

Date In: 25/10/2019 12:34	Job description	Date & Time Completed	Done by
Ref No: NBSA/NCC90192834	SAS e-filing		
Veh No: FE 6555A	E-mail (E-filing 8hrs, AIC 2hrs)		
DOA: 24/10/2019 12:40	I-Motor Claim Form	MT/106983-01	31/10/2019
OD: (TP) Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		16:57
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: 9B533D 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 repair.

() 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 Cont.	Actions

501908205	1) AR: Accident Reporting (\$30)	
Client/Insurer:	2) DA: Damage Assessment (\$100) INC (\$40)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) FT: Follow-Through Survey \$120	
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 200)	
Auditors Comments:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Non INC) against INC \$20	
	*N12: Idea Mobile \$0	

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	25/10/2019 12:34
Date Of Accident	24/10/2019 12:40
Exact Location Of Accident	AYE TOWARDS TUAS NEAR TUAS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE6565A
Insured/Policyholder	
Name Of Registered Owner	TAN TSE MENG
NRIC No	S1623262I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90730272
Alternative Phone No	OTHERS-90730272

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	0082346449-15
Cover Note Number	

Driver

Name of Driver	TAN TSE MENG
NRIC No	S1623262I
Date Of Birth	13/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90730272
Fax Number	
Contact Number	OTHERS-90730272
EMail Address	NOEMAIL

Address	BLK 435B BUKIT BATOK WEST AVENUE 5 #07-988
Postcode	652435
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 - CHANGE/CROSS LANE
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191025/2024

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	GBJ33D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN TSE MENG

Approximate Age:

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FE6585A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

TURNS EXIT

- A) FE 6565A
- B) GBJ 33D



EYE TOWARDS TURNS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PIS REFER TO POLICE REPORT
7/20/91025/2024*

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.:

25/10/2019
Reshiah



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

Report No. T/20191025/2024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FE6565A	NTUC Income Insurance Co-Operative Limited	0082346449-15	01/02/2019	31/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TAN TSE MENG		ID No.	S16232621
Related Vehicle	FE6565A (Motorcycle)		Contact No.	90730272
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	24/10/2019		Date Discharge	24/10/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING IN THE SECOND LANE, GOING STRAIGHT WHEN SUDDENLY A VAN (GREY VAN GBJ33D) CAME FROM LANE ONE AND COLLIDED INTO MY RIGHT HAND SIDE. I TRIED TO BALANCE BUT LOST CONTROL OF MY BIKE AND ENDED UP SKIDDING. I FELL ONTO THE GROUND AND WAS IN PAIN. THE OTHER DRIVER HAD STOPPED AND I ASKED HIM TO CALL FOR AN AMBULANCE. I WAS LATER CONVEYED TO THE HOSPITAL.

INCIDENT IS J/20191024/0071

IO IN CHARGE IS IO EMMY EXT: 65476376

THAT IS ALL



**SINGAPORE
POLICE FORCE**



T/20191025/2024

3 of 3

Report No. T/20191025/2024

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / LEE CHEN EN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178

Signature Of Informant: 
Date/Time: 25/10/2019 09:16
Classification Of Case: 

Authentication Stamp
NP168

Signature: 

ACCIDENT STATEMENT

ACCIDENT DATE: (24/10/2015) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: AJK TOWARDS TUDS NAKAL MAR EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FE 6565A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) _____
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) _____
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TAN TSA MAAS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90730272
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(1)

- DRIVER
a) NAME: DR. ABRAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

* No of passenger
(including driver)
()

- a) VEHICLE NUMBER: Q15J 330 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

VIDEO

Claim Handling

Accident MT/1069383

Policy No.	0082346449-15	Vehicle No.	FE6565A	GST Registrati
Certificate No.				
Policyholder Name	TAN TSE MENG			Policyholder N
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90730272	Contact No.(Office)		Contact No.(Hi
Email Address:		Special Remark		eCode
KFK:	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	31/10/2019 16:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/10/2019	Time of Accident hh:mm	12:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TOWARDS TUAS NEAR TUAS EXIT			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Ex
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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 435B #07-988	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3
Address 4	SINGAPORE 652435	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	0082346449-15	

▼ OI Driver Info

Driver Name	TAN TSE MENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1623262	Driver DOB
Register Date of Driver License	01/01/2002	Driver Age	56	Driving Exper
Contact No.(Mobile)	90730272	Contact No.(Office)		Contact No.(H
Address 1	BLK 435B #07-988	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3
Address 4	SINGAPORE 652435	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FE6565A	Driver Insurer

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

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	Insured Name	TAN
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			Contact No. (Home)	Nil
Date Registered						OI Vehicle Number	FE6565A

Report Taken By

 Print AK letter

OD-MX

90730272

FE6565A / GB3330 ON 24 Oct 2019

31/10/2019 16:56

ROSLI WAHAB

Save Submit

Attachment



MEDICAL CERTIFICATE (Ref:61188300)

ORIGINAL

NAME: TAN TSE MENG

NRIC: S1623262I

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty from **24/10/2019** to **1/11/2019** inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **24/10/2019 13:16** to **24/10/2019 16:20**.

24/10/2019
Date

Dr. Xiacong FANG (19187F)
Issued by

Signature

Location: NTFGH EMERGENCY

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident: 24/10/2019 11:04
 Vehicle No. (For Motor) FE6565A Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0082346449-15		TAN TSE MENG	S162J262I	GMC	Third Party	FE6565A	FE6565A	01/02/2019	31/01/2020

Continue