

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA 12005173

Date In: 9/6/2019-17:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC 12005173	SAS e-filing		
Veh No: FBPA72L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/6/2019-20	i-Motor Claim Form	NA/12005173-001	9/6/2019 18:20
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: SMH 4654

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

NA 12005173

## Invoice Preparation Checklist

Am't (\$)

1st Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

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) N1: Idac DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
Q1:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*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: Idac 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	09/06/2020 17:58
Date Of Accident	07/06/2020 19:20
Exact Location Of Accident	YISHUN RING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP7572L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG HOCK SOON
NRIC No	SXXXX910H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98247223
Alternative Phone No	OFFICE-98247223

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400A
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	THIRD PARTY
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	5110138714-01
Cover Note Number	

### Driver

Name of Driver	NG HOCK SOON
NRIC No	SXXXX910H
Date Of Birth	31/03/1964
Occupation	INDOOR
Date Of Driving Pass	20/03/1991
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98247223
Fax Number	
Contact Number	OFFICE-98247223
Email Address	NOEMAIL

Address	BLK 232 PENDING ROAD #10-15
Postcode	670232
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)	2
Passenger 1	NAME: : TAN YIAP LAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200608/2057.

#### 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	SMH4605H
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KESAVARAJAN S/O MEANDE
NRIC/Passport Number	SXXXX008G
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NG HOCK SOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBP7572L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN YIAP LAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBP7572L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## Accident Sketch Plan

### 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.:

# Accident Sketch Plan

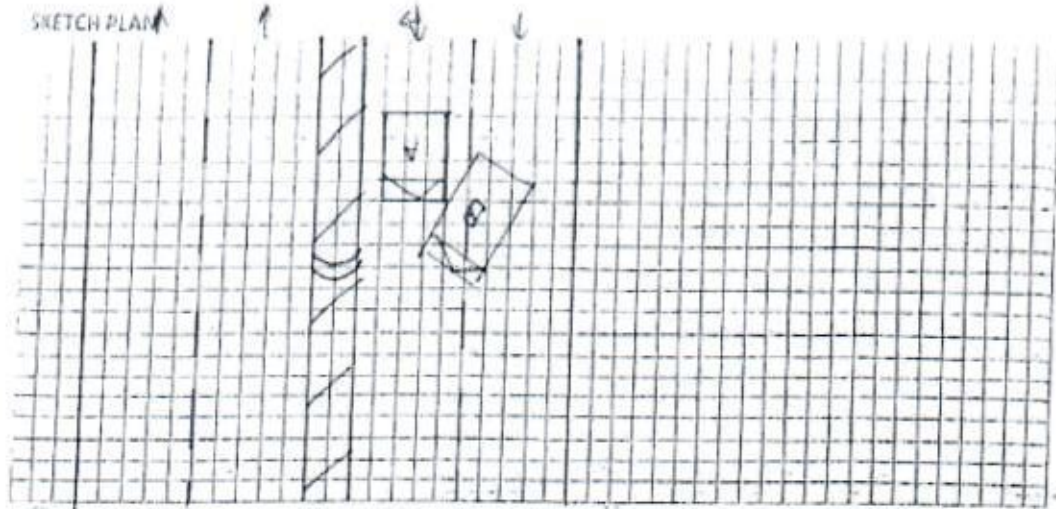
SKETCH PLAN

Vehicle A:

FBP7572L

Vehicle B:

SMH4605H




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report.

## 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/ID No:

FORM 13-1 (Rev. 1/1/2011)



Date of Accident : 07/06/2020 Accident Time: 1920 hrs (24-HR-Format)  
Accident Place : Yishun Ring Road  
Vehicle Reg. No. (Car Plate No.) : FBP7572L  
Vehicle Make/Model : Honda CB400A  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Ng Hock Soon S1661910H  
Owner or Company Contact No. : 98247223 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Ng Hock Soon S1661910H  
DRIVER'S Date Of Birth : 31-03-1964 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : B1K 232 Pending Road #10-15 S670252  
DRIVER'S Contact No. / Alt No. : (1) 98247223 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 02 - Passenger Female wife  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SM14 4605H</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Kia</u>	Vehicle Make/Model: _____
Name Driver: <u>Kesavarajan S/O Meande</u>	Name Driver: _____
IC No. Driver: <u>S7122008G</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Jackey ✓



# SINGAPORE POLICE FORCE



T/20200608/2057

1 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20200608/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2020 15:44	Vide Report No.:	Station Diary No.: 95
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: NG HOCK SOON	Address: APT BLK 232 PENDING ROAD #10-15 SINGAPORE 670232		
ID Type / ID No.: NRIC NO / S1661910H	Contact No.: Home/Office: Mobile: 98247223		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 31/03/1964	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: Storeman	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2020 19:20	Type of Location: Straight Road
Location: Along Road 1 YISHUN RING ROAD				
Right Next to Block 410 Yishun Ring Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP7572L	Motorcycle	HONDA	CB400A	Blue	Slightly Damaged	1
SMH4605H	Car	KIA				0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7572L	NTUC Income Insurance Co-Operative Limited	5110138714-01	04/06/2020	03/06/2021





Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20200608/2057

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	TAN YIAP LAN	ID No.	S1057920A
Related Vehicle	FBP7572L (Motorcycle)	Contact No.	82285156
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2020	Date Discharge	08/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Rider</b>			
Name	NG HOCK SOON	ID No.	S1661910H
Related Vehicle	FBP7572L (Motorcycle)	Contact No.	98247223
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/06/2020	Date Discharge	07/06/2020
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Driver</b>			
Name	KESAVARAJAN S/O MEANDE	ID No.	S7122008G
Related Vehicle	SMH4605H (Car)	Contact No.	0
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

**Brief Details.**

On the 07/06/2020 at around 1920hrs I was riding my motorcycle FBP7572L from Chong Pang towards Yishun Avenue 1. I was riding along Yishun Ring Road on the right lane. After I rode pass the Evangel Family Church, I continued going straight. All of a sudden, another car SMH4605H suddenly swerve into my path from the left and knock into my motorcycle causing me to fall down on the ground on the right. My pillion Tan Yiap Lan also fell down on the right. Our motorcycle landed on our legs when we fell. I was unconscious for a while thus I am not sure what happened.

The traffic police and ambulance came shortly and I was conveyed to the Khoo Teck Puat Hospital for



**SINGAPORE  
POLICE FORCE**



T/20200608/2057

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20200608/2057

**CONTINUATION OF REPORT**

treatment and was issued with 6 days of MC. My pillion Tan Yiap Lan manage to see her doctor and was given 5 days of MC.

I wish to add that I was travelling on the right lane which allows me to either turn right or proceed straight, thus I do not know why the car had to knock into us. The weather was dry and road was clear.

The driver is Kesavarajan S/O Meandem, S7122008G, Blk 2 Holland Avenue #04-80 S271002





**SINGAPORE  
POLICE FORCE**



T/20200608/2057

4 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

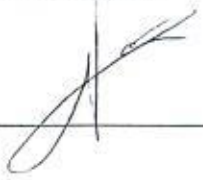




Report No. T/20200608/2057

**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: J/ Staff Sgt CHAN WAI HONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2020 15:44
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 	Classification Of Case: 
Authentication Stamp NP168 	

## Claim Handling

Accident MT/1094050

Exit

Policy No.	5110138714-01	Vehicle No.	FBP7572L	GST Registration No.	
Certificate No.					
Policyholder Name	NG HOCK SOON			Policyholder NRIC	S1661910H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98247223	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	A
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	09/06/2020 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/06/2020	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	VIEMIN BANG RD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 232 #10-15	Address 2	PENDING ROAD	Address 3	SINGAPORE 670232
Address 4		Address Type	Singapore address	Post Code	670232
Unit No.		Related Policy Number	5110138714-01		

## OI Driver Info

Driver Name	Ng Hock Soon	Driver Type	Main Driver	Driver DOB	31/03/1964
Unnamed driver Name		Driver NRIC	S1661910H	Driving Experience	29
Register Date of Driver License	20/03/1991	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 670232
Address 1	BLK 232	Address 2	PENDING ROAD	Post Code	670232
Address 4		Address Type	Singapore address		
Unit No.	#10-15				
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
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG HOCK SOON	Insured NRIC	S1661910H
Contact No.(Mobile)	98247223	Contact No.	67620239	Contact No. (Office)	
Email Address		Vehicle Number	FBP7572L	Vehicle Number	SMH4605H
Claim Description	EMERGENCY / EMERGENCY ONLY 24 HOURS				
Preferred Workshop	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Preferred Repair Option	<input checked="" type="radio"/> Not at Fault <input type="radio"/> Preferred Workshop, Name u	GIA report	Received
Date Registered	09/06/2020 18:18	Claim Close Date		Date Received	09/06/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1094050	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/06/2020 18:18	
Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> no file selected	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	