

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2003)

SM 0920 CM 000J

Date In: 22/12/20 16:54	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 20014 295 164	SAS e-mailing		
Veh No: FBR 5419 A	E-mail (within 2hrs, AIC 2hrs)		
TPA: 7/12/20 08:55	I-Motor Claim Form	MT/1114664-001	22/12/20 17:32
OT: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: 4

Fax: )

TP Particulars: Veh No: SGX 384 3E 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Action: ( )

( )

( )

( )

( )

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NA2100733

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Motor's Conditions:

1:

2/3:

Invoice Breakdown		Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For airmail against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NG: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*NR: DV / Collect Excess Coordination	\$5	
TP (NI): TP (Non INC) against INC	\$20	
9) NI2: Idas 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 Submission	22/12/2020 16:54 (SGT)
Date of Accident	07/12/2020 08:55 (SGT)
Exact Location of Accident	Upper Changi Rd N, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR5419A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SHIH HAN
NRIC No	SXXXX607E
Email Address	HANFRM@GMAIL.COM
Mobile Phone No	(Phone) +65-98274806
Alternative Phone No	+65-98274806

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400x
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118428902
Cover Note Number	-

#### DRIVER

Name of Driver	TAN SHIH HAN
NRIC No	SXXXX607E
Date Of Birth	02/01/1985
Occupation	Indoor

Date Of Driving Pass .....	30/12/2010
Driving experience .....	10 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98274806
Alt. Phone Number .....	+65-98274806
Email Address .....	HANFRM@GMAIL.COM
Address .....	BLK 53 CHAI CHEE ST #10-348
Address complement .....	-
Postcode .....	460053
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201215/7017

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGX3843E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN SHIH HAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FBR5419A
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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 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.

#### 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

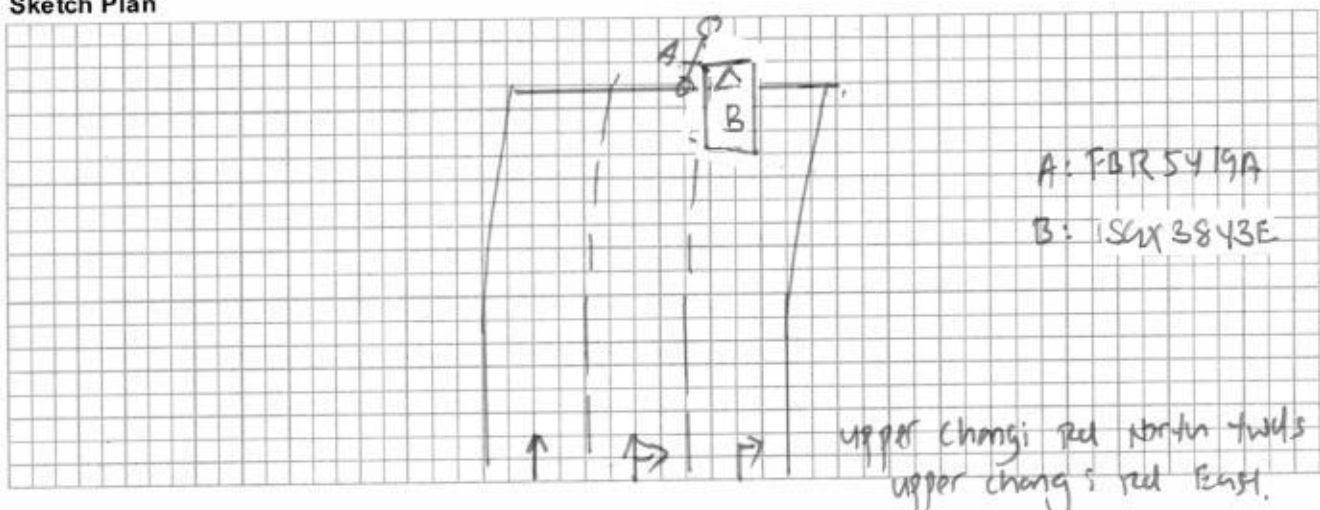
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

Refer to police report - 1/20/2015/7017.

**Declaration**

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



Witnessed by Reporting Centre  
Personnel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8501607E



Name  
TAN SHIH HAN  
(CHEN SHIHAN)  
陳詩漢

Race  
CHINESE

Date of birth  
02-01-1985

Country/Place of birth  
SINGAPORE

Sex  
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8501607E

TAN SHIH HAN  
(CHEN SHIHAN)

Birth Date 02 Jan 1985  
Issue Date 24 Jun 2005




0013514978

5518727



NRIC No. S8501607E



Date of issue  
26-08-2015

Address  
APT BLK 53 CHAI CHEE STREET  
#10-348  
SINGAPORE 460053

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


	PAGE	DATE
Class 2B Motorcycles <= 200 CC	24 Jun 2005	
Class 2A Motorcycles between 201 CC and 400 CC	30 Dec 2010	
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 Jul 2008	

S / No. 9000135345

S8501607E

NP 428A

Licence No: S8501607E





# SINGAPORE POLICE FORCE



T/20201215/7017

1 of 3

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

Report No. T/20201215/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2020 13:33	Vide Report No.: E/20201207/0039	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: TAN SHIH HAN		Address: 53 CHAI CHEE STREET #10-348 SINGAPORE 460053	
ID Type / ID No.: NRIC NO / S8501607E		Contact No.: Home/Office: Mobile: 98274806	
Nationality: SINGAPORE CITIZEN		Email: hanfrm@gmail.com	
Sex: Male	Age: 35	Date of Birth: 02/01/1985	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Facilities Manager		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/12/2020 08:55	Type of Location: X-Junction
Location:  UPPER CHANGI ROAD NORTH				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR5419A	Motorcycle	HONDA	CB400XA	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR5419A	NTUC Income Insurance Co-Operative Limited	5118428902	03/08/2020	02/08/2021





**SINGAPORE  
POLICE FORCE**



T/20201215/7017

2 of 3

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

Report No. T/20201215/7017

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TAN SHIH HAN	ID No.	S8501607E
Related Vehicle	FBR5419A (Motorcycle)	Contact No.	98274806
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	07/12/2020	Date	15/12/2020
No. of Days granted Medical Leave	08	Degree of	Serious

**Brief Details.**

On 7th December 2020, at 0855hrs my motorcycle (FBR5419A) had a collision with a blue Toyota Vios. I was unable to exchange particulars with the driver. The incident took place at Upper Changi flyover, turning right from Upper Changi Road North towards Upper Changi Road East. I was travelling on the second lane (straight or right turn) approaching the above mentioned junction. While making a right turn, the blue Toyota Vios on the first lane made what seemed to be straight/wide turning which resulted in this unfortunate accident. I wish to state that at this point of time, I was not lane splitting and was riding within the speed limit of the road. I was conscious and conveyed via ambulance to CGH. The impact caused a 3cm laceration on my left heel, multiple fractures to my left ankle which require operations, abrasion and bruises to my hip. The 128GB micro SD card from my onboard dash camera was handed over to a traffic police officer (SS T140119). As of submission of this report, I am still warded in the hospital. Date of discharge and number of days of MC are based on today's date, 15/12/2020 and 8 days (MC) since 07/12/2020 when admitted to the hospital.



**SINGAPORE  
POLICE FORCE**



T/20201215/7017

3 of 3

Report No. T/20201215/7017

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

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476256

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
15/12/2020 13:33

Classification Of Case:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/12/2020 16:48"/>							
Vehicle No.(For Motor)	<input type="text" value="FBR5419A"/>	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"/>	5118428902		TAN SHIH HAN	S8501607E	GMC	Third Party	FBR5419A	FBR5419A	03/08/2020	02/08/2021
<input type="button" value="Continue"/>										

# ACCIDENT STATEMENT

ACCIDENT DATE: (7/12/20) (DD/MM/YYYY), TIME: (08:55) (HH:MM)

LOCATION: upper changi rd north

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EBR5419A  
b) INSURANCE COMPANY: NITOC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
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:  
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: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 9827486  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: (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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown \* SGX3843E MODEL:  
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 =

fax =

video =