

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA1819787

Date In: 15/4/19 - 11:37	Job description	Date & Time Completed	Done by
Ref No: 144/6A21801859/24	SAS e-filing		
Veh No: PDL275U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 18/6/19 - 09:20	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: JHD 8583 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%. P: 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		Amt (\$)	Amt (\$)
			Int 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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
Cat. 2/3:	OD*			
	*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			
	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 willful 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	15/09/2018 11:37
Date Of Accident	18/06/2018 08:20
Exact Location Of Accident	CTE (AYE) BETWEEN AMK AVE 1 & AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2135U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KONG WEN BIN
NRIC No	S9139687D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94575810
Alternative Phone No	OFFICE-94575810

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVM000002781-00-001
Cover Note Number	

#### Driver

Name of Driver	KONG WEN BIN
NRIC No	S9139687D
Date Of Birth	22/10/1991
Occupation	INDOOR
Date Of Driving Pass	01/01/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94575810
Fax Number	
Contact Number	OFFICE-94575810
Email Address	NOEMAIL

Address	BLK 637A YISHUN AVENUE 4 #09-630
Postcode	761673
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?	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)	2
Passenger 1	NAME: : LOW SHI CHIA GENDER: : FEMALE

#### 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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180630/7006.

#### 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	SHD858B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KONG WEN BIN
Approximate Age	
Injuries Sustain	HAND
Injured person in which vehicle?	FBL2135U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LOW SHI CHIA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL2135U
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.:



## SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 18/06/2018 (DD/MM/YY) Time: 08:19 (HH:MM)
Exact location of accident	CTE towards AYE in between AMK ave 1 and 5 exit

Details of vehicle

Vehicle registration number	P8L 2135 U
Vehicle make and model	Honda CB150R
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/>
Purpose of using at said time	Fetching wife
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	Great American
Policy number	MMVM000002781-00-000
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input checked="" type="checkbox"/>

Insured / Policy holder

Name	Long Wen Bin	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 9139 687D	
Contact	9457 5210	
Address	673A Yishun Ave 4 # 09-650 S 761 673	

DriverSame as insured above  (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	22 Oct 1991	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	11/1/2012	

**General information of the accident**

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

**Passenger 1**

Name	Kong Wen Bin (Driver)
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

**Passenger 2**

Name	Lau Shi Chiu
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

**Passenger 3**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Passenger 4**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Passenger 5**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Passenger 6**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Other information**

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Details of police action**

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	TP HQ

**Third party vehicle 1**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	PHD 858B
Vehicle make model	

**Third party vehicle 2**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 3**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 4**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 5**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 6**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Fong Wen Bin
Injuries sustained	Both hand
Which vehicle person in?	FBL 2135 U
Were seat belts worn?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	Low Shi Ching
Injuries sustained	Body
Which vehicle person in?	FBL 2135 U
Were seat belts worn?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KONG WEN BIN	ID No.	S9139687D
Related Vehicle	FBL2135U (Motorcycle)	Contact No.	94575810
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	22/06/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Pillion</b>			
Name	Low Shi Chia	ID No.	S9245385E
Related Vehicle	FBL2135U (Motorcycle)	Contact No.	98511825
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	15	Degree of Injury	Slight

**Brief Details.**

I was riding FBL2135U along CTE towards AYE between Ang Mo Kio Avenue 1 and Ang Mo Kio Avenue 5 exit. I was riding with my wife as pillion behind me along the second lane from the right. Suddenly, a red taxi swerved out of the extreme right lane onto the lane in front of me, causing my motorcycle to collide into it. It was instantaneous. I and my wife sustained injuries and we were brought by ambulance to Tan Tock Seng Hospital for medical treatment.



**SINGAPORE  
POLICE FORCE**



T/20180630/7006

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

3 of 3

Report No. T/20180630/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
30/06/2018 15:51

Classification Of Case:





**SINGAPORE  
POLICE FORCE**

**TRAFFIC POLICE  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865  
Tel : 65470000  
[www.police.gov.sg](http://www.police.gov.sg)**

**Private & Confidential**

KONG WEN BIN

APT BLK 673A YISHUN AVENUE 4 #09-630  
SINGAPORE 761673

S9139687D  
(2B/3)

C001414568

\$25/-  
(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE  
DELIVERY OF YOUR PHOTOCARD  
DRIVING LICENCE**

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

**You can drive while awaiting the delivery of your photocard driving licence**

Please turn overleaf for important notes.

## CERTIFICATE OF INSURANCE

- Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000002781-00-001	Cover	: Motor Cycle (Third Party Only)
Policyholder Name	: Kong Wen Bin	Chassis Number	: LWBMC4695H1101892
NCD Entitlement	: Nil	Engine Number	: MC46E5010628
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE	Registration Number	: FBL2135U
Period of Insurance	: From 31/05/2018 (00:00) To 14/05/2019 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- The Primary Rider
- Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business
- Use for any purpose in connection with Motor Trade

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1) : N/A

Excess (Section 2) : N/A

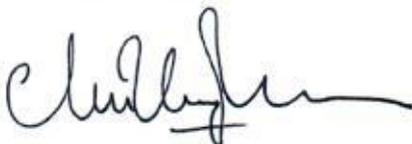
### Driver Details

Primary Rider	: Kong Wen Bin
Named Rider 1	: Alvin Huang Yancheng
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 02/08/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

*mlow*