

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] M4A119 126385

Date In: 25/9/19-10:14	Job description	Date & Time Completed	Done by
Ref No: No/INC 19016859/24	SAS e-filing		
Veh No: 56p1034D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/9/19-16:25	i-Motor Claim Form	m/11063896-001	28/9/19 10:24
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: FR88232	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

HA190244	Invoice Preparation Checklist		Am (\$)	Am (\$)
	Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	fit Bill	Add Bill
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	Contact No:	3) TF: Towing Fee \$40/\$45		
	Damaged Portion:	4) FT: Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N11 INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Pat. 1:

Pat. 2/3:



## 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	25/09/2019 10:14
Date Of Accident	19/09/2019 16:25
Exact Location Of Accident	FESTIVE HOTEL DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP1034D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VISCAR LEASING PTE LTD
Co Reg No	201634983K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5087371725-02
Cover Note Number	

### Driver

Name of Driver	KELVIN KOH WEIBIN
NRIC No	S8141699J
Date Of Birth	20/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81810161
Fax Number	
Contact Number	OFFICE-81810161
EMail Address	NOEMAIL

Address	BLK 446A JALAN KAYU #20-310
Postcode	791446
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 357 HOUGANG AVENUE 7 #01-805 , <b>POSTCODE:</b> 530357 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2869999 - <b>FAX NO:</b> 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190920/2161 & T/20190919/2149.

#### 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	FR8823Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97322465
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KELVIN KOH WEIBIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SGP1034D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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.



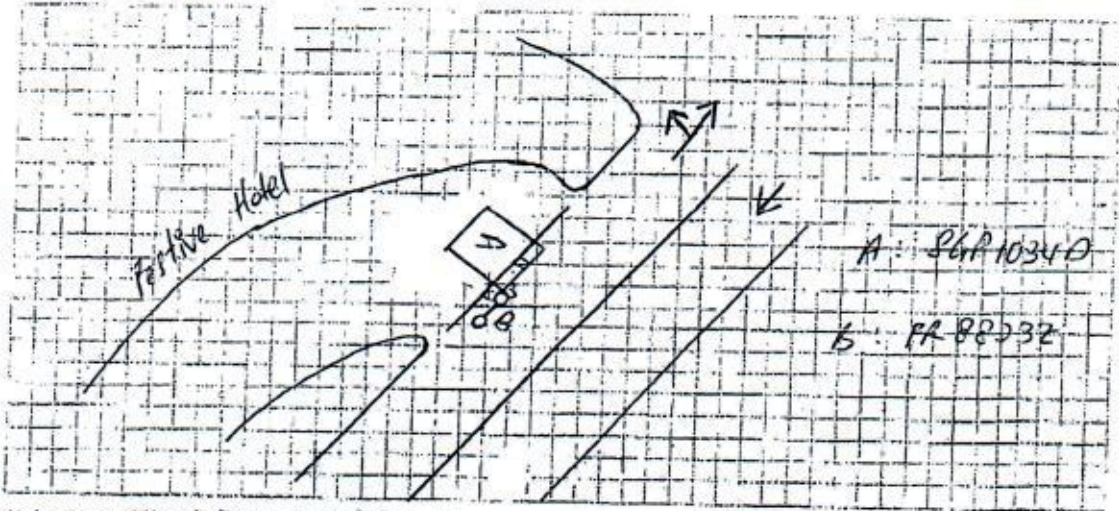
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN

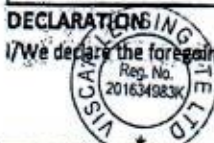


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report :

T / 20190919 / 2149

T / 20190920 / 2161



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:  
NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### Accident details

Date and time of accident	Date: <u>19 Sept 2019</u> (DD/MM/YY) Time: <u>1625</u> (HH:MM)
Exact location of accident	<u>Fortive Hotel driveway.</u>

### Details of vehicle

Vehicle registration number	<u>SLP1034D</u>
Vehicle make and model	<u>Honda Civic</u>
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	<u>Working</u>
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

### Insurance information

Insurance company	<u>NTUC</u>
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

### Insured / Policy holder

Name	<u>Viscar Leasing Pte Ltd.</u>	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	<u>201634983K</u>	
Contact		
Address		

### Driver

Same as insured above ☐ (skip to D.O.B)

Name	<u>Lehen Koh Wei Bin</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	<u>S8141699J</u>	
Contact	<u>81 81 0161</u>	
Address	<u>Block 413 Hougang Avenue</u> <u>10, #07-1028, Singapore 530413</u>	
Email address		
Date of birth	<u>20 Dec 1981</u>	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	<u>30 July 2002</u>	



### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, relationship of the driver and insured: <u>Alfred</u>	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

#### Passenger 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

#### Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>Hougang NPP</u>



Third party vehicle 1

Name	
Contact number	9732 2465
NRIC / Fin / Passport number	
Vehicle registration number	FR 8823Z
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	kelvin koh wei Bin.
Injuries sustained	Neck & back
Which vehicle person in?	SHIP 10340.
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





**SINGAPORE  
POLICE FORCE**



1/20190920/2161

1 of 3

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

Report No: 1/20190920/2161

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 20/09/2019 18:11	Video Report No.	Station Diary No. 39
---	------------------	-------------------------

**Informant's Particulars**

Name of Informant: KELVIN KOH WEIBIN		Address: APT BLK 446A JALAN KAYU #20-310 SINGAPORE 791446	
ID Type / ID No. NRIC NO / S8141699J		Contact No. Home/Office: Mobile: 81810161	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 20/12/1981	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		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: 19/09/2019 16:25	Type of Location: DRIVEWAY/ HOTEL RECEPTION DROP OFF POINT
Location: Along Road 1 Traveling Toward Road 2 SENTOSA GATEWAY festive hotel driveway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR8823Z	Motorcycle					0
SGP1034D	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20190920/2161

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

2 of 3  
Report No. T/20190920/2161

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KELVIN KOH WEIBIN	ID No.	S8141699J
Related Vehicle	NIL	Contact No.	81810161
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	MALE MALAY RIDER	ID No.	NIL
Related Vehicle	NIL	Contact No.	97322465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

**Brief Details.**

I wish to make amendments to a sentence regarding the report vide to T/20190919/2149.

I wish to make amendments to "I made a check around through my mirror and proceeded thereafter". I wish to inform that, when the motorcycle collided onto my car I was in a stationary position. Therefore, I did not proceed thereafter. That is all.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999



T/20190920/2161

3 of 3

Report No: T/20190920/2161

**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:

F /

Sgt 2 LOW KAI TAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/09/2019 18:11

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No: 65476178

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force



**TRAFFIC INVESTIGATION BRANCH**  
**TRAFFIC POLICE**  
**190 AVENUE 3**  
**SINGAPORE 439400**  
**Case: 0075**

**CASE CARD**

REPORT NO: D/20190919/0075  
 Traffic Accident Date: 19/09/2019  
 Accident Location: 190A, 190B, 190C, 190D, 190E, 190F, 190G, 190H, 190I, 190J, 190K, 190L, 190M, 190N, 190O, 190P, 190Q, 190R, 190S, 190T, 190U, 190V, 190W, 190X, 190Y, 190Z

With reference to the above, you are advised to follow the accident report and/or  
 via the 24x7 Traffic Police Contact Centre website (http://www.police.gov.sg/traffic)  
 within 30 days.



T/20190919/2149

1 of 4

Report No: T/20190919/2149

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
 19/09/2019 20:05

File Report No:  
 D/20190919/0075

Station Diary No.:  
 10

**Informant's Particulars**

Name of Informant:

KELVIN KOH WEI BIN

ID Type / ID No.

NRIC NO / S8141699J

Nationality:

SINGAPORE CITIZEN

Sex:

Male

Age:

37

Date of Birth:

20/12/1981

Type of Informant:

Driver

Race:

Chinese

Occupation:

GRAB DRIVER

Language:

English

Institution / School Name:

Driving Licence Information:

Class: 3

Date of Expiry:

**General Information of the Accident**

Type of  
 Accident:

Injury  
 Conveyed By Ambulance

Drink  
 Drive:  
 No

Date/Time of  
 Accident:  
 19/09/2019 16:25

Type of Location:  
 DRIVEWAY /  
 HOTEL  
 RECEPTION  
 DROP OFF  
 POINT

Location:  
 Along Road 1  
 SENTOSA GATEWAY

FESTIVE HOTEL DRIVEWAY

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

Two Way

Traffic Control:

Not Controlled

Traffic Volume:

No Traffic

Type of Collision:

Between Moving Vehicles - Head To Side

Anyone conveyed by  
 ambulance:  
 Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR8823Z	Motorcycle					0
SGP1034D	Car				Slightly Damaged	0





Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999



T/20190919/2149

2 of 4

Report No: T/20190919/2149

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>			
Name	MALE MALAY RIDER	ID No.	NIL
Related Vehicle	FR8823Z (Motorcycle)	Contact No.	97322465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Driver</b>			
Name	KELVIN KOH WEIBIN	ID No.	S8141699J
Related Vehicle	SGP1034D (Car)	Contact No.	81810161
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 19/09/2019 at about 1625hrs, I was at the driveway of the said hotel drop off point and was stationery. I was about to exit the driveway by turning right and hence, I made a check around through my mirror and proceeded thereafter. Suddenly, the above mentioned rider collided onto the front right bumper and fell onto the road.

Immediately, I came down from my vehicle and saw the said rider on the ground. The hotel staff then called for the Ambulance and Traffic Police. I was not able to engage the rider as he was surrounded by many bystanders and hence, I stood by the side and waited for the Police.

Shortly later, the Ambulance came and conveyed said rider to the hospital, however I do not know which hospital they went to. Thereafter, the Traffic Police took down my details and advised me to proceed to any Police Station to make the Police Report.

I wish to add that there is no in-car camera in my vehicle. That's all.

I wish to add that I am currently residing in my new residential address at Blk 413 Hougang Avenue 10 #07-1208 Singapore 530413.



**SINGAPORE  
POLICE FORCE**



T/20190919/2149

3 of 4

Report No. T/20190919/2149

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

CONTINUATION OF REPORT

*This page is intentionally left blank*

HOUGANG NPP  
BLK 357 HOUGANG AVE 7  
SINGAPORE 530357  
TEL: 1800-2869999





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999



T/20190919/2149

4 of 4

Report No: T/20190919/2149

**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:

F /

Staff Sgt TAN YEOW CHONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Signature Of Informant:

Date/Time:

19/09/2019 20:05

Classification Of Case:

Authentication Stamp

168

SN 085



Signature:

Singapore Police Force

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="19/09/2019 16:25"/>							
Vehicle No.(For Motor)	<input type="text" value="SGP1034D"/>	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"/>	5087371725-02		VISCAR LEASING PTE LTD	201634983K	GFT	Third Party	SGP1034D	SGP1034D	01/04/2019	
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5087371725-02	Policyholder Name	VISCAR LEASING PTE LTD	Policyholder NRIC	201634983K
Certificate No.					
Address	10 UBI CRESCENT #05-16 UBI TECHPARK SINGAPORE 408564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/01/2019	Effective Date	09/01/2019 00:00	Expiry Date	08/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	651.09		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	05-16	Related Policy Number	5087371725-02		

## Insured Object: SGP1034D

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/01/2019 00:00	Basic Information Endorsement	null	Entry Rejected	Thank you for giving us the opportunity to serve you.
2	13/02/2019 00:00	Basic Information Endorsement	000001287006173	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLJ2961T 12-02-2019 \$840.98 In view of this amendment, a refund of \$840.98 (inclusive of GST) will be adjusted against the outstanding premium.
3	14/02/2019 00:00	Basic Information Endorsement	000001287006868	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJU534Y 15-02-2019 \$833.37 In view of this amendment, an additional premium of \$833.37 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
4	20/02/2019 00:00	Basic Information Endorsement	000001287011118	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJN6086X 20-02-2019 \$820.66 In view of this amendment, a refund of \$820.66 (inclusive of GST) will be adjusted against the outstanding premium.
					Thank you for giving us the

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1063896

Policy No.	5087371725-02	Vehicle No.	SGP10340	GST Registration No.	
Certificate No.					
Policyholder Name	VISCAR LEASING PTE LTD			Policyholder NRIC	201634983K
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	25/09/2019 10:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	19/09/2019	Time of Accident hh:mm	16:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FESTIVE HOTEL DRIVEWAY				

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#05-16 UBI TECH-PARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	05-16	Related Policy Number	5087371725-02		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KELVIN KOH WEIBIN	Driver NRIC	581416993	Driver DOB	20/12/1981
Register Date of Driver License	30/07/2002	Driver Age	37	Driving Experience	17
Contact No.(Mobile)	81810161	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 446A	Address 2	JALAN KAYU	Address 3	FERNVALE LODGE
Address 4	SINGAPORE 791446	Address Type	Singapore address	Post Code	791446
Unit No.	20-310				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	VISCAR LEASING PTE LTD	Insured NRIC	201634983K
Contact No.(Mobile)	90303074	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGP10340	TP Vehicle Number	FR88232
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGP10340 / FR88232 ON 19 Sept 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/09/2019 10:29	Claim Close Date		Date Received	25/09/2019 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

## Attachment

Accident No.	MT/1063896	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/09/2019 10:30

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SEND MESSAGE

## Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:30	SAS		Normal	SAS 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 25 Sep 2019 10:29	Photos		Normal	Photos 2019-9-25	
						