

NATIONAL Assessment Centre Services.

(wef 1 Jan 2003)

19 MAY 18 152968

Date In: 28/11/2018 09:37	Job description	Date & Time Completed	Done by
Ref No: NGA/INC/8021448/4	SAS e-filing		
Veh No: BE 5356R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 22/11/2018 08:45	I-Motor Claim Form	17/10/2018 001	28/11/2018 18:13
OID / 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: SHC4497M	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: (\$	Landing: \$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: ()

Repair ()	INC ()	QW ()	Wksp ()	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	Assigns

Client's Particulars	Invoice Particulars
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/145
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	* NS: Courtesy Car / Tpl Allowance \$5
	* NG: Repair Coordination \$10
	* NT: Post Repair Inspection \$25
	* ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (NI) INC against INC \$20
	NI: Idea 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 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	28/11/2018 09:37
Date Of Accident	22/11/2018 08:45
Exact Location Of Accident	ALONG GUL CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5356R
Insured/Policyholder	
Name Of Registered Owner	TAN SOON HEE
NRIC No	S0440797J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81811161
Alternative Phone No	OTHERS-81811161

Vehicle Particulars

Manufacturer	PIAGGIO
Model	MP3-399CC IE 400 (A)
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	5043751252-08
Cover Note Number	

Driver

Name of Driver	TAN SOON HEE
NRIC No	S0440797J
Date Of Birth	29/05/1947
Occupation	INDOOR
Date Of Driving Pass	03/12/1968
Driving Experience	49 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81811161
Fax Number	
Contact Number	OTHERS-81811161
Email Address	NOEMAIL

Address	BLK 89 DAWSON ROAD #28-06
Postcode	142089
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181122/2121

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	SHC4497M
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	TAN SOON HEE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE5356R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.

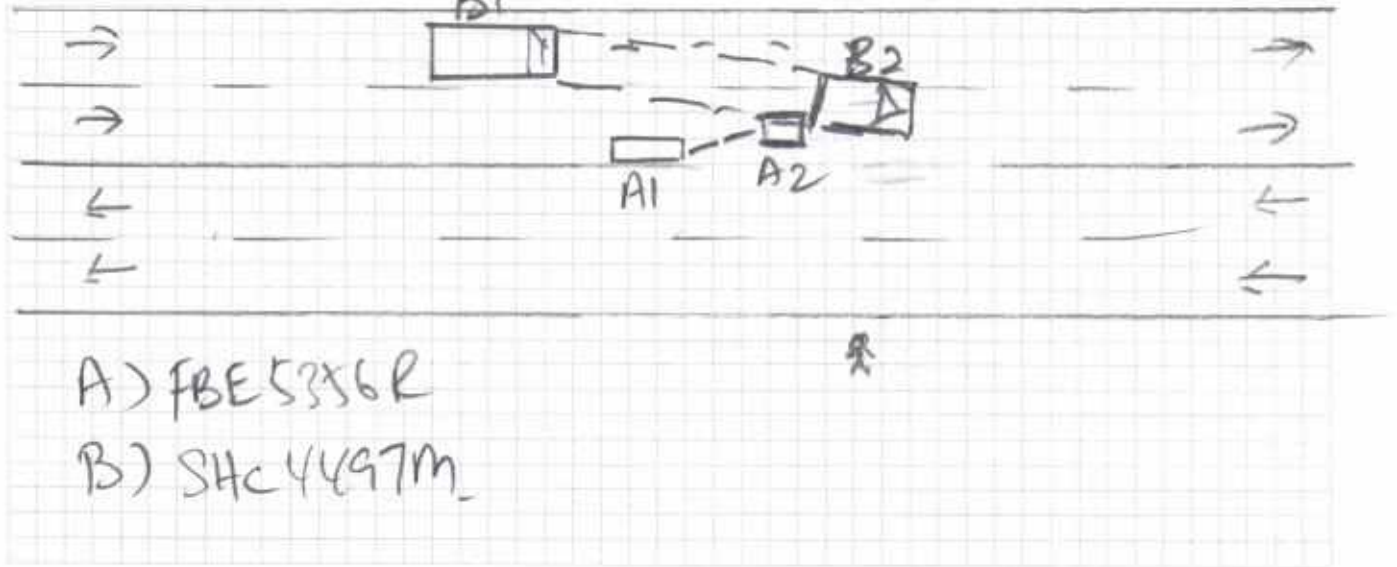
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No.: *960112345678*

SKETCH PLAN

ALONG GUL CIRCLE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
T/2018/22/221

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: 20/6/2018
NRIC/FIN No.: Rosalinda



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181122/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2018 15:36	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: TAN SOON HEE		Address: APT BLK 89 DAWSON ROAD #28-06 SINGAPORE 142089	
ID Type / ID No.: NRIC NO / S0440797J		Contact No.: Home/Office: Mobile: 81811161	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 71	Date of Birth: 29/05/1947	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: UNEMPLOYED		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: 22/11/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 GUL CIRCLE				
Along Gul Circle				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5356R	Motorcycle	PIAGGIO	MP3 400 I.E.	Black		0
SHC4497M	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5356R	NTUC Income Insurance Co-Operative Limited	5043751252-08	20/05/2018	19/05/2019



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181122/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN SOON HEE	ID No.	S0440797J
Related Vehicle	FBE5356R (Motorcycle)	Contact No.	81811161
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 2/1/2018 at about 0845hrs, I was riding my motorcycle (SBE5356R) along Gul Circle to work. I was riding on the left lane of the 2 lane road. Upon reaching the road in front 162 Gul Circle, I made a lane switch to the right lane as to overtake the Comfort taxi (SHC4497M) that was in front of my motorcycle. Subsequently, the said taxi make a quick lane change to the right lane that I was riding.

Upon seeing the said taxi, I applied my brake however I could not stop in time. As a result, my said motorcycle collided to the right rear bumper of the said taxi. After which, Traffic Police was called for assistance. I was also conveyed to Ng Teng Fong Hospital for treatment.



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181122/2121

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:

D /

Sgt 1 PHOON KOK WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/11/2018 15:36

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168

Accident NT/1021694

Modification History

Claim 001 NEW

Claim Type *	OD-MX		Insured Name	TAN SOON HEE	Insured NAJC	SO445
Contact No.(Mobile)	MIR11161		Contact No. (Home)	62768820	Contact No. (Office)	
Email Address			CI		TP	
			Vehicle Number	FBES336R	Vehicle Number	SHC44
Claim Description	FBES336R / SHC4457M ON 22 Nov 2018				Name of Preferred Workshop	
Preferred Workshop Estimated No. Finalisation	Insured Liability	Not at fault	GIA report	Received		
Date Registered	28/11/2018 11:11	Claim Close Date	28/11/2018 11:11	Date Received	28/11/2018 11:11	
Report Taken By	WDSLI WANAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1021694	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/11/2018 11:13

Path *	Category *	Confidential	Urgency *	Desc
<div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div>	<div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div>	<div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div>	<div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	PS
NAC_BLIKIT_MERAH_R006764 NATIONAL ASSESSMENT CENTRE SERVICE S.BUNUT MERAH 10.26 NOV 2018.11.15		Photos	Normal	Photos 2018-11-26	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:13	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:13	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:13	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:13	Photos	Normal	Photos 2018-11-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:12	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:12	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 11:11	SAS	Normal	SAS 2018-11-28

Video List

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0440797J



Name
TAN SOON HEE

陳舜喜

Race
CHINESE

Date of Birth
29-05-1947

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0440797J

Name
TAN SOON HEE

Birth Date 29 May 1947

Issue Date 06 Jun 2003




1313074




NRIC No. S0440797J

Board Group: AB+ Date of issue: 28-09-1993

APT BLK 89 DAWSON ROAD #28-06
SINGAPORE 142089

NRIC No: S0440797J Date: 08/11/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	03 Dec 1968
Class 2A	Motorcycles between 201 CC and 400 CC	03 Dec 1968
Class 2	Motorcycles > 400 CC	03 Dec 1968
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Nov 1968

S0440797J S/No. 9000158362

NP 425



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/11/2018 09:51"/>
Vehicle No. (For Motor)	<input type="text" value="FBE5356R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5043751252-08		TAN SOON HEE	50440797J	GMC	Third Party, Fire & Theft	FBE5356R	FBE5356R	20/05/2018	19/05/2019