

NATIONAL Assessment Centre Services

Wef 1 Jan 03

MMA 118097860.

Date In: 3.17.18 11:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC 180137761/4	SAS e-filing		
Veh No: SJM 9680R.	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 28.17.18 19:25.	i-Motor Claim Form	MT/1005263-001	31.17.18 09:40.
OD <input checked="" type="radio"/> 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: GBA 7567G.	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

NA1804794	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idac Mobile \$0		
at 2 / 3:	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 ability.
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	30/07/2018 11:21
Date Of Accident	28/07/2018 19:25
Exact Location Of Accident	BALESTIER RD HEADING TWDS AH HOOD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9680R
Insured/Policyholder	
Name Of Registered Owner	LEOW LEONG BOON
NRIC No	S1578110F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97562108
Alternative Phone No	OFFICE-97562108

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO 1.5F A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097516129
Cover Note Number	-

Driver

Name of Driver	OOI ENG SOON
NRIC No	S1822931E
Date Of Birth	04/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1984
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97562108
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 466 AMK AVE 10 #02-1016
Postcode	560466
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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 involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	GBA7567G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	OOI ENG SOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM9680R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

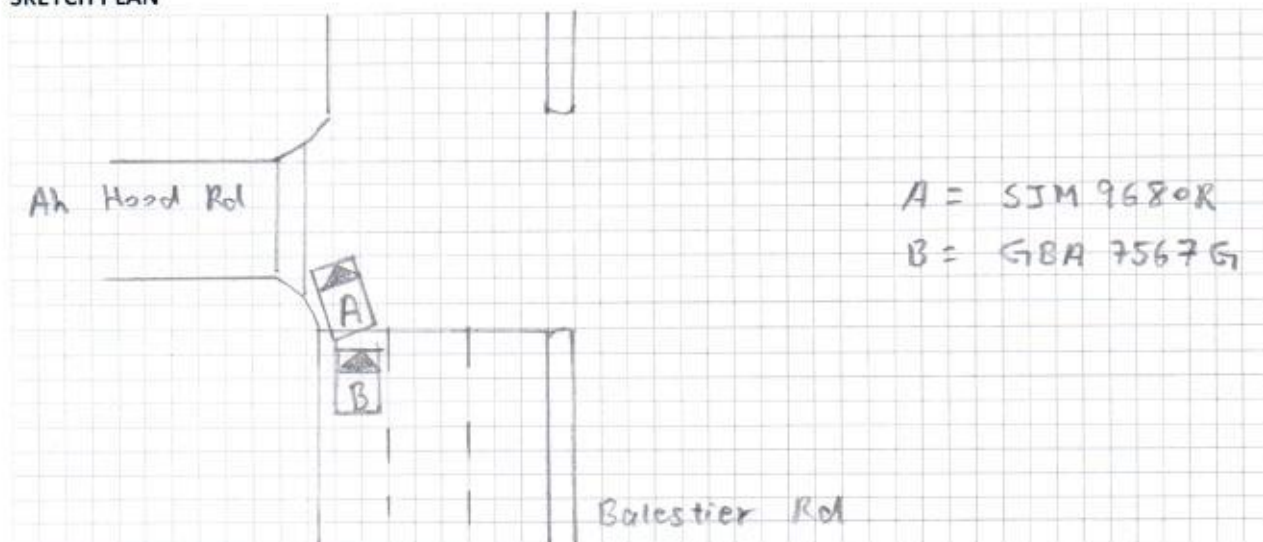


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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/FIN No.:



SINGAPORE POLICE FORCE



T/20180730/2021

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180730/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2018 11:00	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: OOI ENG SOON			Address: APT BLK 466 ANG MO KIO AVENUE 10 #02-1016 SINGAPORE 560466		
ID Type / ID No.: NRIC NO / S1822931E			Contact No.: Home/Office: Mobile: 97562108		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 04/09/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2018 19:25	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
Balestier Road heading towards Ah Hood Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7567G	Lorry				Slightly Damaged	0
SJM9680R	Car				Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180730/2021

2 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180730/2021

CONTINUATION OF REPORT

Driver			
Name	OOI ENG SOON	ID No.	S1822931E
Related Vehicle	SJM9680R (Car)	Contact No.	97562108
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28/07/2018 at about 1925hrs, I was driving my vehicle (SJM9680R) from Balestier Road heading towards Ah Hoon Road.

I stopped at the junction before turning left towards Ah Hoon Road to allow the pedestrians to cross the road. Subsequently, another vehicle (GBA7567G) came into contact with my vehicle from the rear.

My vehicle had damages such as the bumper cracked, the bonnet was dented and the right brakelight cracked too. I was driving as a Grabdriver and had two passengers inside my vehicles.

I wish to state that my two passengers did not leave their particulars behind with me and informed that if they have suffered any injuries, they will contact the Grab company itself.

The other driver and I exchanged particulars and took pictures of the accident too.

I went to see the doctor on the 29/07/2018 and was given medical leave of 3 days from 29/07/2018 to 31/07/2018.



**SINGAPORE
POLICE FORCE**



T/20180730/2021

3 of 3

Report No. T/20180730/2021

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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 MARYANI BINTE SANI *ny*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168 *ny*

Signature Of Informant:

Date/Time:
30/07/2018 11:00

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Number **S1822931E**

NAME
OOI ENG SOON

Birth Date **04 Sep 1967**
Issue Date **01 Sep 2003**

000788676E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1822931E**

Name
OOI ENG SOON

黄永顺

Race
CHINESE

Date of Birth
04-09-1967

Sex
M

Country of Birth
SINGAPORE



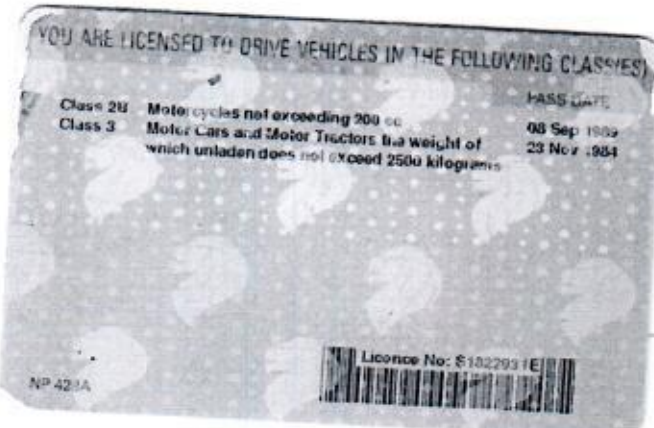

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2b Motor cycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
08 Sep 1989
23 Nov 1984

Licence No: **S1822931E**

NP 423A



2067534

NRIC No: **S1822931E**

Blood Group **O+** Date of issue **27-05-1994**

APT BLK 466 ANG MO KIO AVENUE 10 #02-1016
SINGAPORE 560466

NRIC No: **S1822931E** Date: **28/09/2008** No: **6025057**




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="28/07/2018 11:20"/>
Vehicle No. (For Motor)	<input type="text" value="SJM9680R"/>	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"/>	5097516129		LEOW LEONG BOON	S1578110F	GPC	Third Party	SJM9680R	SJM9680R	22/01/2018	21/01/2019

Claim Handling

Accident MT/1005263

Policy No.	5097516129	Vehicle No.	SJM9680R	GST Registration No.	
Certificate No.					
Policyholder Name	LEOW LEONG BOON			Policyholder NRIC	S1578
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97562108	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	31/07/2018 09:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	28/07/2018	Time of Accident hh:mm	19:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BALESTIER RD HEADING TWDS AH HOOD RD				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 448 #13-533	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530444
Unit No.		Related Policy Number	5097516129		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	OOI ENG SOON	Driver NRIC	S1822931E	Driver DOB	04/09/1984
Register Date of Driver License	23/11/1984	Driver Age	50	Driving Experience	33
Contact No.(Mobile)	97562108	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 466 #02-1016	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GEE
Address 4	SINGAPORE 560466	Address Type	Singapore address	Post Code	560466
Unit No.	02-1016				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Braathalyser 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	LEOW LEONG BOON
Contact No.(Mobile)	97562108	Contact No.(Home)	63852558
Email Address		OI Vehicle Number	SJM9680R
Claim Description	SJM9680R / GBA7557G ON 28 Jul 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1005263	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

31/07/2018 09:40

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:40	SAS	Normal	SAS 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:40	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:39	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:39	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:39	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:39	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:39	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:39	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:39	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:37	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:37	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:37	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:37	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:37	Photos	Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:37	Photos	Normal	Photos 2018-7-31

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading