None
Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.	

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 05/10/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer