

**NATIONAL Assessment Centre Services.** (ver 1 Jan 08) 210002 / m0002

Date In: 27/01/2021 12:52	Job description	Date & Time Completed	Done by
Ref No: N3A/MC210010741	SAS e-illing		
Veh No: EV 2384S	E-mail (L-July thru, AIG thru)		
D.O.A: 18/11/2020 04:58	I-Motor Claims Form	M/11/18/2020	22/01/2021
OID: (B) Reporting Only	I-Motor W/O (With/OD thru, TP thru)		16:02
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )      Tels:      Fax: ( )

TP Municipality:      Veh No: SAO 1496.D      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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) 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 > \$9000) ( )

Injury: \_\_\_\_\_

MA21000661	1) All: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/43
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2007)	\$75
	6) TI: Re-inspection	\$160
	7) NI: IDag DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	*N5: Courtesy Car / Tpl Allowance	\$10
	*N6: Repair Coordination	\$25
	*N7: Post Repair Inspection	\$5
	*N8: DV / Collect Unsett Coordination	\$20
	TP (NI) / TP (Non INC) at least DRG	\$0
	*N12: Idag Mobile	
	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	22/01/2021 12:52 (SGT)
Date of Accident	18/11/2020 04:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV2384S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM GEOK WAH
NRIC No	SXXXX591F
Email Address	pang_s_s_m@singnet.com.sg
Mobile Phone No	(Phone) +65-97927764
Alternative Phone No	+65-97927764

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Nf125md
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	0089135802-17
Cover Note Number	-

### DRIVER

Name of Driver	LIM GEOK WAH
NRIC No	SXXXX591F

Date Of Driving Pass	16/11/1984
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-97927764
Alt. Phone Number	+65-97927764
Email Address	pang_s_s_m@singnet.com.sg
Address	BLK 221B SUMANG LANE #10-31
Address complement	-
Postcode	822221
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	Collision - Head to Rear
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201127/2088

#### 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	SHD1496E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	

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	LIM GEOK WAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FV2384S
Were seat belts worn?	-
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.
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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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)**

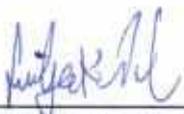
I understand, acknowledge, agree and consent that :

(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.

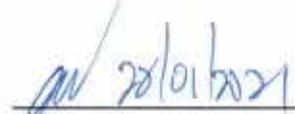
(collectively the "**Purposes**")

- (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.

x 

Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

Handwritten sketch plan on a grid background. The text reads: "Marknowin RICKER KNOCK @A7".







Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM GEOK WAH	ID No.	S0103591F
Related Vehicle	FV2384S (Motorcycle)	Contact No.	97927764
Hospital/Clinic	Sengkang General Hospital	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	18/11/2020	Date Discharge	27/11/2020
No. of Days granted Medical Leave	30	Degree of Injury	Serious

**Brief Details.**

On 18/11/2020 at about 0455hrs, I was riding along Tampines express way near to Sengkang-east road. I was riding on the 3rd lane riding straight going towards Punggol way from Tampines. Suddenly, I felt a vehicle hit me from behind. Due to impact I lost my balance and fell onto the ground. Due to the pain, I do not recall everything that happened. I remember that there was police and ambulance who came to the scene. I did not manage to take down any particulars. Immediately after the accident, I remember I was lying on the ground.

When ambulance arrived, I was conveyed conscious to Sengkang general hospital where I was warded. I was subsequently discharged on 27/11/2020. I am lodging this report as advised by Traffic Police. I have also received a Traffic Police letter (Ref TP/IP/50577/2020).

I was given 30days of MC from 18/11/2020 to 17/12/2020.

**COPY**

Changi NPC  
10, 9 Simei Street 2  
Singapore 529914  
Sengkang Rd Exit



**SINGAPORE  
POLICE FORCE**



T/20201127/2088

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20201127/20

**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: G / Sgt 2 GIDEON LIM KAI-EN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2020 17:11
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	 <p>SIGNATURE</p>

**Claim Handling**

**Accident MT/1118305**

Policy No.	0089135802-17	Vehicle No.	FV23845	GST Registration No.
Certificate No.				
Policyholder Name	LIM GEOK WAH			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97927764	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

**Accident Details**

Report Date	22/01/2021 12:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/11/2020	Time of Accident hh:mm	04:44	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00	
DD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
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 221B #10-31	Address 2	SUMANG LANE	Address 3
Address 4	SINGAPORE 822221	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	0089135802-17	

**OI Driver Info**

Driver Name	LIM GEOK WAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0103591F	Driver DOB
Register Date of Driver License	01/01/2001	Driver Age	68	Driving Experience
Contact No.(Mobile)	97927764	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 221B #10-31	Address 2	SUMANG LANE	Address 3
Address 4	SINGAPORE 822221	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.	FV23845	Driver Insurer Com

**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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIM GE
Contact No.(Mobile)	NIL	Contact No.(Home)	827811
Email Address		DI Vehicle Number	FV2384
Claim Description	FV23845 / SHD1496E ON 18 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	22/01/2021 12:56	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop  
Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1118305 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 22/01/2021 16:02

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 16:02		NRIC/ Driving License	Y	Normal	NRIC/ Driving l
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 16:02		NRIC/ Driving License	Y	Normal	NRIC/ Driving l
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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 12:52

Photos

Normal

Photos

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2021 12:52

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.  Date of Accident   
 Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0089135802-17		LIM GEOK WAH	S0103591F	GMC	Third Party	FV2384S	FV2384S	17/07/2020	16/07/2021