

NATIONAL Assessment Centre Services [wef 10 Jan 05]

Date In: 07/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18016363/13	SAS e-filing		
Veh No: FBJ50247	E-mail (w/ 2hrs, 8hrs, AIC 2hrs)		
D.O.A: 07/09/18 0720	i-Motor Claim Form		
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**MOTO 51**) Tel: Fax:)

TP Particulars:	Veh No: FBG1535G	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac 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: Idac Mobile 30		
	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	07/09/2018 14:28
Date Of Accident	07/09/2018 07:20
Exact Location Of Accident	CHOA CHU KANG RD TWDS BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ5024Y
Insured/Policyholder	
Name Of Registered Owner	TAN, TIEN SIN
NRIC No	S7825175A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91914419
Alternative Phone No	OTHERS-91914419
Vehicle Particulars	
Manufacturer	HONDA
Model	NX400
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00307349/02
Cover Note Number	
Driver	
Name of Driver	TAN, TIEN SIN
NRIC No	S7825175A
Date Of Birth	02/09/1978
Occupation	INDOOR
Date Of Driving Pass	07/04/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91914419
Fax Number	
Contact Number	OTHERS-91914419
EMail Address	NOEMAIL

Address	BLK 171 BUKIT BATOK WEST AVE 8 #05-357
Postcode	650171
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?	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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180907/2030

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG1535G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SUHAIMI
NRIC/Passport Number	
Contact Number	92390405
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFR7373L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROONIE CHAN
NRIC/Passport Number	
Contact Number	81283320
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN, TIEN SIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBJ5024Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

Signature

Policyholder's Signature
Date & Time:

Signature

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

Signature 07/09/18

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



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180907/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2018 11:23	Vide Report No.: J/20180907/0057	Station Diary No.: 31
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: TAN TIEN SIN		Address: APT BLK 171 BUKIT BATOK WEST AVENUE 8 #05-357 SINGAPORE 650171	
ID Type / ID No.: NRIC NO / S7825175A		Contact No.: Home/Office: Mobile: 91914419	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 02/09/1978	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: AIRCRAFT TECHNICIAN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/09/2018 07:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG ROAD BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBG1535G	Motorcycle	YAMAHA	FZ			0
FBJ5024Y	Motorcycle	HONDA	NX400	Black		0
SFR7373L	Car	LEXUS				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180907/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5024Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00307349/02	30/06/2016	26/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SUHAIMI	ID No.	NIL	
Related Vehicle	FBG1535G (Motorcycle)	Contact No.	92390405	
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	
Rider				
Name	TAN TIEN SIN	ID No.	S7825175A	
Related Vehicle	FBJ5024Y (Motorcycle)	Contact No.	91914419	
Hospital/Clinic	LIGHTHOUSE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	07/09/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	07	Degree of Injury	Slight	
Driver				
Name	ROONIE CHAN	ID No.	NIL	
Related Vehicle	SFR7373L (Car)	Contact No.	81283320	
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	



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Brief Details.

On 07 Sept 2018 at about 7.20am, I was riding my motorcycle (FBJ5024Y) along Choa Chu Kang Road towards Bukit Batok Road and I was on the left lane out of a two lane. I noticed that there was a bus who signalled right and was exiting out from the bus stop. As I was also approaching the mandatory give way yellow box, I slowed down and was coming to a stop before the yellow box. Suddenly, I felt an impact from the rear causing me to fall, where another bike (FBG1535G), hit onto the rear of my bike. Subsequently, I looked behind and noticed a car (SFR7373L) who was also involved in the accident where the car driver hit onto the bike FBG1535G. Thereafter, ambulance came and conveyed the rider of bike FBG1535G to the hospital. Traffic Police was also at scene vide: J/20180907/0057. Due to the accident, I went to consult a doctor and was given a 7 days MC.

10/18
SINGAPORE POLICE FORCE
SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20180907/2030

4 of 4

Report No. T/20180907/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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: E / Staff Sgt TAN AI HWEE, TERESA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2018 11:23
Officer In Charge Of Case: TP / GIT / SI NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;">  SINGAPORE POLICE FORCE </div> <div style="float: right; border: 1px solid black; padding: 5px; display: inline-block;"> SN 061 </div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 10px; text-align: center;">  SIGNATURE </div>

Vehicle No.	FBJ 5024 Y	Model / Make	Honda NX 400
Date of Accident	07/09/2018		
Time of Accident	0720	HRS	
Location of Accident	CHOA CHU KANG RD / BUKIT BATOK RD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	TAN TIEN SIN		
Telephone No.	H/P: 91914419	Home :	Office :
NRIC	S 7825175 A		
Address	306 171 BUKIT BATOK WEST AVE 8 #05-357 S (650171)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	DIRECT ASA		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	MC / 00307349 / 02		
Name of Driver	As Above If No,		
NRIC	Any Passengers :		
Date of birth	02 SEP 1978		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	31 OCT 2000 CLASS 2A		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	<u>Owner</u>
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	If <u>Yes</u> , Who?	
Name And Contact No.	TAN TIEN SIN, 91914419		
Name And Contact No.			
Police Report	No,	If <u>Yes</u> , Where?	<u>BISHAN NPC</u>
Vehicle B No.	FBJ 1535 G	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SFR 7373 Z	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	Witness Contact :		
Accident Portion	REAR FALL ON RIGHT.		
Camera Recorder	<u>Yes</u> / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
PARTICULAR WORKSHOP	MOTO 51 PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7825175A



Name
TAN TIEN SIN

陳天星

Race
CHINESE
Date of birth: 02-09-1978
Sex: M
Country/Place of birth:
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7825175A

Name:
TAN TIEN SIN

Birth Date: 02 Sep 1978

Issue Date: 02 Apr 2018



5484157



NRIC No. S7825175A



Date of issue
13-06-2015

Address

APT. BLK 171 BUKIT BATOK WEST AVENUE 8
#05-357
SINGAPORE 650171

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	07 Apr 1999
Class 2A	Motorcycles between 201 cc and 400 cc	31 Oct 2000

NP 428A





Contact us at
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

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.	:	MC/00307349/02
Type of Coverage	:	Comprehensive Cover
1) Vehicle Registration No.	:	FBJ5024Y
Chassis No.	:	JH2NC4792EK000013
2) Name of Policy Holder	:	TAN, TIEN SIN
3) Effective Date of Commencement of Insurance for the Purpose of the Act	:	27/06/2018
4) Date of Expiry of Insurance	:	26/06/2019
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured		
(b) A named driver who is driving on the Insured's order or with his permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
6) Limitations as to use*		
Use only for private purposes, in accordance with the declared motorcycle 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
Policy Excess	:	S\$ 600.00
Main driver	:	TAN, TIEN SIN
Important Note: The policy only cover the main driver and the following named driver: No named driver declared		
Finance Company / Hire Purchase	:	

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: 08/05/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur
Chief Underwriting Officer