

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MNA118145492**

Date In: 10/11/2018 09:18	Job description	Date & Time Completed	Done by
Ref No: NA/MNC/20376/Y	SAS e-filing		
Veh No: PA 2471 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/11/2018 12:30	I-Motor Claim Form	MTH1019175-001	10/11/2018
OD / TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10/19
	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: **F3M 3046 G** 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 (w/line: 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	Action

NA1807288 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Sat. 1: 2 / 3:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services:- Q1: *NS: Courtesy Car / Tpl Allowance \$5 *NG: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 IF (N11): TP (Non INC) against INC \$20 9) N12: Idao Mobile \$0 Invoice dated Fee Charged Invoice dated Fee Charged	Add Bill
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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 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. 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	10/11/2018 09:18
Date Of Accident	09/11/2018 12:30
Exact Location Of Accident	ALONG TAMPINES CENTRAL 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA2471R
Insured/Policyholder	
Name Of Registered Owner	GOH POH SOON
NRIC No	S1780339E
Email Address	GOHPOHsoon54@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90225968
Alternative Phone No	OTHERS-90225968

Vehicle Particulars

Manufacturer	NISSAN
Model	SM217L-6.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5044587532-08
Cover Note Number	

Driver

Name of Driver	GOH POH SOON
NRIC No	S1780339E
Date Of Birth	04/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1995
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90225968
Fax Number	
Contact Number	OTHERS-90225968
EEmail Address	GOHPOHsoon54@GMAIL.COM

Address	BLK 209 SERANGOON CENTRAL #02-288
Postcode	550209
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	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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181109/2128

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM3046G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 UNKNOWN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBM3046G

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.
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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.:

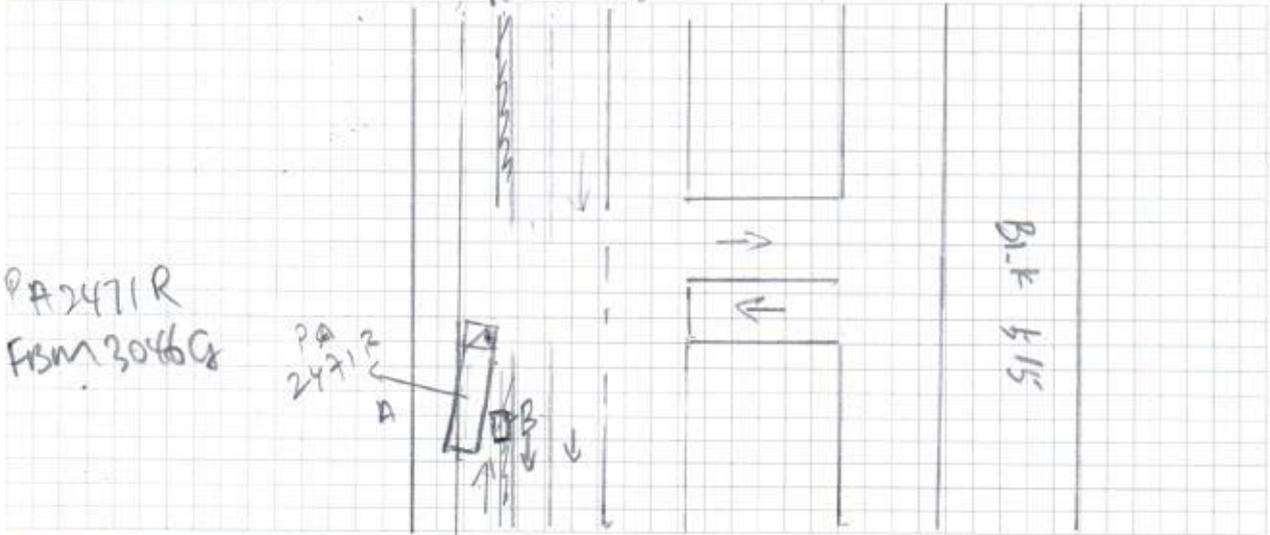


10/11/2018
Rishi Kumar

SKETCH PLAN

Along Company Carpark 7

- A) PA2471R
- B) FSM3046G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*AS REFER TO Police Report
7/2018/109/2128*

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.:

10/11/2018
Kepli Lim Hoos



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2018 17:17	Vide Report No.: G/20181109/0101	Station Diary No.: 92
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Informant's Particulars			
Name of Informant: GOH POH SOON		Address: APT BLK 209 SERANGOON CENTRAL #02-288 SINGAPORE 550209	
ID Type / ID No.: NRIC NO / S1780339E		Contact No.:	Mobile: 90225968
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 04/09/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2018 12:30	Type of Location:
Location: Along Road 1 TAMPINES CENTRAL 6 Tampines Central 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3046G	Motorcycle					0
PA2471R	Bus/Coach/Minibus (School Children)	NISSAN	SM217L	Multi-Colored		5

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20181109/2128

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20181109/2128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PA2471R	NTUC Income Insurance Co-Operative Limited	5044587532-08	08/07/2018	07/07/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH POH SOON	ID No.	S1780339E
Related Vehicle	PA2471R (Bus/Coach/Minibus (School Children))	Contact No.	90225968
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 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 date, time and location I was on the second lane of a four lane road, turning right towards Blk 515 Tampines Central 7. One motorcycle bearing registration FBM3046G hit the right front side portion of my vehicle. I wish to state that the motorcyclist was trying to squeeze from my right and I had CCTV footages of the incident.



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

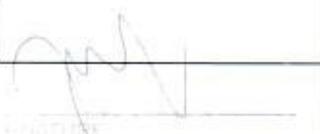
CONTINUATION OF REPORT

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 / Sr Staff Sgt MUHAMMAD HADIZ AMINURACID BIN JOHAR
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433

Signature Of Informant: 
Date/Time: 09/11/2018 17:17
Classification Of Case: 

Authentication Stamp
NP168

Claim Handling

Accident MT/1019175

Policy No.	5044587532-08	Vehicle No.	PA2471R	GST Registration No.
Certificate No.				
Policyholder Name	GOH POH SOON			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90225968	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ **Accident Details**

Report Date	10/11/2018 10:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/11/2018	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG TAMPINES CENTRAL 7			

▼ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	1,500.00	Outside Singapore TP Excess		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 209 #02-288	Address 2	SERANGOON CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5061087086-05	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	GOH POH SOON	Driver NRIC	S1780339E	Driving Experience
Register Date of Driver License	09/09/1995	Driver Age	52	Contact No.(Home)
Contact No.(Mobile)	90225968	Contact No.(Office)		Address 3
Address 1	BLK 209 #02-288	Address 2	SERANGOON CENTRAL	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	PA2471R	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	QD-MX	Insured Name	GOH POH
Contact No.(Mobile)	90225968	Contact No. (Home)	6669159
Email Address	GOHPOH500N54@GMAIL.COM	OI Vehicle Number	PA2471R
Claim Description	PA2471R / FBM3046G ON 9 Nov 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	10/11/2018 10:09	GIA report	Received
Report Taken By	ROS LI WAHAB		
Print AK letter		Claim Close Date	

Save Submit

Attachment

Accident No. MT/1019175 Claim No. 001
 Last Doc. Received Yes No Upload Date 10/11/2018 10:19

Path *	Category *	Confidential
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Message Read	Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:19	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:19	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:19	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:19	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:10	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:10	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Nov 2018 10:10	SAS	Normal	SAS 203

Video List

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

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1780339E



Name
 GOH POH SOON

吴宝顺
 Race
 CHINESE

Date of Birth 04-09-1966 Sex M
 Country of Birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1780339E
 Name
 GOH POH SOON

Birth Date 04 Sep 1966
 Issue Date 15 Mar 2003



Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1780339E
 Name GOH POH SOON

Issue Date 4/12/2014

Please visit www.lta.gov.sg to check the status of this vocational licence



01337



NRIC No. S1780339E



Blood Group Date of issue
 AB+ 19-07-1994

APT BLK 209 SERANGOON CENTRAL #02-288
 SINGAPORE 550209
 NRIC No. S1780339E Date: 27/02/2010 No: 6429942

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Apr 1998
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Sep 1995
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7200 kilograms	16 Dec 1995

Licence No. S1780339E



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	20/02/1995



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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5044587532-08		GOH POH SOON	S1780339E	GBS	Third Party	PA2471R	PA2471R	08/07/2018	07/07/2019