

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MNA 118080279

Date In: 21/6/18 -18:09	Job description	Date & Time Completed	Done by
Ref No: 9A/INC 18011317/24	SAS e-filing		
Veh No: FBD9612E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/6/18-11:30	i-Motor Claim Form	M/0999573-001	21/6/18 19:18
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: 5JA424A	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

NA180935	Invoice Preparation Checklist	Ant (\$) Est. Bill	Ant (\$) 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*:		
	*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 \$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	21/06/2018 18:09
Date Of Accident	20/06/2018 11:30
Exact Location Of Accident	LOR AH SOO TWDS UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9612E
Insured/Policyholder	
Name Of Registered Owner	ONG WEE SENG
NRIC No	S8940723J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87231473
Alternative Phone No	OFFICE-87231473

Vehicle Particulars

Manufacturer	YAMAHA
Model	X1R 135 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073279861-02
Cover Note Number	

Driver

Name of Driver	ONG WEE SENG (WANG WEISHENG)
NRIC No	S8940723J
Date Of Birth	16/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87231473
Fax Number	
Contact Number	OFFICE-87231473
EMail Address	NOEMAIL

Address	BLK 561B JURONG WEST STREET 42 #09-1153
Postcode	642561
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	RAINING
Road Surface	WET

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?	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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180621/2104.

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	SJH424A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN POH PHENG
NRIC/Passport Number	S1688444H
Contact Number	85339622
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	ONG WEE SENG (WANG WEISHENG)
Approximate Age	
Injuries Sustain	ABRASION RIGHT ELBOW & LEFT LEG, NECK & BACK
Injured person in which vehicle?	FBD9612E
Were seat belts worn?	
Was this 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:

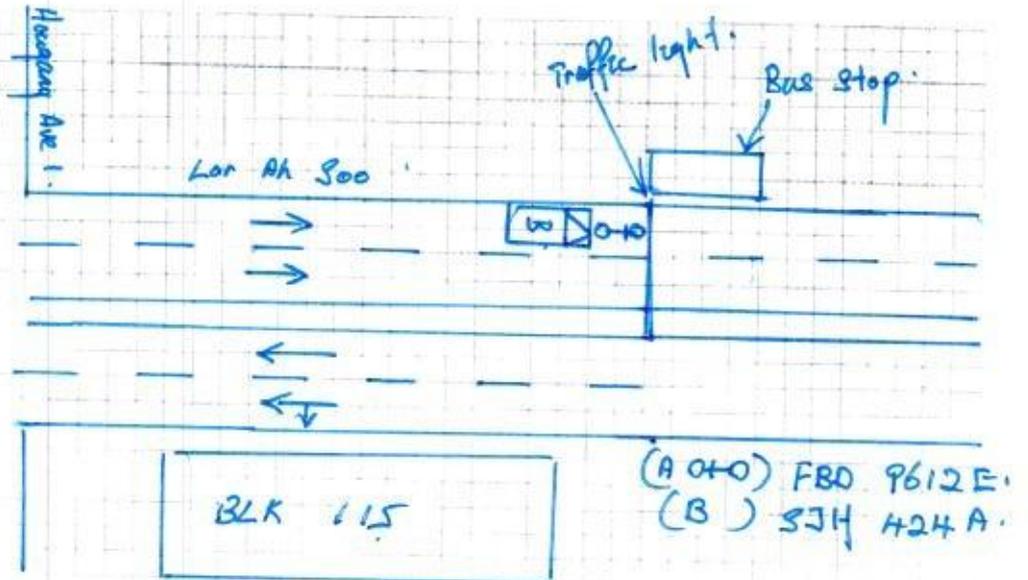


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

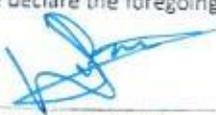


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/06/18 at @ 1130hrs. I stopped my motorcycle (FBD 9612E) along Lor Ah Soo towards Upper Paya Lebar opposite BLK 115 on the left lane due to red light. Suddenly, a vehicle (SJH 424A) ~~from~~ collided onto the rear portion of my motorcycle and causing me to fall from my bike. I was convey by ambulance to Raffles Hospital and was given 5 days mc.

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.:

Vehicle No.	FBD 9612 E	Model / Make	Yamaha X1R
Date of Accident	20/06/18		
Time of Accident	11 30 HRS		
Location of Accident	Lor Ah Soo towards Upper Paya Lebar (Opposite BLK 115)		
Exact purpose use during accident	Private Use		
Name of Owner	Ong Wee Seng		
Telephone No.	H/P: 8723 1473	Home:	Office:
NRIC	S8940723J		
Address	B/561B, Jurong West St 42 #09-1153 (S) 642561		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above if No,		
NRIC	S8940723J	Any Passengers:	N.A.
Date of birth	16/11/1989		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	03/03/2008		
Gender	Male	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	Owner
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Ong Wee Seng (H/P: 8723 1473)		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJH 424 A	Any Passengers:	N.A.
Name of Driver	TAN BOH PHENG	Contact No.:	-
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	
Accident Portion	Rear & Left Portion		
Camera Recorder	Yes	No	
Email Address			
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackie		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



**SINGAPORE
POLICE FORCE**



T/20180621/2104

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20180621/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 14:32		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: ONG WEE SENG			Address: APT BLK 561B JURONG WEST STREET 42 #09-1153 SINGAPORE 642561		
ID Type / ID No.: NRIC NO / S8940723J			Contact No.: Home/Office: Mobile: 87231473		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 16/11/1989	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DEBT COLLECTOR			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/06/2018 11:30	Type of Location: Straight Road
Location: Along Road 1 LORONG AH SOO Along Lorong Ah Soo Towards Upper Paya Lebar (Opposite Block 115)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
FBD9612E	Motorcycle	YAMAHA	X1R 135 M	Black	Seriously Damaged	0
SJH424A	Car	TOYOTA	Corolla Axio	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9612E	NTUC Income Insurance Co-Operative Limited	5073279861-02	29/09/2017	28/09/2018



**SINGAPORE
POLICE FORCE**



T/20180621/2104

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180621/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG WEE SENG	ID No.	S8940723J
Related Vehicle	FBD9612E (Motorcycle)	Contact No.	87231473
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	TAN POH PHENG	ID No.	S1688444H
Related Vehicle	SJH424A (Car)	Contact No.	85339622
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20th June 2018 at about 1130hrs, I was riding my bike bearing registration plate number FBD9612E along Lorong Ah Soo towards Upper Paya Lebar Road. Subsequently, I stopped my motorcycle along the mentioned road opposite Block 115 on the left lane as there was a traffic light for pedestrian crossing and it was red. I was the first bike to form on the lane.

Suddenly, a car bearing registration plate number SJH424A collided onto the rear portion of my motorcycle. Due to the collision, I fell together with my bike. Shortly after, both ambulance and traffic police came to scene and I was conveyed to Raffles Hospital for medical assessment. I did not notice the damages to my motorcycle and the car.

Due to the accident, I felt pain on the back of my neck and the back of my body. I also suffered abrasions on my right elbow and left leg near the ankle. I was discharged on the same day given 5 days MC from 20th June 2018 - 24th June 2018. I do not have any video footages of the accident. That's all.



**SINGAPORE
POLICE FORCE**



T/20180621/2104

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180621/2104

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 AHMAD BIN HASHIM	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	

Signature Of Informant: 
Date/Time: 21/06/2018 14:32
Classification Of Case:

Authentication Stamp
NP168



Owner / Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8940723J**

Name: **ONG WEE SENG
WANG WEISHENG**

Birth Date: **16 Nov 1989**
Issue Date: **11 Aug 2015**

002460201F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8940723J**



Name: **ONG WEE SENG
(WANG WEISHENG)**
王 伟 盛

Race: **CHINESE**

Date of birth: **16-11-1989** Sex: **M**

Country of birth: **SINGAPORE**

S8940723J

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	03 Mar 2008
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	26 Aug 2008

NP 428A

Licence No: S8940723J



4218528

NRIC No. **S8940723J**



Date of Issue
15-02-2008

APT BLK 561B JURONG WEST STREET 42 #09-1153
SINGAPORE 642561

NRIC No: **S8940723J**

Date: **20/12/2017**

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident: 20/06/2018 11:30

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073279861-02	ONG WEE SENG	S8940723J	GMC	Third Party, Fire & Theft	FBD9612E	FBD9612E	29/09/2017	28/09/2018

Continue

Policy Information

Policy No.	5073279861-02	Policyholder Name	ONG WEE SENG	Policyholder NRIC	S8940723J
Address	BLK 561B #09-1153 JURONG WEST STREET 42 SPRING HAVEN @ JURONG SINGAPORE 642561				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/08/2017	Effective Date	29/09/2017 00:00	Expiry Date	28/09/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 561B #09-1153	Address 2	JURONG WEST STREET 42	Address 3	SPRING HAVEN @ JURONG
Address 4	SINGAPORE 642561	Address Type	Singapore address	Post Code	642561
Unit No.	09-1153	Related Policy Number	5073279861-02		

Insured Object: FBD9612E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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