

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA/19/06/27

Date In: 14/8/19 12:28	Job description	Date & Time Completed	Done by
Ref No: HA/INC 90/4093/24	SAS e-filing		
Veh No: G8D48821C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 18/11/17 10:30	i-Motor Claim Form	M7/1055885-002	14/8/19 13:40
OD / 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: 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 hotline: 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 Actions

HA 1905 985

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Amr (\$) Amt (\$)
 Ist Bill Add Bill

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac 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	14/08/2019 12:28
Date Of Accident	18/11/2017 10:30
Exact Location Of Accident	JUNC VICTORIA ST & MANILA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4882K
Insured/Policyholder	
Name Of Registered Owner	KHOO YEOW KUN
Co Reg No	S1700162J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96660350
Alternative Phone No	OFFICE-96660350

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059519500-04
Cover Note Number	

Driver

Name of Driver	KOH KIAN CHUAN @ YEO SIAH HOCK
NRIC No	S1238334G
Date Of Birth	08/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1978
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90962211
Fax Number	
Contact Number	OFFICE-90962211
EMail Address	NOEMAIL

Address	BLK 45 CIRCUIT ROAD #05-643
Postcode	370045
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171118/2103.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

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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.

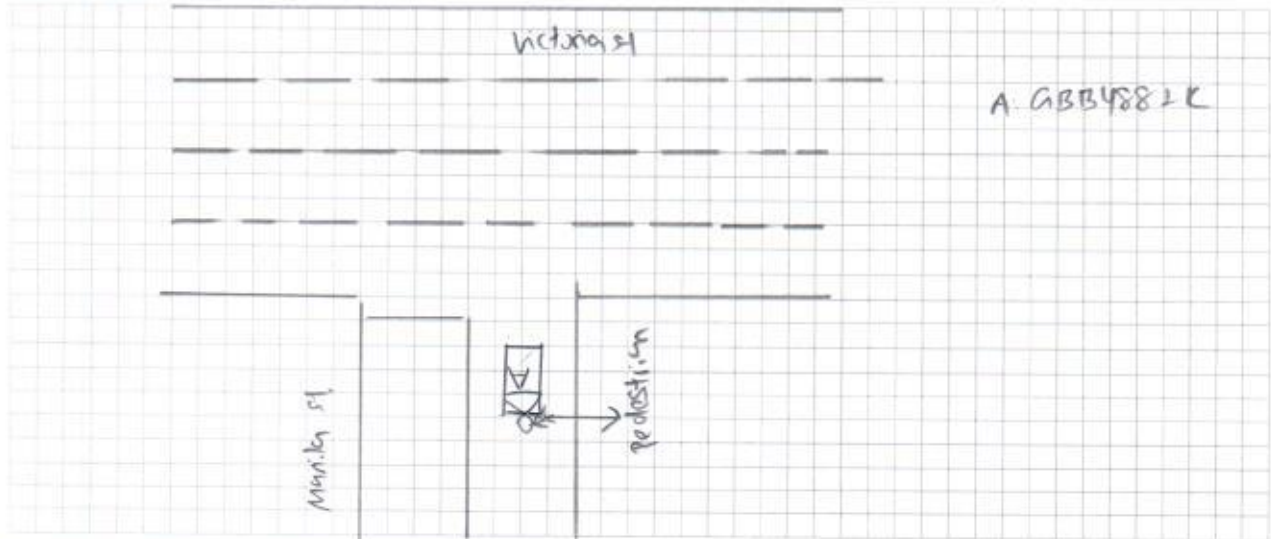
Policyholder's Signature
Date & Time:

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

on behalf of
the driver.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report - 7/2017/1118/263.

DECLARATION

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

on behalf of
the driver

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.:



**SINGAPORE
POLICE FORCE**



T/20171118/2103

1 of 3

Report No. T/20171118/2103

Police Station Of Origin
MacPherson NPP
54 Phipp Road #01-52/54 SINGAPORE
370054
Tel No. 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2017 16:12 Vide Report No.: Station Diary No.: 26

Informant's Particulars

Name of Informant: KOH KIAN CHUAN	Address: APT BLK 45 CIRCUIT ROAD #05-543 SINGAPORE 370045		
ID Type / ID No: NRIC NO / S1238334G	Contact No: Home/Office: Mobile: 90962211		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 60	Date of Birth: 08/02/1957	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Deliveryman	Driving Licence Information: Class: 2B, 2A, 2, 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/11/2017 10:30	Type of Location: X-Junction
Location: VICTORIA STREET MANILA STREET				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Pedestrian	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB4882K	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

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15472075
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**POLICE FORCE**

Police Station Of Origin
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No. 1800-7449999

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Report No. T20171118/2103

CONTINUATION OF REPORT

Driver Name	KOH KIAN CHUAN	ID No.	S1238334G
Related Vehicle	NIL	Contact No.	90962211
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/11/2017, at about 1030hrs, I was driving my lorry along Victoria Street and had already turned into Manila Street. I was looking to the right side of Manila Street, looking out for oncoming pedestrians, thus I could not see the pedestrian that was crossing the road from the left. My left side mirror then impacted the said pedestrian. I wish to state that the pedestrian was crossing the road where there were no pedestrian traffic lights. The pedestrian fell down and suffered head injuries but remained conscious; I am not sure of any other injuries which he suffered. I wish to declare that I was driving at a speed of about 15-20km/h when my lorry impacted the pedestrian. No government property was damaged. Ambulance and traffic police were at scene; the pedestrian was conveyed to hospital while I suffered no injuries. No other pedestrian was involved. My lorry suffered no damage as well. I am lodging this report for recording and insurance claims. The traffic police IO in charge of my case is IO Dilián, TEL: 6547 6251



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7448999



T/20171118/2103

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Report No: T/20171118/2103

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 /
Sgt 2 MUHAMAD REDHUAN BIN ASHARUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/11/2017 16:12

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP186

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1238334G

Name

KOH KIAN CHUAN
@ YEO SIAH HOCK

For LKK/NAC Use Only

Birth Date 08 Feb 1957

Issue Date 15 Sep 2012



002104985K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1238334G



Name

KOH KIAN CHUAN
@ YEO SIAH HOCK

For LKK/NAC Use Only

許 強 全

Race

CHINESE

Date of birth

08-02-1957

Sex

M

Country/Place of birth

SINGAPORE

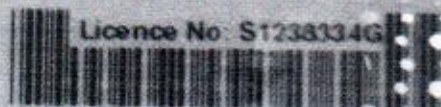


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	19 Sep 1978
Class 2A Motorcycles between 201 cc and 400 cc	19 Sep 1978
Class 2 Motorcycles $>$ 400 cc	19 Sep 1978
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	15 Dec 1978

For LKK/NAC Use Only

NP 428A



Licence No. S1238334G

5223233



NRIC No. S1238334G



For LKK/NAC Use Only

Date of issue
27-09-2013

Address

APT BLK 45 CIRCUIT ROAD
#05-643
SINGAPORE 370045

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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="18/11/2017 10:30"/>							
Vehicle No. (For Motor)	<input type="text" value="GBB4882K"/>	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 type="radio"/>	5059519500-04		KHOO YEOW KUN	S17001623	GCV	Comprehensive	GBB4882K	GBB4882K	28/04/2017	27/04/2018
<input type="button" value="Continue"/>										

Claim Handling

Exit

Accident MT/1055885

Policy No.	5059519500-04	Vehicle No.	GBB4882K	GST Registration No.	
Certificate No.					
Policyholder Name	KHOO YEW KUN	Cover Type	Comprehensive	Policyholder NRIC	S17001621
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NIL	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	11/07/2019 16:27	Accident Report Within 24 hrs.	Yes	Accident Type	Collided into Pedestrian
Date of Accident	18/11/2017	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG MANILA STREET				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed 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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 401 #15-03	Address 2	PANDAN GARDENS	Address 3	SINGAPORE 600401
Address 4		Address Type	Singapore address	Post Code	600401
Unit No.		Related Policy Number	S104358362		
OT 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	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MK	Insured Name	KHOO YEW KUN	Insured NRIC	S17001621
Contact No. (Mobile)	96660350	Contact No. (Home)	65623621	Contact No. (Office)	96660350
Email Address		DI Vehicle Number	GBB4882K	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBB4882K ON 18 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/08/2019 13:40	Claim Close Date		Date Received	14/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1055885	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2019 13:40
Path *			
	Browse...	Category *	Confidential
	Browse...	Urgency *	Description *
	Browse...		
	Browse...		
	Browse...		
	Browse...		
	Browse...		
	Browse...		

