

# NATIONAL Assessment Centre Services.

(wet 1 Jan 2003)

19/NA41900/002

Date In: 03/01/2019 12:59	Job description	Date & Time Completed	Done by
Ref No: N/A/INC19000124/Y	SAS e-filing		
Veh No: FBM 7608J	E-mail (w/this Blt, AIC 2hrs)		
D.O.A: 03/01/2019 08:30	I-Motor Claim Form	1/1/1026202-001	03/01/2019
OD (TP) Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		14:41
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLA 189/Y	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:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:
---------

Date/Time:	Actions:

NA100085	Invoice/Receipt (G/F/H/F/P/R)	Invoice/Receipt (G/F/H/F/P/R)
Claimants Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil): TP (N-in INC) against INC	\$20
	9) NI2: Idao Mobile	\$0
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

Auditors Comments:
Ref. 1:
2/2



## 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	03/01/2019 12:59
Date Of Accident	03/01/2019 08:30
Exact Location Of Accident	JUNCTION OF SIGLAP ROAD AND MARIA AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7608J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH KWOK MUN DERRICK
NRIC No	S7906036D
Email Address	DERRICKLOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96571416
Alternative Phone No	OTHERS-96571416

### Vehicle Particulars

Manufacturer	BMW
Model	R1200GS-1.2 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING TO OFFICE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098642655
Cover Note Number	

### Driver

Name of Driver	LOH KWOK MUN DERRICK
NRIC No	S7906036D
Date Of Birth	08/03/1979
Occupation	INDOOR
Date Of Driving Pass	05/01/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96571416
Fax Number	
Contact Number	OTHERS-96571416
Email Address	DERRICKLOH@GMAIL.COM

Address	14 JALAN HIBORAN
Postcode	369081
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (Including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLN1891Y
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH SUAN TAOU
NRIC/Passport Number	S1102926D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :



## 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:

3/1/19 1250h.

Driver's Signature

(If driver is not the policyholder)

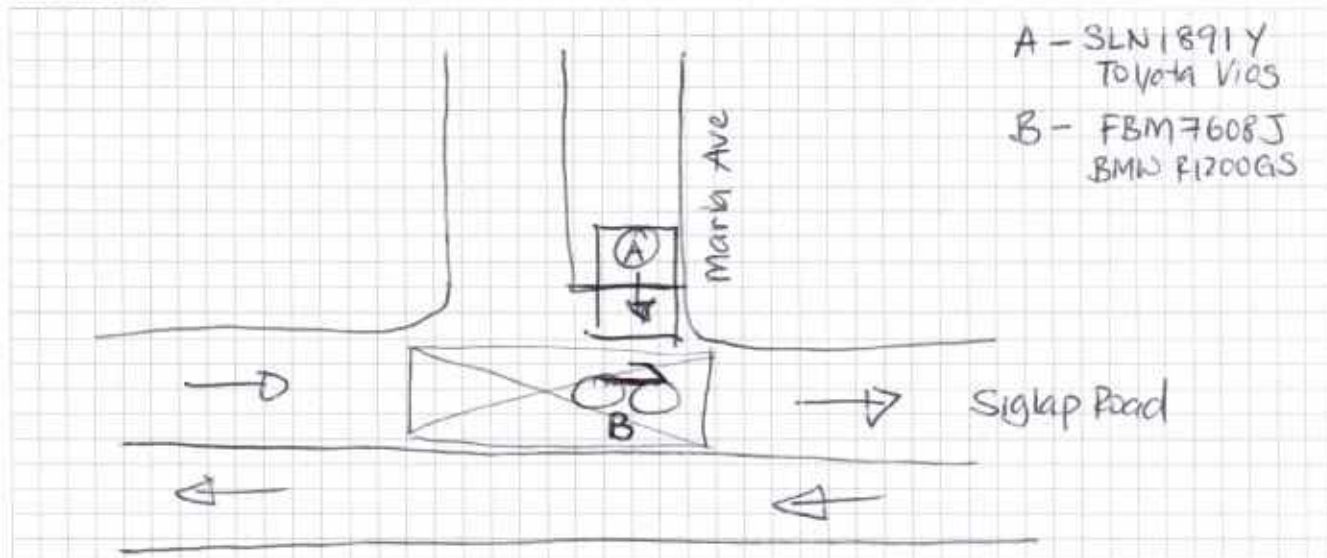
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03 Jan 2019 at around 0835h, I was on my way to work, riding my motorcycle (B) and travelling along Siglap Road. Upon reaching the junction of Siglap Rd and Maria Ave, suddenly car (A) emerged from the minor road Maria Ave and hit my motorcycle (B) from my left side. I managed to regain control of my motorcycle (B) without it dropping, and pulled over safely to the side.

Mr Rosli, who ~~was~~ witnessed the accident came over to render assistance. Upon speaking with him, he too agreed that car (A) emerged from the minor road into the major road carelessly and caused the accident. Mr Rosli can be reached at 94553253. I would like to state that prior to this accident, I have never met Mr Rosli before.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

3/1/19 1250h.

GLN/HC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/01/2019  
Rosli Haniffa

## Claim Handling

Accident MT/1026202

Policy No.	5098642855	Vehicle No.	FBM76081	GST Registration No.	
Certificate No.					
Policyholder Name	LOH KWOK MUN DERRICK	Policyholder NRIC	57906036D		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96571416	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	03/01/2019 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor/Road
Date of Accident	03/01/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF SIGLAP ROAD AND MARIA AVENUE				
<b>Excess</b>					
Own damage Excess	1,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	14 JALAN HIBORAN	Address 2	SINGAPORE 369081	Address 3	
Address 4		Address Type	Singapore address	Post Code	369081
Unit No.		Related Policy Number	5105723925		
<b>Q1 Driver Info</b>					
Driver Name	LOH KWOK MUN DERRICK	Driver Type	Main Driver	Driver DOB	08/03/1979
Unnamed driver Name		Driver NRIC	57906036D	Driving Experience	3
Register Date of Driver License	01/01/2016	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	96571416	Contact No.(Office)		Contact No.(Home)	
Address 1	14 JALAN HIBORAN	Address 2	SINGAPORE 369081	Address 3	
Address 4		Address Type	Singapore address	Post Code	369081
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM76081	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	LOH KWOK MUN DERRICK	Insured NRIC	57906036D	
Contact No.(Mobile)	96571416	Contact No.(Home)		Contact No.(Office)		
Email Address	derrickloh@gmail.com	OT Vehicle Number	FBM76081	TP	SLN18	
Claim Description	FBM76081 / SLN1841Y ON 3 Jan 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Revised No.	Yes	Revised Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	03/01/2019 14:35	Claim Close Date		Date Received	03/01/2019	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1026202	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2019 14:41		
Path *		Category *	Confidential	Urgency *	Desc:
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
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 14:41		Photos	Normal	Photos 2019-1-3	



[illegible]

Video List

Uploaded By/Date	Folder Data	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	

# ACCIDENT STATEMENT

ACCIDENT DATE: (03/01/2019) (DD/MM/YYYY), TIME: (08:33) (HH:MM)

LOCATION: Junction of Siglap Road & Marine Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM7608J  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5098642655  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW R1200 GS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: commuting to office  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: LOH KWOK MUN DERRICK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7906036D CONTACT: 96571416  
c) ADDRESS: 14 Jalan Hiboran, Singapore 369081

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Loh Kwok Mun Derrick (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7906036D CONTACT: 96571416  
c) ADDRESS: 14 Jalan Hiboran, Singapore 369081

\*d) DATE OF BIRTH: (08/03/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05 Jan 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: cashier

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 1891 Y MODEL: Toyota Vios  
b) DRIVER'S NAME: Goh Guan Taou  
c) NRIC/FIN/PASSPORT: S1102926D CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
(2)

\* No of passengers  
(including driver)  
( )

email = derrickloh@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7906036D



Name  
LOH KWOK MUN DERRICK



罗国文  
Race  
CHINESE  
Date of Birth  
08-03-1979  
Sex  
M  
Country of Birth  
SINGAPORE

AS033832



NSIC No. S7906036D



Blood Group  
AB+  
Date of Issue  
21-06-2001

14 JALAN HIBORAN  
SINGAPORE 389081

NRIC No: S7906036D Date: 21/11/2011 No: 6901107

# REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7906036D**

Name:

**LOH KWOK MUN DERRICK**

Birth Date: **08 Mar 1979**

Issue Date: **02 Aug 2003**



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

PASS DATE

3	Class 2B	Motorcycles $\leq$ 200 CC	05 Jan 2016
	Class 2A	Motorcycles between 201 CC and 400 CC	24 Jan 2017
	Class 2	Motorcycles $>$ 400 CC	09 Mar 2018
	Class 3	Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg	08 Oct 1997

S7906036D

S / No. 9000313294

NP 428A





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="03/01/2019 12:57"/>							
Vehicle No.(For Motor)	<input type="text" value="FBM7608J"/>	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"/>	5098642655		LOH KWOK MUN DERRICK	S7906036D	GMC	Comprehensive	FBM7608J	FBM7608J	09/03/2018	27/05/2019
<input type="button" value="Continue"/>										