

# NATIONAL Assessment Centre Services

Ref: JAN05/NA2059646

Date In: 17/12/22-17/12/22	Job description	Date & Time Completed	Done by
Ref No: NA/2059646	SAS e-filing		
Veh No: TBS8910A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/10/22-22/12/22	i-Motor Claim Form		
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: SMAR206L	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

NA2059646	<b>Invoice Preparation Checklist</b>	Amf (\$) Ttl Bill	Amf (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
At 1:	Invoice dated	Fee Charged	
At 2 / 3:	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	13/10/2020 17:01
Date Of Accident	06/10/2020 22:55
Exact Location Of Accident	GEYLANG RD TWDS KALLANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB6910A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALIOS ONG JUN JIE
NRIC No	SXXXX684G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81383789
Alternative Phone No	OFFICE-81383789

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2020-00003138
Cover Note Number	

### Driver

Name of Driver	AARON HO EN TING
NRIC No	SXXXX370I
Date Of Birth	16/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2011
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81383789
Fax Number	
Contact Number	OFFICE-81383789
Email Address	NOEMAIL

Address	8 LORONG 39 GEYLANG #07-08
Postcode	387882
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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

REFER TO POLICE REPORT - T/20201009/2051.

#### 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 Witness 1

Name	DEREK
Phone Number	88284948
Email Address	

#### Details of Witness 2

Name	HAO JIE
Phone Number	90182031
Email Address	

#### Details of Witness 3

Name	
Phone Number	86942867

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA8206L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KEK LIN
NRIC/Passport Number	SXXXX017H
Contact Number	91199399
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1


Name	AARON HO EN TING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBB6910A
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 completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



VEHICLE A : FRB6910 A  
VEHICLE B : SMA8206 L

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 policyholder)  
Date & Time:

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 6 / 10 / 2020 (dd/mm/yy) Time of Accident: 22 : 55 (24-HR-FORMAT)

Vehicle No.: FB3 6910 A Vehicle Make & Model: Yamaha LC 135

Exact location of Accident: GEYLANG RD TOWARDS KALLANG RD BEFORE LOT 14

Policyholder's Name/ IC No.: ALIOS ONG SUN SIE S9501684 G

Driver's Name/ IC No.: AARON HO EN TING S9113370 I (As Above) ☐

Driver's Contact No.: 8138 3789 Company Contact No.: \_\_\_\_\_

Driver's Address: 8 Lorong 39 Geylang #07-08 S 387882.

Insurance Company: FWD Email address (if any): \_\_\_\_\_

#### Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☒ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☒ Yes/ ☐ No

(If YES) Injured Person's Name: AARON HO EN TING

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: FB3 6910 A

Police Report filed: ☒ Yes/ ☐ No (If YES) Which Police Station: \_\_\_\_\_

#### The Other Party(s) Details:

1. Driver's Name/ IC No.: KOH KEK LIN S1444017 H Vehicle No. SMA 8206 L

Driver's Contact No.: 9119 9399 Insurance Company (if any): MSIG

2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (if any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



# SINGAPORE POLICE FORCE



T/20201009/2051

1 of 4

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

Report No. T/20201009/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2020 13:20	Vide Report No.: G/20201006/0246	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: AARON HO EN TING		Address: APT BLK 8 LORONG 39 GEYLANG #07-08 SIMS RESIDENCES SINGAPORE 387882	
ID Type / ID No.: NRIC NO / S91133701		Contact No.: Home/Office: Mobile: 81383789	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 16/04/1991	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: VIDEO PRODUCER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/10/2020 22:55	Type of Location: T-Junction
Location:  GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
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
FBB6910A	Motorcycle				Slightly Damaged	0
SMA8206L	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB6910A	FWD Singapore Pte. Ltd	PNMC2020-00003138	04/08/2020	03/08/2021





**SINGAPORE  
POLICE FORCE**



T/20201009/2051

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

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Report No. T/20201009/2051

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AARON HO EN TING	ID No.	S9113370I
Related Vehicle	FBB6910A (Motorcycle)	Contact No.	81383789
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/10/2020	Date Discharge	09/10/2020
No. of Days granted Medical Leave	15	Degree of Injury	Slight

**Brief Details.**

WITH REFERENCE TO INCIDENT NO: G/20201006/0246.

ON 6TH OCTOBER 2020 AT OR ABOUT 10.55 P.M., I WAS TRAVELLING ALONG GEYLANG ROAD TOWARDS KALLANG ROAD BEFORE THE JUNCTION OF LOR 14 GEYLANG ON THE EXTREME LEFT OF 4 LANES. MOTORCAR (SMA8206L) WAS TRAVELLING ON MY RIGHT ALONG LANE 3 OF 4 LANES. MOTORCAR (SMA8206L) INCHED INTO MY LANE AND I STARTED TO GIVE A LIGHT HORN TO WARN THE SAID MOTORCAR. I SLOWED DOWN MY MOTORCYCLE AND I WAS AT THE JUNCTION OF GEYLANG RD BY LOR 14 GEYLANG WHEN THE SAID MOTORCAR MADE A SUDDEN LEFT TURN INTO LOR 14 GEYLANG.

AS IT WAS VERY SUDDEN, THERE WAS NO TIME FOR ME TO REACT AND I COLLIDED ONTO THE MOTORCAR'S FRONT LEFT DOOR. I BELIEVE THE DRIVER DID NOT CHECK HIS MIRROR OR BLINDSPOT. I ALSO DID NOT RECALL IF THERE WAS ANY SIGNAL FROM THE MOTORCAR. I FELL ONTO THE ROAD AND ROLLED ON THE ROAD ONCE. I STOOD UP IMMEDIATELY AND AFTER ABOUT A MINUTE, THE PAIN KICKED IN. THE DRIVER OF THE MOTORCAR ALIGHTED AND WANTED TO PRIVATE SETTLE WITH ME BY OFFERING \$1,000/- BUT I REJECTED IT BECAUSE I WAS INJURED. WE MANANGED TO EXCHANGE PARTICULARS AND SUBSEQUENTLY THE DRIVER LEFT. SOME PASSERBY CALLED FOR THE AMBULANCE. THE AMBULANCE ARRIVED AT THE SCENE AND CONVEYED ME TO SGH.

I HAVE THREE WITNESSES AND THEY GAVE ME THEIR CONTACT NUMBER WHILE I WAS STILL AT THE SCENE:

- 1) DEREK HP: 88284948
- 2) HAO JIE HP: 90182031
- 3) UNKNOWN NAME HP: 86942867

THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20201009/2051

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20201009/2051

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20201009/2051

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

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Report No. T/20201009/2051

**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 /

Sgt 2 DAVID YAP

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/10/2020 13:20

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

Signature:



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER: PNMC2020-00003138**

Plan Name: Third Party

Motorcycle plate number: FBB6910A

Your name (As the policyholder): alios ong jun jie

Coverage start date: 04/08/2020

Coverage end date: 03/08/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Finance company:

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for commercial use in accordance with Your contract.

This Policy does not cover use for any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 04/08/2020

**Khor Kee Eng**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in  
this Certificate of Insurance needs to be changed.