

# NATIONAL Assessment Centre Services: [wef 1 Jan 05] MVA 118059512.

Date In: 715118 17:03	Job description	Date & Time Completed	Done by
Ref No: MA118059512	SAS e-filing		
Veh No: GA 9688 J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 615118 12:05	i-Motor Claim Form	MT10993335-001	715118 19:37
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: FBL 3523 B	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

MA1802877	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat 1:	Invoice dated	Fee Charged	
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 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	07/05/2018 17:03
Date Of Accident	06/05/2018 12:05
Exact Location Of Accident	PIE PAYA LEBAR EXIT GOING TO CIRCUIT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ9688J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAINFOREST GIFT SERVICES
Co Reg No	52996602J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97323392

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUSACE SUPER GL DARK PRIME
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093472359
Cover Note Number	-

### Driver

Name of Driver	NG SOON HOON
NRIC No	S1496708G
Date Of Birth	01/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97323392
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 64 KALLANG BAHRU #05-361
Postcode	330064
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL3523B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	POW JIE MING
NRIC/Passport Number	S9507257G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1



## 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

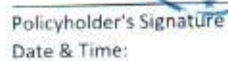
Circuit Rd

A = GQ 9688 J  
B = FBL 3523 B

PIE Paya Lebar Exit

Please Refer to Police Report

I/We declare the foregoing particulars are true in every respect.



*[Signature]*





# SINGAPORE POLICE FORCE



T/20180507/2113

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20180507/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/05/2018 16:30	Vide Report No.: G/20180506/0163	Station Diary No.: 40
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**Informant's Particulars**

Name of Informant: NG SOON HOON			Address: APT BLK 64 KALLANG BAHRU #05-361 SINGAPORE 330064		
ID Type / ID No.: NRIC NO / S1496708G			Contact No.: Home/Office: Mobile: 97323392		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 01/07/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SOLE PROPRIETOR			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/05/2018 12:05	Type of Location:
Location:  PAN ISLAND EXPRESSWAY  PAYA LEBAR EXIT GOING TO CIRCUIT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3523B	Motorcycle	BAJAJ CHETAK	PULSAR RS 200	Red		0
GQ9688J	Van	TOYOTA	REGIUSACE SUPER GL DARK PRIME	Grey		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180507/2113

2 of 3

Report No. T/20180507/2113

Police Station Of Origin:

Kampong Ubi NPP

9 Eunos Crescent #01-2687 SINGAPORE

400009

Tel No: 1800-7479999

**CONTINUATION OF REPORT**

Driver			
Name	NG SOON HOON	ID No.	S1496708G
Related Vehicle	NIL	Contact No.	97323392
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 6th May 2018 at about 12.00pm, I was driving my company van bearing vehicle number GQ9688J along Pan Island Expressway (PIE) towards Changi Airport. I then exited at Paya Lebar Road and after which turn to Circuit Road. After making a left turn to Circuit Road, I felt an impact from the rear part of my vehicle. I stopped my vehicle and realized that a motorcycle bearing number FBL3523B had hit my vehicle from behind. I realized that the rear left side of my vehicle was damaged. After awhile the rider's friends came followed by Ambulance and Traffic Police. The Traffic Police then took my sd card while the rider was conveyed by ambulance.





**SINGAPORE  
POLICE FORCE**



T/20180507/2113

3 of 3

Report No. T/20180507/2113

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

**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:

G /

Sgt 2 MOHAMED KAMAL BIN AZIZ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

07/05/2018 16:30

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1496708G



Name

NG SOON HOON

黄 顺 训

Race

CHINESE

Date of birth

01-07-1961

Sex

M

Country/Place of birth  
SINGAPORE



5674193



NRIC No. S1496708G



Date of issue

22-11-2016

Address

APT BLK 64 KALLANG BAHRU  
#05-361  
SINGAPORE 330064

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1496708G

Name

NG SOON HOON

Birth Date: 01 Jul 1961

Issue Date: 11 Aug 2017



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

EFFECTIVE DATE

Class 2B	Motorcycles $\leq 200$ cc	17 Mar 1983
Class 3	Motor cars with unladen weight $\leq 3000$ kg with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500$ kg	31 Mar 1984
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500$ kg	27 Aug 1985
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250$ kg	04 Dec 1985
	Motor vehicles not constructed to carry any load and the unladen weight $> 7250$ kg	

NP 42BA





Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093472359	RAINFOREST GIFT SERVICES	52996602J	GCV	Comprehensive	GQ9688J	GQ9688J	16/08/2017	15/08/2018

## Claim Handling

## Accident MT/0993335

Policy No.	5093472359	Vehicle No.	GQ9688J	GST Registration No.	
Policyholder Name	RAINFOREST GIFT SERVICES			Policyholder NRIC	52996602J
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97323392	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	07/05/2018 19:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/05/2018	Time of Accident hh:mm	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE PAYA LEBAR EXIT GOING TO CIRCUIT RD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 1085 #03-18	Address 2	EUNOS AVENUE 7A	Address 3	EUNOS INDUSTRIAL ESTA
Address 4	SINGAPORE 409535	Address Type	Singapore address	Post Code	409535
Unit No.	03-18	Related Policy Number	5093472359		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/07/1961
Unnamed driver Name	NG SOON HOON	Driver NRIC	S1496708G	Driving Experience	34
Register Date of Driver License	31/03/1984	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	97323392	Contact No.(Office)		Address 3	KALLANG BAHRU VILLE
Address 1	BLK 64 #05-361	Address 2	KALLANG BAHRU	Post Code	330064
Address 4	SINGAPORE 330064	Address Type	Singapore address		
Unit No.	05-361			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RAINFOREST GIFT SERVICES	Insured NRIC	52996602J
Contact No.(Mobile)	97323392	Contact No.(Home)		Contact No.(Office)	68440318
Email Address		OI Vehicle Number	GQ9688J	TP Vehicle Number	FBL35238
Claim Description	GQ9688J / FBL35238 ON 6 May 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/05/2018 19:35	Claim Close Date		Date Received	07/05/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/0993335	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2018 19:37		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal



Choose File No file chosen

Choose File No file chosen






















Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:37	SAS	Normal	SAS 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:37	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:36	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:36	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:36	Photos	Normal	Photos 2018-5-7
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:35	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:35	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:35	Photos	Normal	Photos 2018-5-7
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:35	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:35	Photos	Normal	Photos 2018-5-7

## Video List

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