

NATIONAL Assessment Centre Services (est. Jan 2005) <b>NA/18073882</b>			
Date In: <b>07/06/2018 11:31</b>	Job description:	Date & Time Completed	Done by
Ref No: <b>NA/18073882/0353/Y</b>	SAS e-filing		
Veh No: <b>FZ 827Z</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>07/06/2018 23:45</b>	i-Motor Claim Form	<b>NA/18073882-001</b>	<b>07/06/2018</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>11:57</b>
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SLP 7775A</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

<b>NA/1803615</b>	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idao 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: Idao Mobile \$0			
	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 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	07/06/2018 11:31
Date Of Accident	04/06/2018 23:45
Exact Location Of Accident	BUKIT PANJANG ROAD TOWARDS CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ827Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH AH BENG
NRIC No	S1052575F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94885581
Alternative Phone No	OTHERS-94885581

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
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	5094645249
Cover Note Number	

### Driver

Name of Driver	GOH AH BENG
NRIC No	S1052575F
Date Of Birth	23/11/1949
Occupation	INDOOR
Date Of Driving Pass	22/10/1973
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94885581
Fax Number	
Contact Number	OTHERS-94885581
EMail Address	NOEMAIL



Address	BLK 234 BUKIT PANJANG RING ROAD #04-13
Postcode	670234
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT/20180605/2159

#### 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	SLP7775A
Vehicle Make/Model/Colour	MERCEDES A45
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA JIA EN, KEITH
NRIC/Passport Number	S8835059F
Contact Number	93873713
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	GOH AH BENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ827Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

- X

✓

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



Vehicle A: FZ82  
Vehicle B: SL P71

Vehicle A: FZ827Z  
Vehicle B: SLP1175A

Refer to police report. T/20180605/2159

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

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

Reporting Centre Personnel's Signature  
Name: 202/1 W/H  
NRIC/FIN No.: 202/1 W/H

NRIC/FIN No.:



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20180605/2159

1 of 3

Report No T/20180605/2159

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made  
05/06/2018 21:40

Vide Report No.:  
T/20180605/2009

Station Diary No  
185

### Informant's Particulars

Name of Informant:  
GOH AH BENG

Address:  
APT BLK 234 BUKIT PANJANG RING ROAD #04-13  
SINGAPORE 670234

ID Type / ID No.  
NRIC NO / S1052575F

Contact No.:  
Home/Office: Mobile: 94885581

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 68 Date of Birth: 23/11/1949

Type of Informant:  
Rider

Race:  
Chinese

Language:

Institution / School Name

Occupation:  
Cleaner in offices and other  
establishments nec

Driving Licence Information:  
Class: 2B

Date of Expiry:

### General Information of the Accident

Type of Accident:  
Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
04/06/2018 23:45

Type of Location:  
Straight Road

Location:  
Along Road 1 Traveling Toward Road 2  
BUKIT PANJANG ROAD  
CHOA CHU KANG ROAD  
After traffic junction of Bangkit Road and Bukit Panjang Road

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Dual Carriage Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Light

Type of Collision:  
Between Moving Vehicles - Head To Rear

Anyone conveyed by  
ambulance:  
No

### Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FZ827Z	Motorcycle	HONDA	WAVE 125R A	Blue	Slightly Damaged	0
SLP7775A	Car	MERCEDES BENZ	A45	Grey		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ827Z	NTUC Income Insurance Co-Operative Limited	5094645249	06/10/2017	05/10/2018





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No. 1800-8929999



T/20180605/2159

2 of 3

Report No. T/20180605/2159

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>		ID No.	S1052575F
Name	GOH AH BENG		
Related Vehicle	FZ827Z (Motorcycle)	Contact No.	94885581
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/06/2018	Date Discharge	05/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>		ID No.	S8835059F
Name	CHUA JIA EN, KEITH		
Related Vehicle	SLP7775A (Car)	Contact No.	93873713
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.**

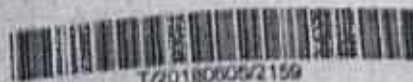
On 04/06/2018 at about 2345 Hrs, I was riding my motorbike FZ827Z travelling along Bukit Panjang Road towards Choa Cho Kang Road on the first lane of 3. Upon reaching the junction of Bukit Panjang Road and Bangkit Road I saw that the traffic light was green. Thus, I proceeded straight when suddenly V2 a silver Mercedes A45 SLP7775A collided onto the rear of my bike causing me to lose balance and fall. I then proceeded to Mount Alvernia for treatment as I suffered abrasion on my hands and legs and was given 7 days of MC.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20180605/2159

3 of 3

Report No: T/20180605/2159

**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:

J/

Staff Sgt NURSYAMIRA BINTE MAZLAN

*Sc/Sgt Rajkave*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDOUL AZIZ

Contact No.: 65476355

SN 117

Authentication Stamp

Signature: *[Signature]*

**Singapore Police Force**

Signature Of Informant:

*[Signature]*

Date/Time:

05/06/2018 21:40

Classification Of Case:

## Claim Handling

Accident MT/0997641

Policy No.	5094645249	Vehicle No.	F28272	GST Registration No.	
Policyholder Name	GOH AH BENG	Cover Type	Third Party	Policyholder NRIC	S1052575F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	94895581	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KFK	Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	07/06/2018 11:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	04/06/2018	Time of Accident(hh:mm)	23:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT PANJANG ROAD TOWARDS CHOA CHU KANG ROAD				

## 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 234 #04-13	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670234
Address 4		Address Type	Singapore address	Post Code	670234
Unit No.	04-13	Related Policy Number	5094645249		

## OI Driver Info

Driver Name	GOH AH BENG	Driver Type	Main Driver	Driver DOB	23/11/1949
Unnamed driver Name		Driver NRIC	S1052575F	Driving Experience	44
Register Date of Driver License	22/10/1973	Driver Age	68	Contact No.(Home)	
Contact No.(Mobile)	94895581	Contact No.(Office)		Address 3	SINGAPORE 670234
Address 1	BLK 234 #04-13	Address 2	BUKIT PANJANG RING ROAD	Post Code	670234
Address 4		Address Type	Singapore address		
Unit No.	04-13			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	F28272		

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes
-------------------------------------	------	-------------	-----

## Modification History

Claim 001 None

Claim Type *	OD-MX	Insured Name	GOH AH BENG	Insured NRIC	S1052575F
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	F28272	TP Vehicle Number	SLP7775A
Claim Description	F28272 / SLP7775A ON 4 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/06/2018 11:57	Claim Close Date		Date Received	07/06/2018 00:00
Report Taken By	80513 WAHAB				

PUSH AIR button

Save Submit

## Attachment

Accident No.	MT/0997641	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/06/2018 11:57
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:57	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:57	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:57	Photos	Normal	Photos 2018-6-7	Edit



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 07 Jun 2018 11:57	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 07 Jun 2018 11:57	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 07 Jun 2018 11:57	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 07 Jun 2018 11:57	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 07 Jun 2018 11:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 07 Jun 2018 11:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 07 Jun 2018 11:57	SAS	Normal	SAS 2018-6-7	<a href="#">Edit</a>

[Video List](#)

uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in new Window</a>	<a href="#">Scan and uploading</a>		

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04/06/2018 (dd/mm/yy) Time of Accident: 23 45 (24-HR-FORMAT)

Vehicle No.: F28272 Vehicle Make & Model: Honda Wave

Exact location of Accident: Subit Panyang Rd turns dead Chh Kang Rd

Policyholder's Name / IC No.: Proh Ah Bong / S1052575F

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 9488 5581

Company Contact No.: \_\_\_\_\_

Driver's Address: 23A Subit Panyang Ring Rd #04-13 S(670234)

Insurance Company: NTUC

Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job):** ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

**No. of Passengers (Including Driver):** 01

**Passenger Name:** \_\_\_\_\_

**Gender:** Male / Female

**Passenger Name:** \_\_\_\_\_

**Gender:** Male / Female

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: Subit Panyang NPC

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SLP 7775A <sup>(B)</sup>

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S1052575F



NAME  
**GOH AH BENG**  
**吴亞民**



Place  
**CHINESE**

Date of Birth  
**23-11-1949**

Sex  
**M**


Country of Birth  
**SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

	<b>EFFECTIVE DATE</b>
Class 2B Motorcycles $\leq$ 200 cc	22 Oct 1973
Class 2A Motorcycles between 201 cc and 400 cc	22 Oct 1973
Class 2 Motorcycles $>$ 400 cc	22 Oct 1973
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	02 Oct 1975

NP 428A

Licence No: S1052575F







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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094645249	GOH AH BENG	S1052575F	GMC	Third Party	FZ827Z	FZ827Z	06/10/2017	05/10/2018