

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In 10/07/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18012555/13	SAS e-filing		
Veh No FL4141M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 03/07/18 2110	i-Motor Claim Form	MT/1002469 - 001	
OD (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKJ2088B 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

NA1804345

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		
	<u>For claiming against INC Only (wef 10 Jan 2005)</u>		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	<u>OD:</u>		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	10/07/2018 16:18
Date Of Accident	03/07/2018 21:10
Exact Location Of Accident	MARSILING LANE TWDS ADMIRALTY RD WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FC4141M
Insured/Policyholder	
Name Of Registered Owner	ONG KIM POH
NRIC No	S0353249F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97837741
Alternative Phone No	OTHERS-97837741

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXX
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	5100281940
Cover Note Number	

Driver

Name of Driver	ONG KIM POH
NRIC No	S0353249F
Date Of Birth	05/09/1946
Occupation	INDOOR
Date Of Driving Pass	03/09/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97837741
Fax Number	
Contact Number	OTHERS-97837741
EMail Address	NOEMAIL

Address	BLK 173 WOODLANDS ST 13 #02-423
Postcode	730173
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	SIDE SWIPE
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)	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

PLS REFER TO THE POLICE REPORT: T/20180706/2024

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	SKJ2088B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FRANCIS TANG
NRIC/Passport Number	
Contact Number	96162088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG KIM POH
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FC4141M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

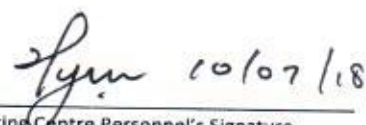
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

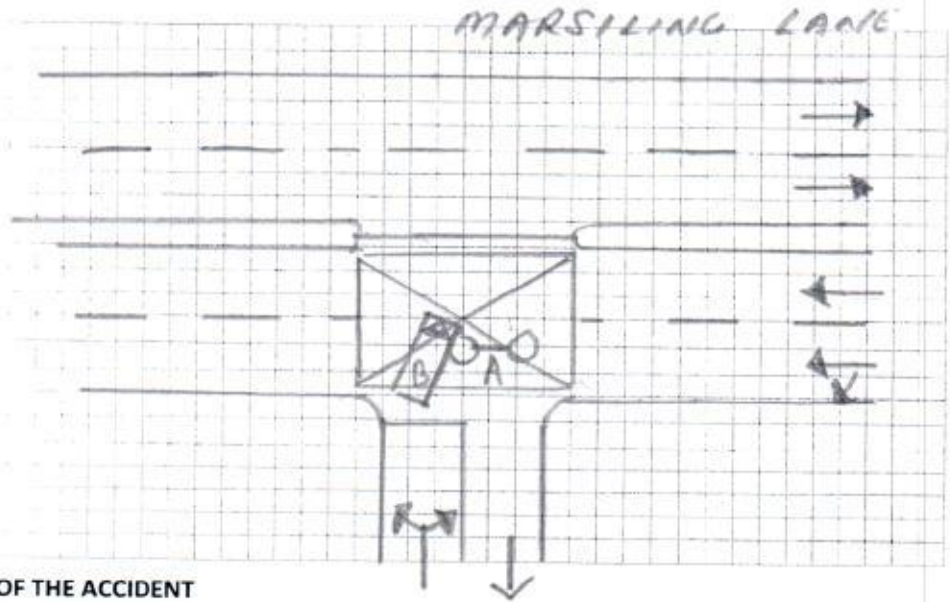

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

A- FC4141M
B- SKJ2088B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180706/2024

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:

 10/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180706/2024

1 of 3

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

Report No. T/20180706/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2018 09:55	Vide Report No.: J/20180703/0241	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG KIM POH			Address: APT BLK 173 WOODLANDS ST 13 #02-423 HDB- WOODLANDS SINGAPORE 730173		
ID Type / ID No.: NRIC NO / S0353249F			Contact No.: Home/Office: Mobile: 97837741		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 05/09/1946	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/07/2018 21:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MARSILING LANE ADMIRALTY ROAD WEST				
Weather: Clear		Road Surface: Wet DRY		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FC4141M	Car	YAMAHA	RXK	Blue	Slightly Damaged	0
SKJ2088B	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FC4141M	NTUC Income Insurance Co-Operative Limited	5100281940	27/04/2018	26/04/2019



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG KIM POH	ID No.	S0353249F
Related Vehicle	FC4141M (Car)	Contact No.	97837741
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	NIL
Driver			
Name	FRANCIS TANG	ID No.	NIL
Related Vehicle	SKJ2088B (Car)	Contact No.	96162088
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 ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS RIDING ON LANE 2 OF MARSILING LANE. I WAS TRAVELLING STRAIGHT , THE CAR MENTIONED ABOVE TURNED RIGHT OUT OF MARSILING LANE BLOCK 7 CARPARK AND COLLIDED INTO THE LEFT SIDE OF MY VEHICLE. AFTER THE ACCIDENT, HE STOPPED TO HELP ME. HE SAID THAT HE DID NOT SEE ME. THERE WAS A POLICE OFFICER TRAVELLING BEHIND WHO WITNESSED THE ACCIDENT AND CAME TO THE SCENE. I WAS INJURED DUE TO THE ACCIDENT AND WAS CONVEYED TO KHOO TECK PUAT HOSPITAL. I SUFFERED ABRASIONS OF MY LEFT LEG AND RIGHT HAND. I ALSO HAVE AN INJURY ON MY LEFT ARM. I RECEIVED 14 DAYS MC.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20180706/2024

3 of 3

Report No. T/20180706/2024

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

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:
TP /
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Rennie

Date/Time:
06/07/2018 09:55

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: *[Signature]*

N1: 9783774

Rxk. FC 4141M

DATE IN 10 07 2018

Time 1:50 PM

Accident

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0353249F



ONG KIM POH

Race
CHINESE
Date of Birth
05-09-1946 Sex
M
Country of Birth
SINGAPORE



NRIC No S0353249F



Blood Group B+ Date of issue 13-01-1999

Address
APT BLK 173 WOODLANDS STREET 13
#02-423
SINGAPORE 730173

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0353249F

ONG KIM POH

Birth Date 05 Sep 1946
Issue Date 21 Feb 2003



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

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc

03 Sep 1977
03 Sep 1977
03 Sep 1977

License No: S0353249F

NE 428A

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"/>	5100281940	ONG KIM POH	S0353249F	GMC	Third Party	FC4141M	FC4141M	27/04/2018	26/04/2019

Claim Handling

Accident MT/1002469

Policy No.	S100281940	Vehicle No.	FC4141M	GST Registration No.	
Policyholder Name	ONG KIM POH			Policyholder NRIC	S0353249F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97837741	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	10/07/2018 18:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/07/2018	Time of Accident hh:mm	21:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARSILING LANE TWDS ADMIRALTY RD WEST				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 173 #02-423	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730173
Address 4		Address Type	Singapore address	Post Code	730173
Unit No.		Related Policy Number	S100281940		
01 Driver Info					
Driver Name	ONG KIM POH	Driver Type	Main Driver	Driver DOB	05/09/1946
Unnamed driver Name		Driver NRIC	S0353249F	Driving Experience	40
Register Date of Driver License	03/09/1977	Driver Age	71	Contact No.(Home)	0
Contact No.(Mobile)	97837741	Contact No.(Office)	0	Address 3	SINGAPORE 730173
Address 1	BLK 173	Address 2	WOODLANDS STREET 13	Post Code	730173
Address 4		Address Type	Singapore address		
Unit No.	#02-423				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ONG KIM POH	Insured NRIC	S0353249F
Contact No.(Mobile)	97837741	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address	nil@verified.cc	01 Vehicle Number	FC4141M	TP Vehicle Number	SKJ2088B
Claim Description	FC4141M / SKJ2088B ON 3 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	10/07/2018 00:00
Date Registered	10/07/2018 18:59	Claim Close Date			
Report Taken By	ROSLINDA				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1002469	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/07/2018 19:00		
Path *					
Choose File	No file chosen	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

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:00	SAS	Normal	SAS 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:00	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:00	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:59	Photos	Normal	Photos 2018-7-10
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 18:59	Photos	Normal	Photos 2018-7-10

Video List

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