

NATIONAL Assessment Centre Services [Ref: Jan 2005]

Date In: 20/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20001191/13	SAS e-filing		
Veh No: FBH368Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/01/20 0920	i-Motor Claim Form	MT/1080993+001	
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: UNKNOWN	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 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

NA20000875 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
	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			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*N5: Courtesy Car / Tp Allowance		\$5		
*N6: Repair Co-ordination		\$10		
*N7: Post Repair Inspection		\$25		
*N8: DV / Collect Excess Coordination		\$5		
TP (N11): TP (Non INC) against INC		\$20		
9) N12: Idao 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	20/01/2020 16:01
Date Of Accident	07/01/2020 09:20
Exact Location Of Accident	SLE TWDS TPE OPP MANDAI MRT DEPOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH368Z
Insured/Policyholder	
Name Of Registered Owner	LOH YOONG FAH
NRIC No	SXXXX186G
Email Address	LOHYF1955@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96910459
Alternative Phone No	OTHERS-96910459
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	MP3
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	5058480751-06
Cover Note Number	
Driver	
Name of Driver	LOH YOONG FAH
NRIC No	SXXXX186G
Date Of Birth	11/06/1955
Occupation	INDOOR
Date Of Driving Pass	16/11/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96910459
Fax Number	
Contact Number	OTHERS-96910459
Email Address	LOHYF1955@YAHOO.COM

Address	BLK 178 WOODLANDS ST 13 #07-293
Postcode	730178
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?	NO
Number of vehicles (including own vehicle) involved in the accident	5
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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200108/2130

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	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
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 LOH YOONG FAH
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FBH368Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address

Postcode

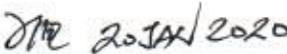
SKETCH PLAN

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)**

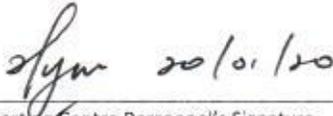
I understand, acknowledge, agree and consent that:

- (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.:

Google Maps SLE



Image capture: Apr 2018 © 2020 Google

Singapore

Google

Street View

RIDER NOT SURE
HOW MANY VEH INVOLVED



OFFICE



**SINGAPORE
POLICE FORCE**



T/20200108/2130

Police Station Of Origin:
Woodlands West N.P.C
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3
Report No. T/20200108/2130

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH YOONG FAH	ID No.	S1135186G
Related Vehicle	FBH368Z (Motorcycle)	Contact No.	96910459
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/01/2020	Date Discharge	.08/01/2020
No. of Days granted Medical Leave	09	Degree of Injury	Serious

Brief Details.

On 07/01/2020 at around 0920hrs, I was riding my motorcycle along SLE towards TPE near to land mark 9KM, opposite of Mandai MRT Depot and I got into an accident. The traffic flow is heavy and I believed that there is a vehicle in front that suddenly jam brake and causes a series of car collision. When the car in front of me jam brake, I could not stop in time and knocked onto the car. I then fall onto the ground and subsequently ambulance came to scene. I was conveyed by the ambulance to KTPH and the doctor did a treatment for me and told me that currently their hospital is full and if he wish to change to a private hospital which is raffles hospital, I can proceed there. Subsequently, the ambulance send me over to raffles hospital for my treatment.

The injury on me is that my hand was fracture. I was then given MC from 07/01/2020 to 15/01/2020.



**SINGAPORE
POLICE FORCE**



T/20200108/2130

3 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20200108/2130

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:

L /
Sgt 1 TEO KAI XUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/01/2020 16:47

Officer In Charge Of Case:

TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (07/01/20) (DD/MM/YYYY), TIME: (09:20) (HH:MM)

LOCATION: SLE T W A S T A E O P A M A N D A I M R T D E P O T

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH3682
b) INSURANCE COMPANY: NIUL
c) POLICY NUMBER: 5058480751-06
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: PIAGGIO M3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE) OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: LOH YOONG FAH (MALE) / FEMALE
b) NRIC/FIN/PASSPORT: S11351866 CONTACT: 96910459
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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) - CONVEY

7. a) REPORTED TO POLICE (YES / NO) WOODLANDS WEST NPC

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: UNKNOWN MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) (1)

* No of passenger (including driver) ()

* No of passenger (including driver) ()

4 OR 5 veh ahead

20/01/20 wants 2nd page of police report 1 veh email = fax = video =

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident 07/01/2020 09:20
 Vehicle No.(For Motor) FBH368Z 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="checkbox"/>	5058480751-06		LOH YOONG FAH	S1135186G	GMC	Third Party, Fire & Theft	FBH368Z	FBH368Z	21/02/2019	20/02/2020

Continue

Claim Handling

Accident MT/1080993

Policy No.	5058480751-06	Vehicle No.	FBH368Z	GST Registr
Certificate No.				
Policyholder Name	LOH YOONG FAH			Policyholder T
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96910459	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	20/01/2020 16:30	Accident Report Within 24 hrs	Yes	Accident Typr
Date of Accident	07/01/2020	Time of Accident hh:mm	09:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE 7 WDS TPE OPP MANDAI MRT DEPOT			

Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
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 178 #07-293	Address 2	WOODLANDS STREET 13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5058480751-06	

OI Driver Info

Driver Name	LOH YOONG FAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1135186G	Driver DOB
Register Date of Driver License	16/11/1992	Driver Age	64	Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(I
Address 1	BLK 178	Address 2	WOODLANDS STREET 13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-293			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	- Yes No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	L
Contact No.(Mobile)	96910459	Contact No. (Home)	6
Email Address	LOHYF1955@YAHOO.COM	OI Vehicle Number	F
Claim Description	FBH368Z / UNKNOWN ON 7 Jan 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Date Registered	20/01/2020 16:30	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSLINDA	GIA report	Received
		Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

Accident No.	MT110K0993	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	20/01/2020 00:00
Path		Category *	Confid
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confid
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:30	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2020 16:29	Photos	Normal	P

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading