

# NATIONAL Assessment Centre Services

(ver 1.1/2009)

MA/18/58318

Date In: 07/12/2018 14:18  
Ref No: NBA/MC/0220434  
Veh No: PBH 1254C  
D.O.A: 03/12/2018 17:20  
OD: TP Reporting Only

Job description: SAS e-illing  
Date & Time Completed: 07/12/2018 15:05  
Done by: MT/1022955-001  
E-mail (within 2hrs, AIC 2hrs)  
I-Motor Claim Form  
I-Motor W/O (Within 100 hrs, TP 1hrs)  
I-Photo Uploaded  
Assessment/Survey Report  
Ass't Report by Fax/Hand to Owner/WKSP

TP Insurer:

Preferred WKSP / INC Assign WKSP / OW: (

Tel:

Fax:

TP Particulars: Yeh No: UNKNOWN TAXI

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: UNR hotline 6788 60167

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:

18/08/2018

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Notes/Comments:

U.I:

17/3:

## Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$30)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$130
- 5) XT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: New DA + SMRT Survey \$160
- 8) NTUC Additional Services
- 9) QI
- 10) NI: Courtesy Car / Tpl Allowance \$3
- 11) NI: Repair Coordination \$10
- 12) NI: Post Repair Inspection \$25
- 13) NI: DY / Collect Excess Coordination \$3
- 14) TP (Nil) / TP (Non-INC) against INC \$20
- 15) NI: Idone Mobile \$0

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	07/12/2018 14:18
Date Of Accident	03/12/2018 17:20
Exact Location Of Accident	IN FRONT OF BLK 2 JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1254L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO ENG SOO
NRIC No	S0028227H
Email Address	ENGSOOYEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90624467
Alternative Phone No	HOME-90624467
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5065401073-04
Cover Note Number	
<b>Driver</b>	
Name of Driver	YEO ENG SOO
NRIC No	S0028227H
Date Of Birth	30/07/1954
Occupation	INDOOR
Date Of Driving Pass	09/11/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90624467
Fax Number	
Contact Number	HOME-90624467
Email Address	ENGSOOYEO@GMAIL.COM

Address BLK 786C WOODLANDS DRIVE 60  
#07-75  
Postcode 733786  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
Weather Conditions DRIZZLING  
Road Surface WET

#### 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 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

PLEASE REFER TO POLICE REPORT T/20181204/2077

#### 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 UNKNOWN  
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	YEO ENG SOO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH1254L
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.



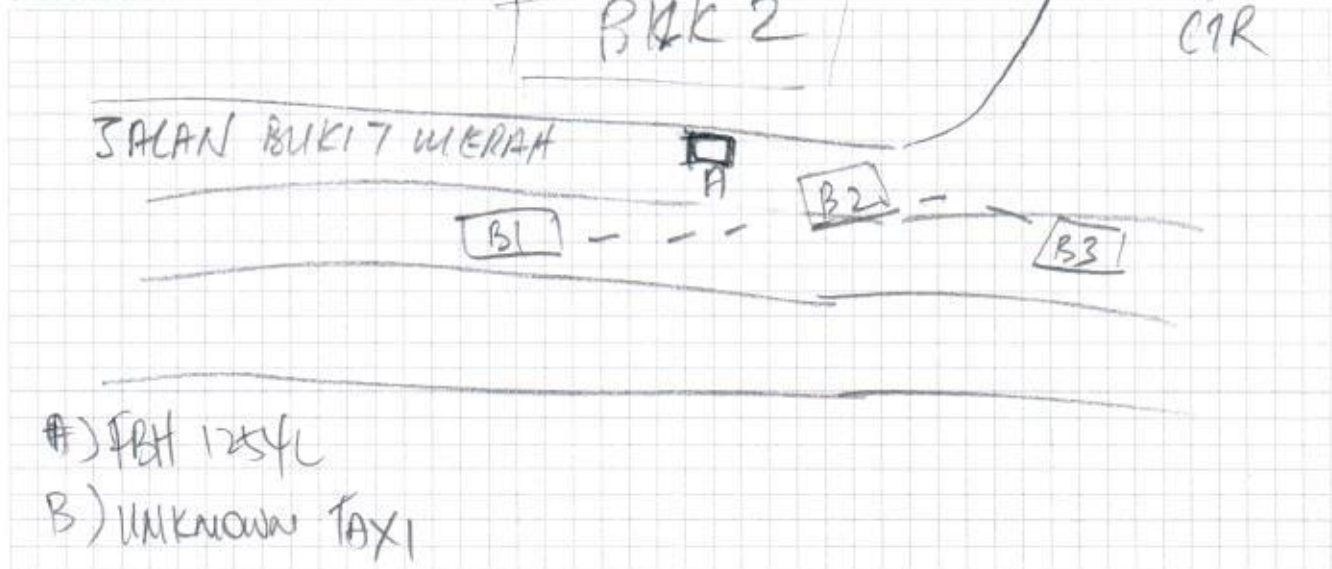
Policyholder's Signature  
Date & Time:

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



07/12/2018  
Reporting Centre Personnel's Signature  
Name: Ross Lim  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: "Pls refer to Police Report 1/2018/204/2017"

## 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: Ross Lim  
NRIC/FIN No.: 0712/2018



# SINGAPORE POLICE FORCE



T/20181204/2077

1 of 3

Report No. T/20181204/2077

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/12/2018 14:03	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: YEO ENG SOO			Address: APT BLK 786C WOODLANDS DRIVE 60 #07-75 SINGAPORE 733786		
ID Type / ID No.: NRIC NO / S0028227H			Contact No.: Home/Office: Mobile: 90624467		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 30/07/1954	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PAINTER			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: 03/12/2018 17:20	Type of Location:
Location: Along Road 1 JALAN BUKIT MERAH INFRONT OF BLK 2				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH1254L	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH1254L			26/04/2018	25/04/2019



**SINGAPORE  
POLICE FORCE**



T/20181204/2077

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20181204/2077

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>			
Name	YEO ENG SOO	ID No.	S0028227H
Related Vehicle	FBH1254L (Motorcycle)	Contact No.	90624467
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2018	Date Discharge	03/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON STATED DATE, TIME AND LOCATION,  
I TRAVELLED ON THE SAID LOCATION GOING TO HAWKER CENTRE NEAR BLK 2. I WAS  
TRAVELLING ON THE BUS LANE OF 3 LANES. THEN I WANTED TO MAKE LEFT TURN ON THE  
JUNCTION. ALL OF SUDDEN, A VEHICLE FROM SECOND LANE MADE A SUDDEN LANE CHANGE  
INFRONT OF ME. I HAVE NO TIME TO REACT. AS A RESULT, I COLLIDED ONTO THE VEHICLE. A  
PASSERBY CALLED FOR THE AMBULANCE AND CONVEYED TO THE SAID HOSPITAL AND GIVEN  
5 DAYS OF MEDICAL LEAVES.



**SINGAPORE  
POLICE FORCE**



T/20181204/2077

3 of 3

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

Report No. T/20181204/2077

**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 /  
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/12/2018 14:03

Classification Of Case:

National University Hospital (Singapore) Pte Ltd

51 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



DATE

ORIGINAL

NUH18311447

NO

NRIC: S0028227H

Leave granted: OUTPATIENT SICK LEAVE

is unfit for duty for a period of 5 days inclusive

day(s) from

03-Dec-2018

to

not valid for absence from court attendance.

attended for Examination/Treatment from

03-Dec-2018 18:18

to

03-Dec-2018 22:17

PFLUG DAVID (16668E)

Issued by

A&E

Location

Signature

Accident MT/1022955

#### Modification History

Claim 001	<u>New</u>
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Claim Type *	DD-MX	Insured Name	YEO ENG SOO	Insured NRIC	S00281
Contact No.(Mobile)	80624467	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	FBH1254L	TP Vehicle Number	UNKNO
Claim Description	FBH1254L / UNKNOWN TAXI ON 3 Dec 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Estimated No. Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown	Claim Close Date	07/12/2018 15:04
Date Registered		Report Taken By	ROSLI WAHAB	Date Received	07/12/2018

Print AK letter

Save Submit

## Attachment


Accident No.		MT1022955		Claim No.		001	
Last Doc. Received		* Yes <input type="radio"/> No <input type="radio"/>		Upload Date		07/12/2018 15:05	
Path *				Category *			
Choose File No file chosen				Clear	Please Select	Confidential NO	Urgency * 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				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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S.(BUKIT MERAH)) on 07 Dec 2018 15:05		Photos	Normal	Photos 2018-12-7

Video List

REPUBLIC OF SINGAPORE  
NATIONAL ID CARD NO. S0028227H



Name  
YEO ENG SOO  
楊 應 樹  
Race  
CHINESE  
Date of Birth  
30-07-1954 M  
Country of Birth  
SINGAPORE



S0028227H



22-10-2001

APT BLK 786C WOODLANDS DRIVE 60  
#07-75  
SINGAPORE 733786



**SINGAPORE  
POLICE FORCE**

**Private & Confidential**

YEO ENG SOO

APT BLK 786C WOODLANDS DRIVE 60 #07-75  
SINGAPORE 733786

S0028227H  
(2B/2A/2)

C001445088

07/12/2018

\$25/-

(Please do not detach)

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

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.

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

Hello, NAC\_BUKIT\_MERAH\_800676

[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 checked="" type="radio"/>	5065401073-04		YEO ENG SOO	S0028227H	GMC	Third Party	FBH1254L	FBH1254L	26/04/2018	25/04/2019