

NATIONAL Assessment Centre Services			
Date In: 6/10/2019 11:29	Job description: SAS e-filing	Date & Time Completed	Done by
Ref No: NBSA/MNC/190134801	E-mail (within 4hrs, AIG 2hrs)		
Veh No: FV 7351D	I-Motor Claim Form	M7/1055951-003	6/10/2019 11:49
D.O.A: 30/07/2019 10:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP (Reporting Only)	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKV4781B	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: (\$	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: (

Remarks: (INC hotline: 678816616)	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

X/1905737	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	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) RT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2019)			
	6) TR: Re-inspection	\$75		
	7) N1: Idem DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
Claimant's Particulars:	* N3: Courtesy Car / Tpl Allowance		\$5	
Driver/Owner:	* N6: Repair Co-ordination		\$10	
Contact No:	* N7: Post Repair Inspection		\$25	
Damaged Portion:	* N8: DV / Collect Excess Coordination		\$5	
QC Checked by (Engr-In-Charge):	TP (N11): TP (N-in INC) against INC		\$20	
Additional Comments:	* N12: Idem Mobile		\$0	
Cal. 1:	Invoice dated	Pen Charged		
Cal. 2/3:	Invoice dated	Fee Charged		

07-MAY-2019 16:39

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	01/08/2019 11:29
Date Of Accident	30/07/2019 10:00
Exact Location Of Accident	ALONG UBI AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV7351D
Insured/Policyholder	
Name Of Registered Owner	TAN YOKE HUAT
NRIC No	S1166439C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91854778
Alternative Phone No	OTHERS-91854778

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0088606303-15
Cover Note Number	

Driver

Name of Driver	TAN YOKE HUAT
NRIC No	S1166439C
Date Of Birth	21/01/1956
Occupation	INDOOR
Date Of Driving Pass	30/01/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91854778
Fax Number	
Contact Number	OTHERS-91854778
Email Address	NOEMAIL

Address	BLK 34 TELOK BLANGAH WAY #07-1064
Postcode	090034
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 (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?	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 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	SKV4731B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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: 01-08-2019
10.50 AM

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PAYA LEBAR

UBI AVE 3

B
AED

A) KV7351D

B) SKV 4731B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q8 REFER TO POLICE REPORT
1/20190730/2092

DECLARATION

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



Policyholder's Signature

Date & Time: 01-08-2019
10:50 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


Rohi Loo Hoo



SINGAPORE POLICE FORCE



T/20190730/2092

1 of 3

Report No. T/20190730/2092

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2019 14:39	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: TAN YOKE HUAT		Address: APT BLK 34 TELOK BLANGAH WAY #07-1064 SINGAPORE 090034	
ID Type / ID No.: NRIC NO / S1166439C		Contact No.: Home/Office: Mobile: 91854778	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 21/01/1956	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2019 10:00	Type of Location: Straight Road
Location: UBI AVENUE 3 Along Ubi Avenue 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV7351D	Motorcycle	HONDA	PHANTOM	Black	No Damage	0
SKV4731B	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV7351D	NTUC Income Insurance Co-Operative Limited	0088606303-15	30/10/2018	29/10/2019



**SINGAPORE
POLICE FORCE**



T/20190730/2092

2 of 3

Report No. T/20190730/2092

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

CONTINUATION OF REPORT

Brief Details.

On 30/07/2019 I was travelling along Ubi Ave 3 and I was heading Ubi Road 2. While I was travelling at the location and it was heavy traffic. I then manage to ride pass in between the cars and subsequently place my left leg down and subsequently had touch onto a vehicle SKV4731B. I then ride off however after a few metres ahead, the driver of the vehicle then asked me to stop. I then stop my motorcycle and the driver inform me to lodge a police report. I then acknowledge and left the location.

Claim Handling

Accident MT/1055951

Policy No.	008606303-15	Vehicle No.	PV7351D	GST Registration No.	
Certificate No.					
Policyholder Name	TAN YOKE HUAT			Policyholder NRIC	SL166439C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Enrolment(%)	20	Private Hire	Not available

Accident Details

Report Date	01/08/2019 10:23	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	30/07/2019	Time of Accident (hh:mm)	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	UBI AVE 3 OPPOSITE TP HQ				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	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 34 #07-1064	Address 2	TELOK BUANGAH WAY	Address 3	SINGAPORE 090034
Address 4		Address Type	Singapore address	Post Code	090034
Unit No.		Related Policy Number	008606303-15		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	TP
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	GD-MX	Insured Name	TAN YOKE HUAT	Insured NRIC	SL166439C
Contact No.(Mobile)		Contact No. (Home)	82708114	Contact No. (Office)	65400679
Email Address		OI		Vehicle Number	TP
Claim Description		Vehicle Number	PV7351D	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Partially at Fault		
Confirmed No. Finalisation	Yes	Preferred Workshop, Name unknown		GSA report	Received
Date Registered				Claim Close Date	01/08/2019 11:29
Report Taken By				Date Received	01/08/2019 00:00
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1055951	Claim No.	002
Last Doc. Received	Yes - No	Upload Date	01/08/2019 11:49
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Aug 2019 11:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-1	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Aug 2019 11:49	SAS	Normal	SAS 2019-8-1	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Aug 2019 11:49	Photos	Normal	Photos 2019-8-1	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Aug 2019 11:49	Photos	Normal	Photos 2019-8-1	

ACCIDENT STATEMENT

ACCIDENT DATE: (30, 07, '19) (DD/MM/YYYY), TIME: (10:00) (HH:MM)

LOCATION: 481 AVE 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV 7351 D
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 0088606303-15
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA PHANTOM
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ABOUT 10 AM
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: TAN YOKO HUAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 31166439-C CONTACT: 91854778
c) ADDRESS: BLK 34 JEWEL BANGAH WAY
#07-1064 S070034

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABDOUR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (21 / 01 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30 JAN 1978

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SKV 4731 B MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1166439C



For LKK/NAC Use Only

TAN YOKE HUAT

陈育發

Race

CHINESE

Date of birth

21-01-1956

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S1166439C



TAN YOKE HUAT

For LKK/NAC Use Only

Birth Date: 21 Jan 1956

Issue Date: 28 Oct 2005



001377512A



3796410

NRIC No. S1166439C



For LKK/NAC Use Only

Date of issue

26-10-2005

Address

APT BLK 34 TELOK BLANGAH WAY
#07-1064
SINGAPORE 090034

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

PASS DATE

Class 2B	Motorcycles <= 200 cc	30 Jan 1976
Class 2A	Motorcycles between 201 cc and 400 cc	30 Jan 1976
Class 2	Motorcycles > 400 cc	30 Jan 1976
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors	21 May 1977
Class 4	Heavy motor cars and motor tractors > 2500 kg	11 Apr 1976

For LKK/NAC Use Only



Licence No: S1166439C

NP 426A

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)

Certificate Number : 0088606303-15

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **FV7351D**

Chassis Number

: NOT KNOW

2. Name of Policyholder

: TAN YOKE HUAT

3. Effective Date of Insurance

: 30 Oct 2018

4. Expiry Date of Insurance

: 29 Oct 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: TAN YOKE HUAT
NAMED DRIVER (2)	: TAN WEI JIAN
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

Agency : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 05 Oct 2018 11:09 hrs

Reprint : 05 Oct 2018 11:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive