

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

1904914763

Date In: 06/11/2019 16:26	Job description	Date & Time Completed	Done by
Ref No: NHA/1119019691/1	SAS e-filing		
Veh No: FR 196	E-mail (Vehicle 3hrs, A/C 2hrs)		
D.O.A: 27/10/2019 12:00	I-Motor Claims Form	11/11/2019 14:20	07/11/2019 09:50
OD: TP / Reporting Only	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN CAR	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) NI: Ides DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpl Allowance \$3	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$3	
TP (Nil): TP (Non INC) against INC \$20	
*N12: Ides Mobile \$0	
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	06/11/2019 16:26
Date Of Accident	27/10/2019 12:00
Exact Location Of Accident	AFTER TUAS CHECK POINT TOWARDS JLN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR19G
Insured/Policyholder	
Name Of Registered Owner	KOH CHOR HWEE
NRIC No	S7202362E
Email Address	CHKOH3995@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96611618
Alternative Phone No	OTHERS-96611618

Vehicle Particulars

Manufacturer	SUZUKI
Model	DR 650SE 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5056789920-06
Cover Note Number	

Driver

Name of Driver	KOH CHOR HWEE
NRIC No	S7202362E
Date Of Birth	19/01/1972
Occupation	INDOOR
Date Of Driving Pass	13/12/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96611618
Fax Number	
Contact Number	OTHERS-96611618
Email Address	CHKOH3995@YAHOO.COM.SG

Address	BLK 52 STRATHMORE AVENUE #40-233
Postcode	141052
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNWON (PRIVATE CAR)
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191003/2047

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	UNKNOWN
Vehicle Make/Model/Colour	MALAYSIAN CAR
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)

DETAILS OF INJURED PERSON 1

Name KOH CHOR HWEE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FR19G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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:

6/11/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

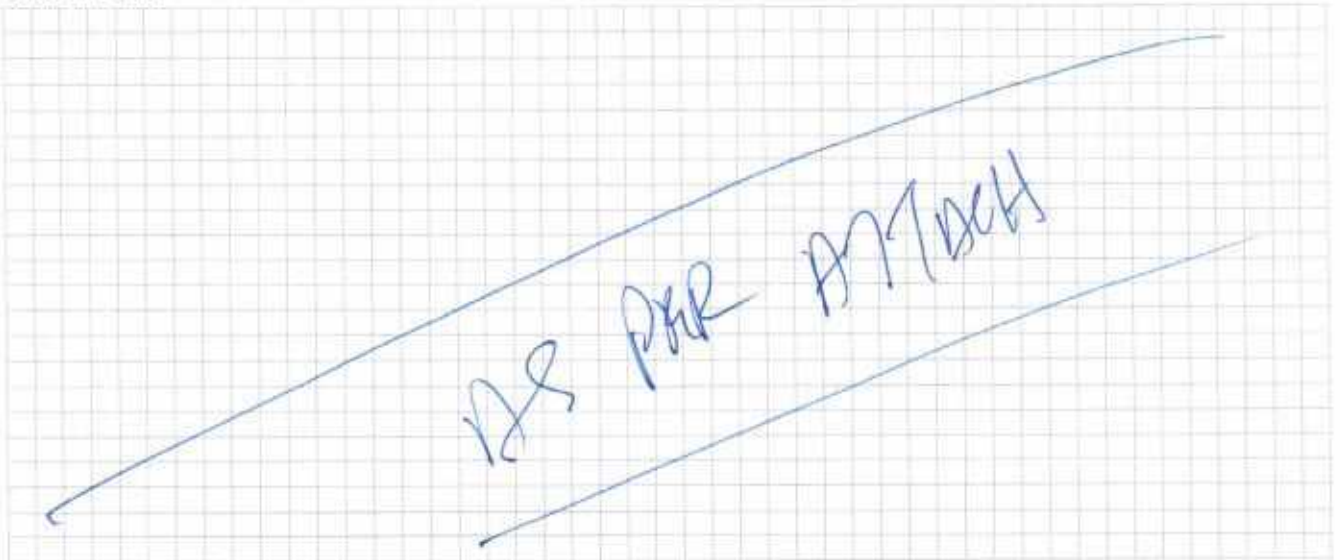
6/11/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DS REFRA TO POLICE REPORT
7/20/91003/2017

DECLARATION

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


Policyholder's Signature

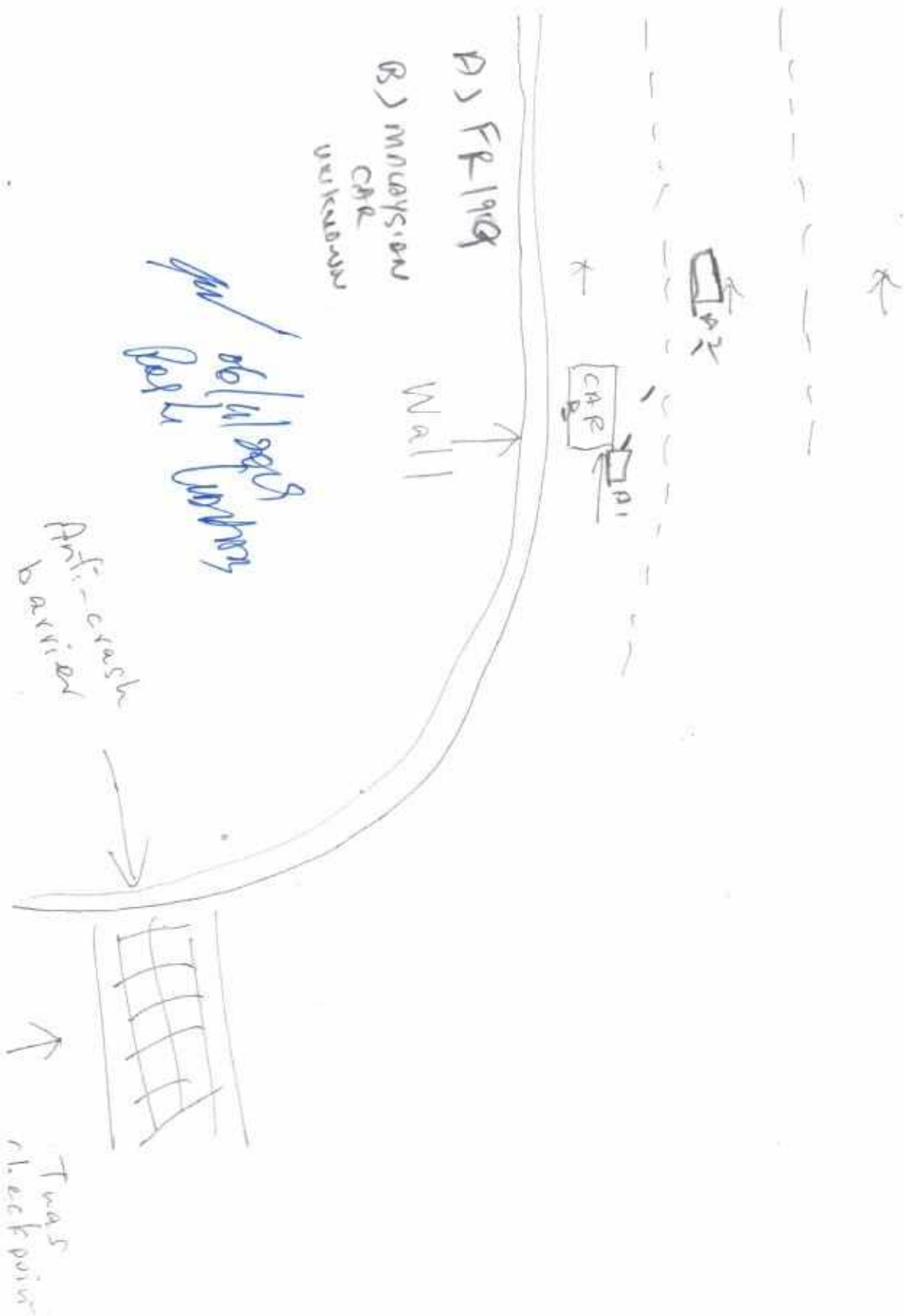
Date & Time:
6/11/19


Driver's Signature
(If driver is not the policyholder)

Date & Time:
6/11/19

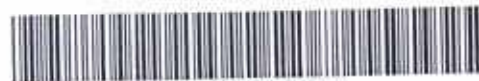

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 06/11/2019

STRENGTH of the Atmosphere from 1m above ground





SINGAPORE POLICE FORCE



T/20191003/2047

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191003/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2019 11:31	Vide Report No.: J/20190927/0060	Station Diary No.: 32
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Informant's Particulars

Name of Informant: KOH CHOR HWEE			Address: APT BLK 52 STRATHMORE AVENUE #40-233 SINGAPORE 141052		
ID Type / ID No.: NRIC NO / S7202362E			Contact No.: Home/Office: Mobile: 96611618		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 19/01/1972	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/09/2019 12:00	Type of Location: Bend
Location: Along Road 1 JALAN AHMAD IBRAHIM				
After Anti-crash barrier of Tuas Checkpoint, towards Jalan Ahmad Ibrahim towards AYE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR19G	Motorcycle	SUZUKI	DR 650SE M	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FR19G	NTUC Income Insurance Co-Operative Limited	5056789920-06	15/11/2018	14/11/2019



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191003/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOH CHOR HWEE	ID No.	S7202362E
Related Vehicle	FR19G (Motorcycle)	Contact No.	96611618
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/09/2019	Date Discharge	28/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 27/09/2019, at about 1200hrs, I was at Tuas Checkpoint coming back to Singapore. At the time, I was riding my Black Suzuki DR650E motorcycle, bearing vehicle registration number: FR19G. I was on the leftmost lane at the time. After clearing the humps and the anti-crash barriers, I wanted to make a lane change, and after I had checked my blindspot, I wanted to filter to the middle lane, however as it was a bend and beside the leftmost lane was the concrete wall stretching all the way, hence there was a Malaysian vehicle which was in the blind corner due to the bend, was either moving slowly or had come to a stop in the leftmost lane, I was shocked to see the vehicle moving so slowly, and I tried to swerve to avoid the collision, but I could not avoid it in time and collided into the right rear of the Malaysian vehicle. I vaguely remember the Malaysian vehicle being a Toyota car. The passengers in the vehicle were an elderly couple.

Due to the collision, I fell off my motorcycle and I landed on the middle lane. A passerby helped me to move my motorcycle and to also assist to move me to the leftmost lane and I leaned against the wall and waited for ambulance to come. The elderly lady came over and apologize to me that I crashed into them. Subsequently, Traffic Police came, reference incident: J/20190927/0060, TP IO in-charge: Muhaimin, contact number: 65476845. The ambulance then conveyed me to Ng Teng Fong Hospital and I sought treatment there. I suffered abrasions on both my legs and my arms. I wish to state that I was given 7 days of medical leave (reference: 60139503). Subsequently, on 02/10/2019, I then received a letter from Traffic Police informing me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20191003/2047

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191003/2047

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:

D /

Sgt 3 YIP XUANYU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/10/2019 11:31

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168

SN 50

ACCIDENT STATEMENT

ACCIDENT DATE: 27/10/2019 (DD/MM/YYYY), TIME: 12 pm (HH:MM)

LOCATION: STATION OF JIA AMON JORAHM A/K OFFICE PONI
(TUGS)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FR 19 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Suzuki DR650
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: KOH CHOR HWEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7202362 E CONTACT: 96611618
 c) ADDRESS: 52 Strathmore Ave
#40-233

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER As above
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 19/01/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22/12/2009

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: Quiknusa

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN MODEL: CAO

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: _____

email = chkoh3995@yahoo.com.sg
 VIDEO

Claim Handling

Accident MT/1070314

Policy No.	5056789920-06	Vehicle No.	FR19G	GST Registrati
Certificate No.				
Policyholder Name	KOH CHOR HWEE			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96611618	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
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(%)	20	Private Hire

▼ Accident Details

Report Date	07/11/2019 09:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/10/2019	Time of Accident hh:mm	12:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AFTER TUAS CHECK POINT TOWARDS JLN AHMAD IBRAHIM			

▼ 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 52 #40-233	Address 2	STRATHMORE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5050160985-08	

▼ OI Driver Info

Driver Name	KOH CHOR HWEE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7202362E	Driver DOB
Register Date of Driver License	25/10/1993	Driver Age	47	Driving Experi
Contact No.(Mobile)	96611618	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 52 #40-233	Address 2	STRATHMORE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FR19G	Driver Insurer

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

GIA report

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name KO

Contact No. (Home)

OI Vehicle Number

khkoh3995@yahoo.com.sg

FR19G / UNKNOWN CAR ON 27 Oct 2019

07/11/2019 09:49 Claim Close Date

ROSLI WAHAB

Save Submit

Attachment

Attachment List

Video List

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/10/2019 16:24"/>
Vehicle No.(For Motor)	<input type="text" value="FR19G"/>	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"/>	5056789920-06		KOH CHOR HWEE	S7202362E	GMC	Third Party, Fire & Theft	FR19G	FR19G	15/11/2018	14/11/2019